

(b)(6)

321 - 7
29-July-2006

(b)(6)

Approve - \$11,000

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

(b)(5)

06-July-90
1401-17041

FORCES ARAB CLAIM CARD

بطاقة مطالبة مدني

لمى القوات الجوية عراق الاضرار التي تسببت لك - سواء كانت
امور جنسية من سيارات الجيش او ممتلكات لا تسبق لك اي
شخص. وكان المبرور انك القوات الامريكية. قد يكون لك الحق
في التماس.

نقدم بطايع والمطالبة عليك ارجاء اضرار التي تسببت لك
من اضرار من قبل القوات الجوية العراقية. هذا الامر الذي تسببت له اضرار
او اضرار من قبل القوات الجوية العراقية. قد يكون لك الحق في التماس
في التماس. ووقت المطالبة كما حدد في الشرط. (وجوب الاستكمال
في التماس. ورجوع المطالبة ان كنت تعلم انك
ارجاء اضرار هذه المستندات في مركز المساعدة الجوي في
مركز فالكون (Camp Falcon) - مدينة في مسقط
Mahadiyah (Camp Falcon) - مدينة في مسقط
في مسقط. رجوع المطالبة في مسقط. الرجاء
الرجاء اضرار. الرجاء المطالبة. الرجاء المطالبة.

ملاحظة: يمكنك هذا الوقت (المستندات) الايض الفاعل للوزارة
وتشوا التماس.

FORCES ARAB IRAQI CLAIM CARD

IRAQI CLAIM CARD

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

Fill out the required information below.

1. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
2. Contact command to the nearest Government Information Center or the Iraqi Assistance Center. Do not give this card away.
3. Upon return to your FOI, complete a SF 257. If you have a legal office, NOTE: This information is for your legal office. NOTE: This information is for your legal office. NOTE: This information is for your legal office. NOTE: This information is for your legal office.

UNIT: 17th AF
DATE: 24 APR 82
LOCATION: CAMP FALCON
TYPE OF INCIDENT:

