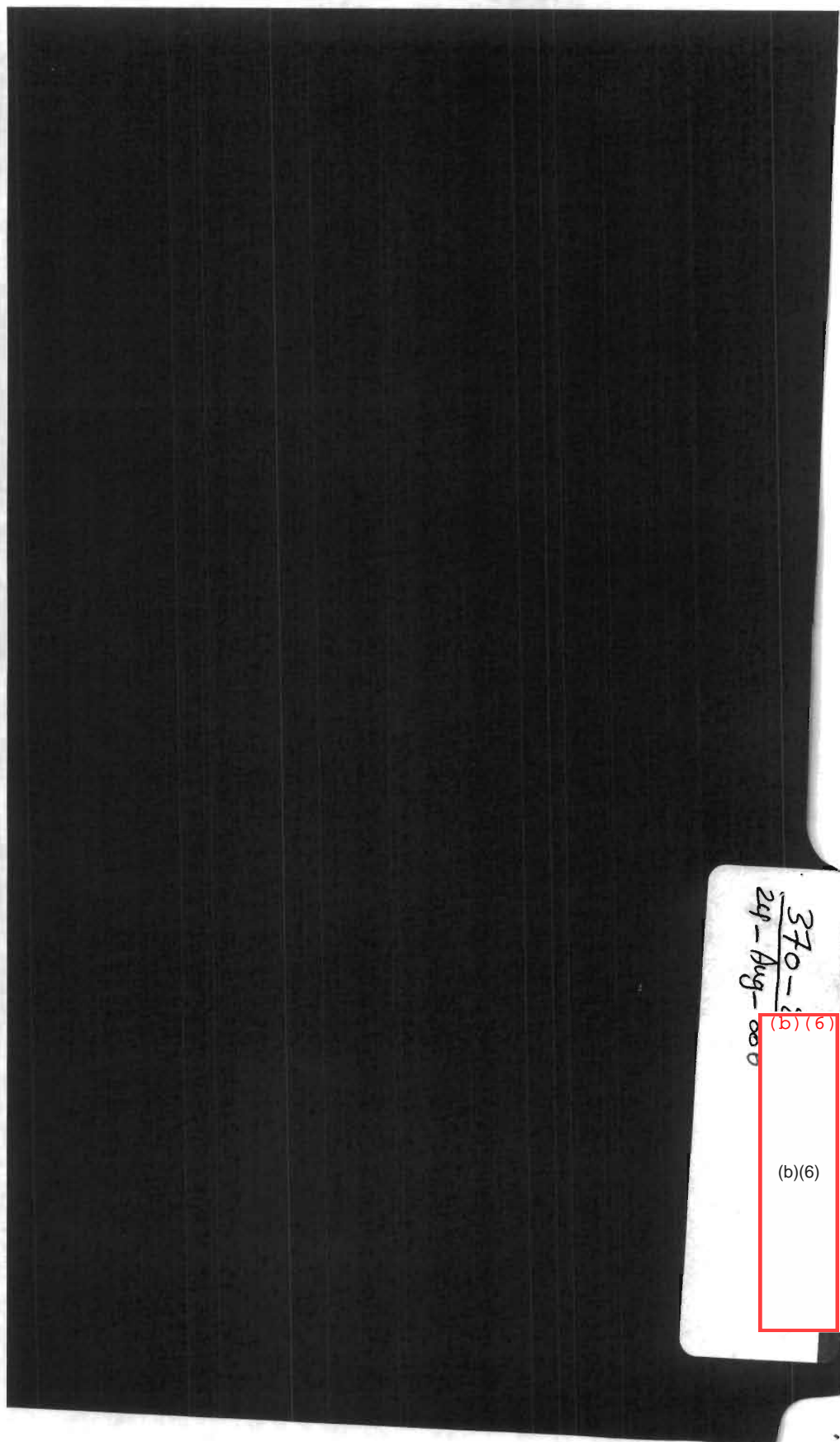


(b) (6)

(b)(6)



370-
24-Aug-000
(b)(6)
(b)(6)

