

**Kingdom of Cambodia
Nation Religion King**

E3/5842



អង្គជំនុំជម្រះវិសាមញ្ញក្នុងតុលាការកម្ពុជា

Extraordinary Chambers in the Courts of Cambodia
Chambres Extraordinaires au sein des Tribunaux Cambodgiens

Appendix A

- Office of the Co-Prosecutors
 Office of the Co-Investigating Judges

Case File No:

Victim Information Form

ឯកសារបកប្រែ

TRANSLATION/TRADUCTION

ថ្ងៃ ខែ ឆ្នាំ (Date): 19-Dec-2014, 08:02

CMS/CFO: Ly Bunloun

PART A**PERSONAL INFORMATION ABOUT THE VICTIM**

1. Name(s) and first name: RY Pov (រី ពៅ)	2. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
3. Place of Birth: Ampeay Svay (អំពៀយស្វាយ) Village, Le Tri (ឡៅទ្រី) Commune, Svay Tong (ស្វាយទង) District	4. Nationality: Khmer Kampuchea Krom (ខ្មែរកម្ពុជាក្រោម)
5. Age/Date of Birth (if known dd/mm/yyyy):	6. Occupation: Peasant
7. Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Other	
8. Father's or Tutor's Name: RY Kao (រី កៅ)	Mother's Name: NGÈT Soeb (ង៉ែត ស៊ីប)
9. How many dependants do you have? <i>Please write number.</i> 4 dependents	
10. Have you ever had any disability or disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
11. Which of the following proof of identity do you have? <i>Please indicate the number.</i>	
Type of proof of identity	Number or other reference
<input type="checkbox"/> Passport	
<input type="checkbox"/> Driver's licence	
<input checked="" type="checkbox"/> Identity card (such as students, employees)	100342732
<input type="checkbox"/> Letter from Local Authority	
<input type="checkbox"/> Camp registration card	
<input type="checkbox"/> Card from humanitarian agency (such as UNHCR, WFP)	
<input type="checkbox"/> Tax document	
<input type="checkbox"/> Voting card	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	

FOR VICTIMS UNIT USE ONLY**Application:**

- Witness Complaint Civil Party Application

Action:

- Co-Prosecutors Co-investigating Judges

12. Please complete all that apply to you.			
<input checked="" type="checkbox"/> Current address		<input type="checkbox"/> If you do not have a specific address, please provide your last residence	
Number/Plot:		Street:	
Group/Village:	[REDACTED]	Commune:	[REDACTED]
District:	[REDACTED]	Province/City:	[REDACTED]
Country:	Cambodia		
13. Contact address. <i>Please tick as appropriate.</i>			
<input type="checkbox"/> I would like to be contacted at the address mentioned in question 12.			
<input type="checkbox"/> I would like to be contacted through a person acting on my behalf:			
<input type="checkbox"/> Lawyer:		<input type="checkbox"/> Victims Association:	
<input checked="" type="checkbox"/> I would like to be contacted at the following address C/O: KKHRA			
Number/Plot:	[REDACTED]	Street:	[REDACTED]
Group/Village:		Commune:	[REDACTED]
District:	[REDACTED]	Province/City:	[REDACTED]
Country:	Cambodia		
<input checked="" type="checkbox"/> I would like to be contacted at the following telephone number: [REDACTED]			
Have you already submitted a complaint or an application for civil party participation to the ECCC or other places?			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
If yes, please indicate what form of application, where and when:			
Form of application			
Place:	Day	Month	Year

PART B**INFORMATION ABOUT THE ALLEGED CRIME(S)**

Please attach answers to this section on a separate sheet of paper if necessary.