(b)(6), Foreign Language Text



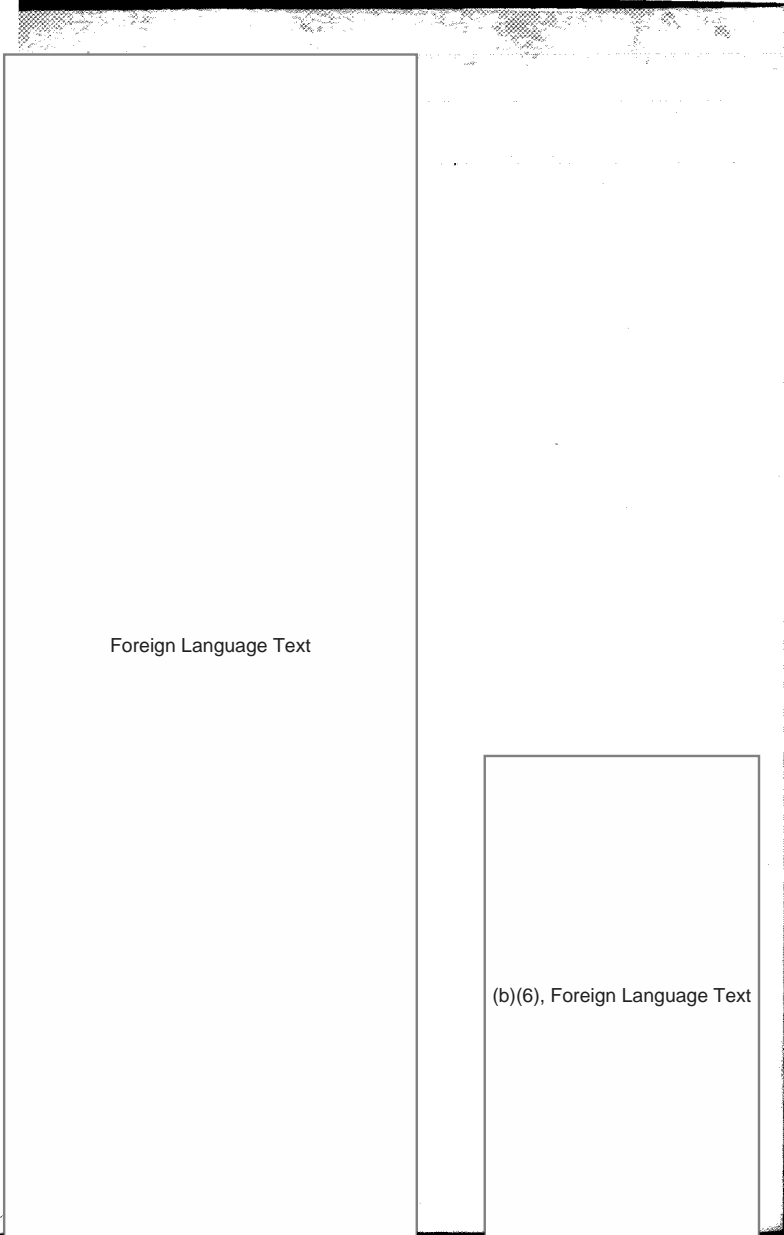
(b)(6), Foreign Language Text



(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text



Foreign Language Text



(b)(6), Foreign Language Text

06-147-T041-00007

CENTCOM 019213



We like to inform you that your case approved.
Please, bring this paper with your Iraqi ID.

Name: - [Redacted] (b)(6)

Case No.: - 18871

Iraqi ID No.: -

[Redacted] n Language Text

[Redacted] (b)(6)

GIC stamp

sign the case owner

sign manger

CENTCOM 019214

06-147-T041-00008

Foreign Language Text, (b)(6)

100-4
9 3200-15

CENTCOM 019215

06-147-T041-00009

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)



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

REPLY TO
ATTENTION OF:

Foreign Claims Commission I47

18-Sep-06

SUBJECT: Claim #06-I47-T041/321-7

(b)(6)

Dear Claimant:

You have submitted a claim seeking compensation for the damage to your personal property. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for the damage to your personal property. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the Fourth Infantry Division Claims Office will compensate you for your losses in the amount of \$11,000.00.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

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

Captain, Judge Advocate
Claims Attorney I47

Standard Form 115 (Rev. 10-67) Revised October 1967 Department of the Treasury FORM 115-1000 VS-017		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		ISSUE VOUCHER PREPARED 02-Dec-06	SERIALIZED NO.				
		CONTRACT NUMBER AND DATE	PAID BY 15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579				
		REQUISITION NUMBER AND DATE	DATE VOUCHER RECEIVED				
CLAIM # : 06-147-T041		DISCOUNT FORM			PAYEE'S ACCOUNT NUMBER		
PAYEE'S NAME AND ADDRESS (b)(6)		GOVERNMENT USE ONLY					
SHIPPED FROM		TO		WEIGHT			
NUMBER AND DATE OF CHECK	DATE OF DELIVERY OR RECEIPT	ARTICLES OR SERVICES <small>(Item description, item number of contract or Federal supply schedule, and other information deemed necessary.)</small>	QUANTITY	UNIT PRICE		AMOUNT	
				COST	PER		
		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.				\$11,000.00	
(Payee must NOT use the space below)						TOTAL	\$11,000.00
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESSIVE <input type="checkbox"/> ADVANCE		(b)(3),(b)(6)	\$1.00				
Purchased authority used			Amount verified, signed for (Signature or initials)		\$11,000.00		
21 Dec 06 (Date)		PAYING AGENT					
		SIGNATURE AND POSITION					
		(b)(2)High				\$11,000.00	
PAID BY		CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		(b)(6)		
CASH		\$11,000.00	DATE				
		PERSON		TITLE			

PRIVACY STATEMENT
The information requested on this form is required under the provisions of 28 U.S.C. 512a and 502, for the purpose of disbursing Federal money. The information requested is to identify the payee and the amount to be paid. Failure to furnish this information will hinder the operation of the payment system.