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 FPM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 230th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		10 DATE VOUCHER PREPARED 07-Oct-06	SCHEDULE NO.				
		CONTRACT NUMBER AND DATE	PAID BY 230th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579				
		REQUISITION NUMBER AND DATE	DATE INVOICE RECEIVED				
CLAIM #: 06-147-T003					DISCOUNT TERMS		
PAYEE'S NAME AND ADDRESS (b)(6) (b)(6) (b)(6)(b)(6)					PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO	WEIGHT	GOVERNMENT BL. NUMBER			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE COST PER		AMOUNT	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				(b)(6)	
(Payee must NOT use the space below)						TOTAL	(b)(6)
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL			\$1.00				
<input checked="" type="checkbox"/> COMPLETE		(b)(3)(b)(6)					
<input type="checkbox"/> PARTIAL							
<input type="checkbox"/> FINAL							
<input type="checkbox"/> PROGRESS		TITLE: CPT, FC DISBURSING AGENT		Amount verified correct for (Signature or initials) (b)(6)			
<input type="checkbox"/> ADVANCE							
Pursuant to authority vested in me, I certify:		(b)(3) (b)(6) (b)(3)(b)(6) (b)(3)(b)(6) (6)	PAYING AGENT				
30 Oct 06		(Authorized Certifying Officer)*	(Title)				
ACCOUNTING CLASSIFICATION							
(b)(2) High		(b)(2) High				(b)(6)	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	CASH	DATE	PAYEE	(b)(6) (b)(6) (b)(6)			
				PER			
				TITLE			

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Foreign Language Text, (b)(6)

TASK FORCE
30660AD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

لدى المواطن الكريم مفضل الأصغر التي لحقت بك . سواء كانت
عسرا جنسية من بصابت الى نخره . أو موت لا سمح الله لأحد
الاعزى . وكان السب وراء ذلك القوات الأمريكية . فقد يكون لك الحق
في التعويض

للتقدم بملأح والمطالبة بحقتك الرجاء ابصبر الالى هذه الفطلة وهويتك
المدنية مع كل الأورق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع
مثل (صور للحدث، شهادة الشهود، تقرير الشرطة، ووصول بالإستلام
أو التسليم، وإثبات الملكية لما خطم أو تضرر ولما تحصل ان تحصل
على تعويض عنه، ورخصة السوالة ان كنت تحمل رخصة).

الرجاء ابصبر هذه المستمكات الى مركز المساعدة العراقي في معسكر
التاجي (Camp Taji) بوابة كبر (Gunner Gate)، البوابة لهندية في
معسكر فلكون (Camp Falcon)، المحمدية في معسكر فب (FOB)
(Mahmudiyah).

أو أحد اعد مراكز الحكومة الثورة لايسال - الكفلمية - الرشيد
- المنصور - الرضوانية - الرصافة - الامارات - الكرخ - اصبلمية -
كردية أو سيج البور

**ملاحظة : امتلاك هذا القارت (المستمك) لا يضي الفلح الموكد
وشكر المتعاونكم معنا**

TASK FORCE
30660AD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT Cco 1-87 IN

DATE 29 Nov 05

LOCATION (b)(2)(High)

TYPE OF INCIDENT shooting

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Witness statement: (b)(6) (b)(6)
working at (b)(6) (b)(6)
(b)(6) (b)(6), he said.

This afternoon at 3:30 p.m., while we were coming back home from work, we were inside Kia taxi when we arrived at Ministry of Transportation, there was an American convoy behind us, then ~~the~~ our driver stopped to give them space to pass, but some individuals of this convoy started shooting on the back side of our vehicle causing to break the glasses of the vehicle and to shot (b)(6) (b)(6) and his brother (b)(6) (b)(6) who passed away as a result of this incident, the convoy stopped and they closed the road and they approached the vehicle and gave us a card, later a police vehicle came and they transferred the bodies to the hospital. This is my statement.

Witness

(b)(6) (b)(6)

06-I47-T003



Office of the U.S. Treasury Department Financial Attaché
Embassy of the United States of America - Baghdad, Iraq



Serial Number Accountability Record

The Purpose of this form is to record the serial numbers on USD \$100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 30 Oct 06

PAY AGENT NAME: (b) (6)
Print last name, first name

NAME OF IRAQI FIRM BEING PAID: N/A - Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b) (6) (b)(6) (b) (6)
Print given name, father's name, grandfather's name, tribal name

Respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.
\$100 note serial numbers:

(b) (6) (b)(6) through (b) (6) (b)(6) and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____

*Use additional forms if needed.



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

AFZS-LF-JA

24-Sep-06

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b) (6) (b)(6)
06-147-T003 / 370-8

1. Facts.

The Claimant alleges that US Forces shot and killed her two brothers.