1. Please provide details of crime(s).	
Location (<i>village, district, area, zone</i>):	
Date (dd/mm/yyyy):	
Description of Crime(s) (<i>what crimes occurred and how they occurred</i>):	
2. Who do you believe is responsible for these crime(s) and why you believe this? <i>Please answer to the extent possible.</i>	
3. Were you a victim of these crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Were you a witness to these crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<p>5. Do you know any other victims or witnesses to these crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(If yes (and if you can), please give their names and addresses, unless you know that they wish to remain anonymous, or it would put the applicant or anyone else at risk):</i></p>
<p>6. Do you have any relationship with these witnesses (are they family members, neighbours, friends, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(If yes, please indicate):</i></p>
<p>In order for Civil Party action to be admissible, the injury must be: a) physical, material or psychological; b) the direct consequence of the offence, personal and have actually come into being.</p>

PART C

APPLICATION TO BE JOINED AS A CIVIL PARTY

<i>You should only complete this Part if you wish to be joined as a Civil Party to a judicial investigation</i>	
1. Please indicate the proceedings to which you wish to be joined: Case File No:	
2. Please state the injury, loss or harm you have suffered, and give a brief description (such as physical injury, mental pain and anguish, loss of or damage to property):	
3. Were you examined by a doctor after the event or events occurred?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Did you receive any medical or psychological treatment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. If yes, do you have any records regarding any medical or psychological treatment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>If yes, please tick as appropriate and provide a photocopy, if available.</i>	
<input type="checkbox"/> Medical report from doctor, hospital or health centre	<input type="checkbox"/> X-rays
<input type="checkbox"/> Other. <i>Please specify:</i>	<input type="checkbox"/> Prescriptions/Invoices for medicines
	<input type="checkbox"/> None
6. Does your condition persist today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i>	
7. Do you have any preference as to the form of collective or moral reparation that you would like to obtain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please give details:</i>	

PART D

SIGNATURES

1. SIGNATURE OF THE VICTIM

Please sign or add your fingerprint and date this Form, whether or not someone is acting on your behalf or assisting you in filling in this Form.

I hereby declare that:

- To the best of my knowledge and belief, the information I have given in the present Form is correct, otherwise I will be liable under the applicable law.

- I wish to participate in proceedings before the ECCC as: a witness a complainant a civil party

If you answered "civil party", please ensure that you have filled in Part C above

Location: Takeo

Day: 19

Month: 07

Year: 2009

[Signature]

Signature or fingerprint of the victim and name

[Thumbprint]

Witness's name: CHÃO Ni (ចៅ នី)

RY Pov

Witnessed by/Signature :

2. SIGNATURE OF THE PERSON ACTING ON BEHALF OF THE VICTIM AND CONSENT OF THE VICTIM

Consent of the victim:

I,

Print name of the victim

consent to

Print name of the person acting on behalf of the victim, in the capacity of

to act on my behalf in making this application.

Location:

Day:

Month:

Year:

Signature or fingerprint of a person acting on behalf of the victim and name

Witnessed by/Signature:

Signature:

Before submitting this Application Form, please review it and tick the following as appropriate:

I have attached the following documents in support of this Form:

1. A Copy of Cambodian National Identity Card

2. Description of Alleged Crimes (03 pages)

3.

I have signed or added my fingerprint on every page of this Form as well as any other documents accompanying it.

Please indicate total number of pages of this Form including additional pages and photocopies of documentation:

13 pages in total

Victim:	Person acting on behalf of the victim:
<input checked="" type="checkbox"/> I have provided a photocopy of proof of identity in response to Question 11 of Part A.	<input checked="" type="checkbox"/> I have signed or added my fingerprint on the second box in Part D.
<input checked="" type="checkbox"/> I have provided contact information in response to Question 13 of Part A.	
<input checked="" type="checkbox"/> I have signed or added my fingerprint on the first box in Part D.	

NOTE**E3/5842**

Once the ECCC receives your Form, you will receive an acknowledgement. This acknowledgement will provide you with a registration number that you should use when communicating with the Court. If you send additional information to the Court, please use this registration number to ensure your application is properly updated. Please note that criminal proceedings take time and it may be a while before the ECCC judges make a decision on your application.