Claimant has requested \$6,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of \$5,000.00

(b) (3) (b) (6)

(b)(3)(b)(6)

CPT, JA
CLAIMS ATTORNEY 147

SETTLEMENT AGREEMENT

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06-I47-T003 # طلب
370-8

(b)(6) (b)(6) Foreign Language Text

(b)(6) (b)(6)

\$ (b)(6) Foreign Language Text
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11/29/2005

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(b)(6) (b)(6)

DATE 30-10-2006

(b)(6) (b)(6)

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(b)(6) (b)(6)

(b)(6) (b)(6)

Foreign Language Text

DATE 10-30-06

WITNESS SIGNATURE Foreign Language Text
Foreign Language Text

GIC OPINION ABOUT CLAIMS

(b)(6) (b)(6)

(b)(6)
(b)(6)

1. The claimant presented claim card from the US army proves the US army their responsibility about killing her brothers.
2. The investigations naner and the two witnesses supported that the US army open fire on (b)(6) (b)(6)
3. Certificate of death (b)(6) (b)(6) shows the reason of death which is gunshot from the US army.
4. The claimant asks amount \$ 5000/00 about her brother (b)(6) (b)(6) and \$ 5000/00 about her brother (b)(6) (b)(6)
5. We suggest give her the same amount that she asks.

With our respect,

Certificate of death No.092027&092028 shows the reason

(b)(6)
(b)(6)

(b)(6)
(b)(6)

24-Aug-2000

Foreign Language
Foreign Language Text



Claims Form



To: United States Army Foreign Claims Commission

From: Name: (b)(6) (b)(6) 07903886118

Address: Baghdad (b)(6) (b)(6) (b)(6)

Iraqi ID No. (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Iraq
- c. Employed by:
- d. Check one () an insurer (X) Not an insurer
- e. Check one (X) A subrogee () Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address and Telephone Number)

M.O.F. Co 1-81-10

The property damaged had owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) (b)(6) (b)(6)

My claim arose at Highway Baghdad-AbuGreeb Iraq
(Town) (City) (Country)

My claim arose on Nov 29 2005
(Month) (Day) (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

at 29 Nov 2005 there that my two brothers and (b)(6) (b)(6) that get a shot from U.S ARMY while they take a mine bass (KIA) when they ruche the ministry of transport on the highway and that lead to killed both of them. and this proc give a claim Card to the US when we take the bodies.

Describe nature and extent of property damage or personal injury sustained as result because of the above incident.

Killed MY 2 Brothers ①
②

(b)(6)
(b)(6)

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item	Amount
1- Compensation of MY Brother killed 4	(b)(6) \$3000
2- " " " " " "	(b)(6) \$3000
3-	
4-	
5-	
6-	

Total: \$6000

I was insured to the following extent against the damager or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(Address)

(b)(6), Foreign Language Text

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 6000

local 9 000 000 ID

(Signature of Claimant)

Subscribed before me this 13 day of Aug, 2006.

(Print Name)

(Signature)



"THE CLAIM'S CONTAINS"

The Claimant name:- (b) (6) (b)(6)

- 1) Two Certified death
- 2) Investigated paper on police office at Aba Grech
- 3) Two witnesses
- 4) Diagram of the Accident
- 5) I D Iraqi Sexuality of the claim's and the two brother victims



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General Information Center/Al-Radhwanya
Date:- 14 Aug 06

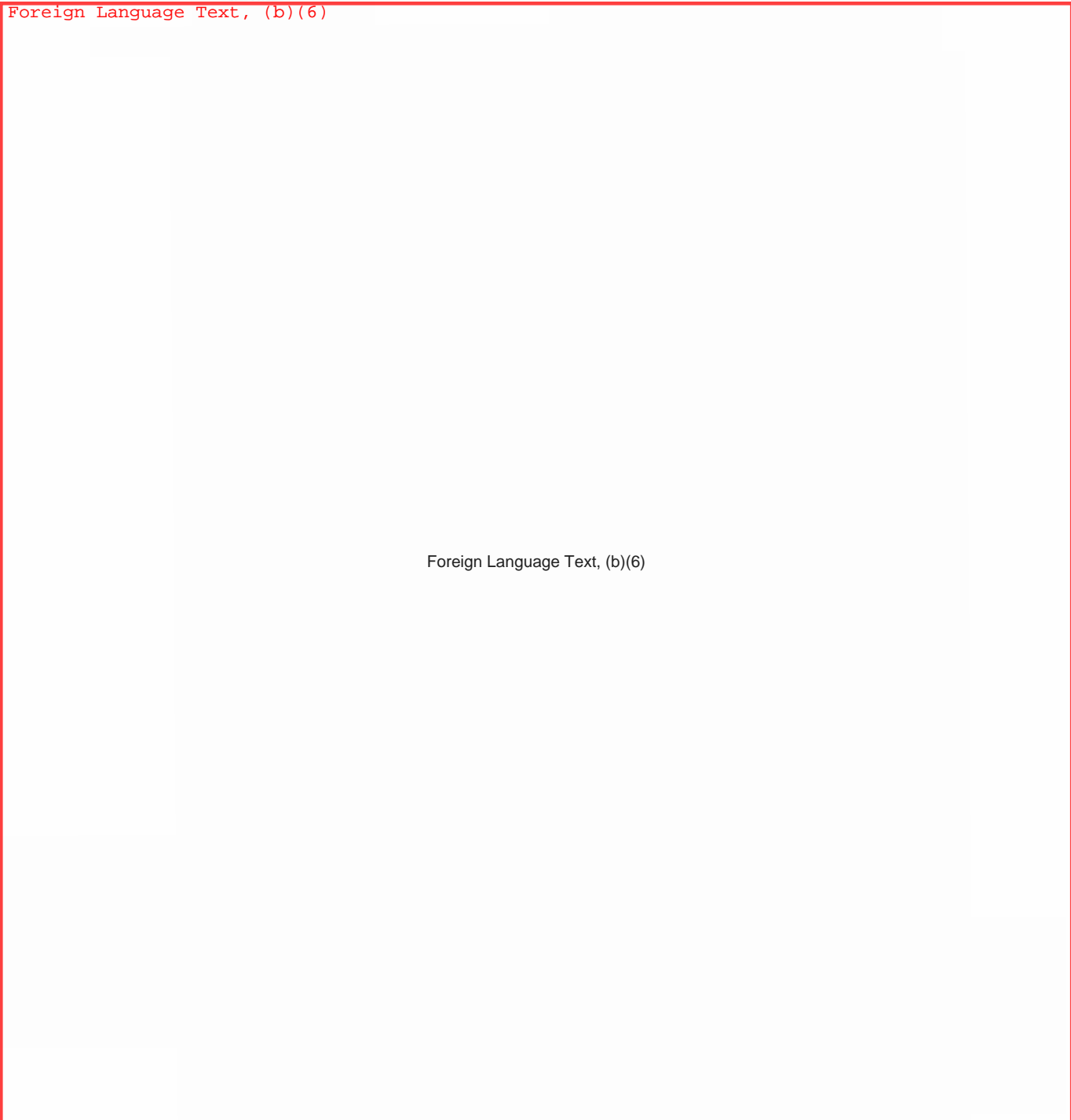
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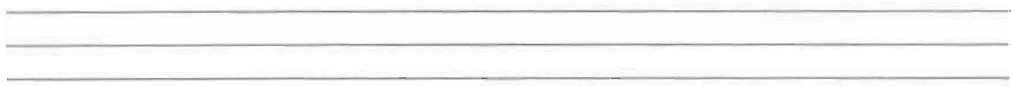
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Foreign Language Text, (b)(6)



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Witness Statement

(b)(6)

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Witness Statement
Lyth Abd Al Razak

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Diagram
Shooting location

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Witness Statement

(b)(6)

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witness statement

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Diagram
Shooting location

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06-I47-T003-00036



CENTCOM 019199
23964

06-I47-T003-00037



CENTCOM 019200
23965

06-147-T003-00038



CENTCOM 019201
23966

06-I47-T003-00039



CENTCOM 019202
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06-147-T003-00040



CENTCOM 019203
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06-I47-T003-00041



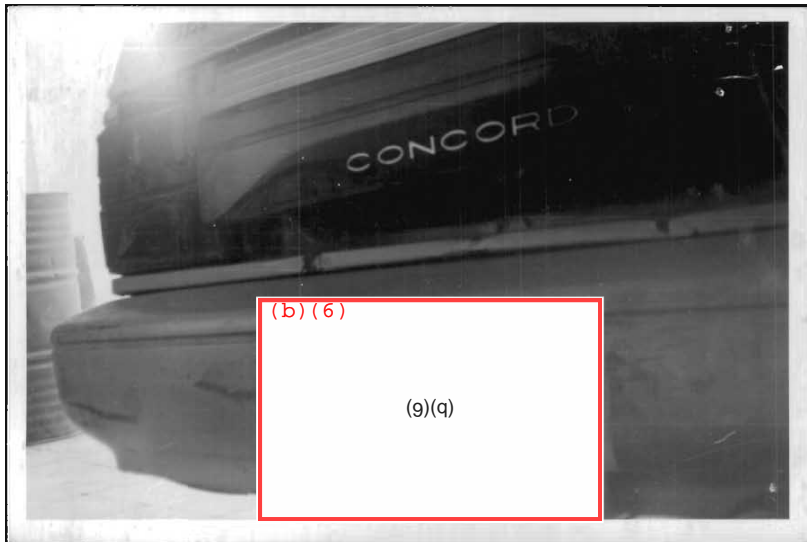
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06-I47-T003-00042



CENTCOM 019205
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06-I47-T003-00043



CENTCOM 019206

06-I47-T003-00044

23971