This Form and the process of applying are free of charge.

Victims Unit may be contacted at the address below or by email at victimsunit@cccc.gov.kh

On 17 April 1975, I lived in Kampuchea Krom (កម្ពុជាក្រោម), Ampeay (អំពាយ) Village, Le Tri Commune, Svay Tong District, An Giang (អាងយ៉ាង) Province.

In February 1976, there was an exchange of people between Cambodia and Yuon, and so I came to Cambodia.

In 1977, I lived in Pok Trabaek (ពកត្របែក) Village, Tram Kak (ត្រាំកក) District, Takeo Province.

In 1978, I was transferred to live in Pong Tuek (ពងទឹក) Village, Samraong (សំរោង) Commune, Tram Kak District, until the 1979 Liberation.

On 17 April 1975, I was still a child, living with my parents in Kampuchea Krom, in Ampeay Svay Village, Le Tri Commune, Svay Tong District, An Giang Province, Vietnam. In February 1976, Khmer Rouge's *Angkar* had a program called the Khmer-Yuon Exchange Program. At that time, my parents volunteered to register to come to Cambodia in the first phase of that program. At that time, I saw many families going to Cambodia. Both sides made the exchange at the Thnal Dach Phnum Den (ផ្ទះដាច់ភ្នំដិន) border barracks. At that time, I saw Yuons registering too, but I do not know how many families. Khmers also came to Cambodia. Then the Khmer Rouge trucked those Khmers to a place called Tnaot Chrum (ត្នោតជ្រូង) Village, Pok Trabaek Commune, Tram Kak District, Takeo Province. I lived there for about four or ten days before they separated me from my family to go to live in a children's mobile unit in Kbal Pou (ក្បាលពោធិ៍) Village near Takeo Provincial Town. There they forced me to work hard, carrying dirt, building dams, carrying fertilizer, and digging canals, without rest and without enough food. When I got sick, they did not have any medicine, except the rabbit-dropping pills (ថ្នាំអាចម៍ទន្សាយ) and coconut-juice serum (សេរ៉ូមទឹកដូង). I lived there for a year. Early 1977, they transferred me to Stueng (ស្ទឹង) Village, Pok Trabaek Commune which was still in Tram Kak District. When I arrived there, they forced me to work increasingly hard because they said that all those who came from Vietnam were those who had a Khmer body but a Vietnamese head and parasites. So, whenever *Angkar* needed us, we would be handed over to *Angkar*. Hearing this, I worked even

harder, no matter how tired I was, just as long as I could survive. Early 1978, they sent me to Pong Tuek Village, Samraong Commune, which was still in Tram Kak District, Takeo Province. When I arrived there, I saw them walking about thirty Kampuchea Krom people to be killed. They said that those people were the parasites who were being taken to be re-educated by *Angkar*. Upon seeing that and hearing what they said, I was even more terrified. I did not know when my turn would come. Each year passed so slowly during the Khmer Rouge regime. On 7 January 1979, I left the suffering of the children's mobile unit. It was the same for everyone, not just me.

I would like to request that the tribunal sentence them as severely as the hardship and suffering that they cause to Cambodian citizens.

[Photocopy of the front side and back side of RY Pov's ID Card]

[Front]

Photo	<p>Kingdom of Cambodia Nation Religion King Cambodian National Identity Card ID Number: 100342732 Family name and name: RY Pov រី ពៅ Date of Birth: 19 Jan 1957 Sex: Male Place of Birth: F [Redacted] Permanent Address: [Redacted]</p>
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[Back]

Height: Distinguishing Marks: A scar at about 2 cm, 3 cm ahead, on the end of left eyebrow	
Signature	Valid till : 17 July 2012 Takeo: 17 July 2002
Thumb print [Thumb print]	Governor <i>[Stamp and Signature]</i> KEB Chutema (កែប ជុតិមា)
If lost or damaged, please inform the authority	