08-I47-T041



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: 2 Dec 06

PAY AGENT NAME:
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:

Print given name, father's name, grandfather's name, tribal name

For each respective finance office as part of the reconciliation process, list the \$100 note serial numbers:

<input type="text" value="(b)(6)"/>	through	<input type="text" value="(b)(6)"/>	and,
	through		and,
	through		and,
	through		and,
	through		and,
	through		and,
	through		and,

*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

02-Dec-06

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

06-147-T041 / 321-7

1. Facts.

The Claimant alleges that her husband and son were traveling in Baghdad when US Forces opened fire on them killing them both and damaging the car.

Claimant has requested \$12,300.00

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 \$11,000.00

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

CPT, JA
CLAIMS ATTORNEY I47

SETTLEMENT AGREEMENT

Foreign Language Text

06-147-T041 # طلب
321-7

(b)(6)

\$11,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 2 Dec 2006

WITNESS SIGNATURE توقيع الشاهد الأول

(b)(6), Foreign Language Text

(b)(6)

DATE 2 Dec 06

توقيع الشاهد

Foreign Language Text, (b)(6)

GIC OPENION ABOUT CLAIMS

(b)(6)

1. The claimant has a claim card from the US army proved that they killed the claimant's husband and son.
2. The claimant present certificate of death for her husband and her son supported by the ministry of health no. (b)(6) and the reason of the death for the husband interior bleeding, and her son skull broken.
3. The claimant present bill for the damages of the car \$ 6200/00.
4. The pictures show the car totally damaged and we can't see the car number.
5. The claimant asks amount \$ 3000/00.about her husband and \$ 3000/00 about her son and \$ 6200 about the car.
6. the claimant asks total amount is \$ 12200/00.
7. Sir, we have check this claim and we see that the claimant deserve compensation and we let this case goes to you.

With our respect,

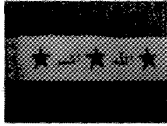
(b)(6)

July 30, 2006



(b)(6)

29 July 2006



Claims Form

To: United States Army Pension Claims Commission

(b)(6)

From: Name: (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No. _____

- I am
- a. A citizen and national of: Iraq
 - b. A permanent resident of: _____
 - c. Employed by: _____
 - d. Check one () an insurer (/) Not an insurer
 - e. Check one (/) 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.N.F. Unit 1-71CAVI/10MTN

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)

My claim arose at Baghdad Highway/near Ministry of Iraq
(Town) (City) (Country) transport

My claim arose on April 4 06
(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.)

On 4 of April 06 My husband Mr. (b)(6)
(b)(6) And My Son (b)(6) I was
driving his car No (b)(6) type Proteone
Model (b)(6) from Abu Grabs when they reach to
Ministry of transport the M.N.F open fire
on his car that cause he died and my son
too and the car damaged for this I
Asked (b)(6) in Sation.

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

My husband died and my son died too
by M.N.F. And his car type proton
No (b)(6) by M.N.F. (car damages)

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 for husband killed	3000 \$
2- by M.N.F.	
3- Compensation for son death	3000 \$
4- M.N.F.	
5- Compensation for car damages	6300 \$
6- by M.N.F.	
Total:	
	12300 \$

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)

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

\$ 12300 local 18204000 L.D

(b)(6)

(Signature of Claimant)

Subscribed before me this 30 day of 7, 2006

(b)(6)

(Print Name)

(Signature)



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 1.) Iraqi claimt card from M.W.F
- 2.) two photo picture
- 3.) two Certificate death
- 4.) One price list
- 5.) I-D Iraqi Sexuality
- 6.) Investigated paper

[Signature]

(b)(6)

General Information Center/Al-Radhwanya

Date:- 30 July 06

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 019231

06-47-T041-00025

23996

Foreign Language Text, (b)(6)

CENTCOM 019232

06-147-T041-00026

Foreign Language Text, (b)(6)

Foreign Language Text

Language

Foreign Language Text

Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

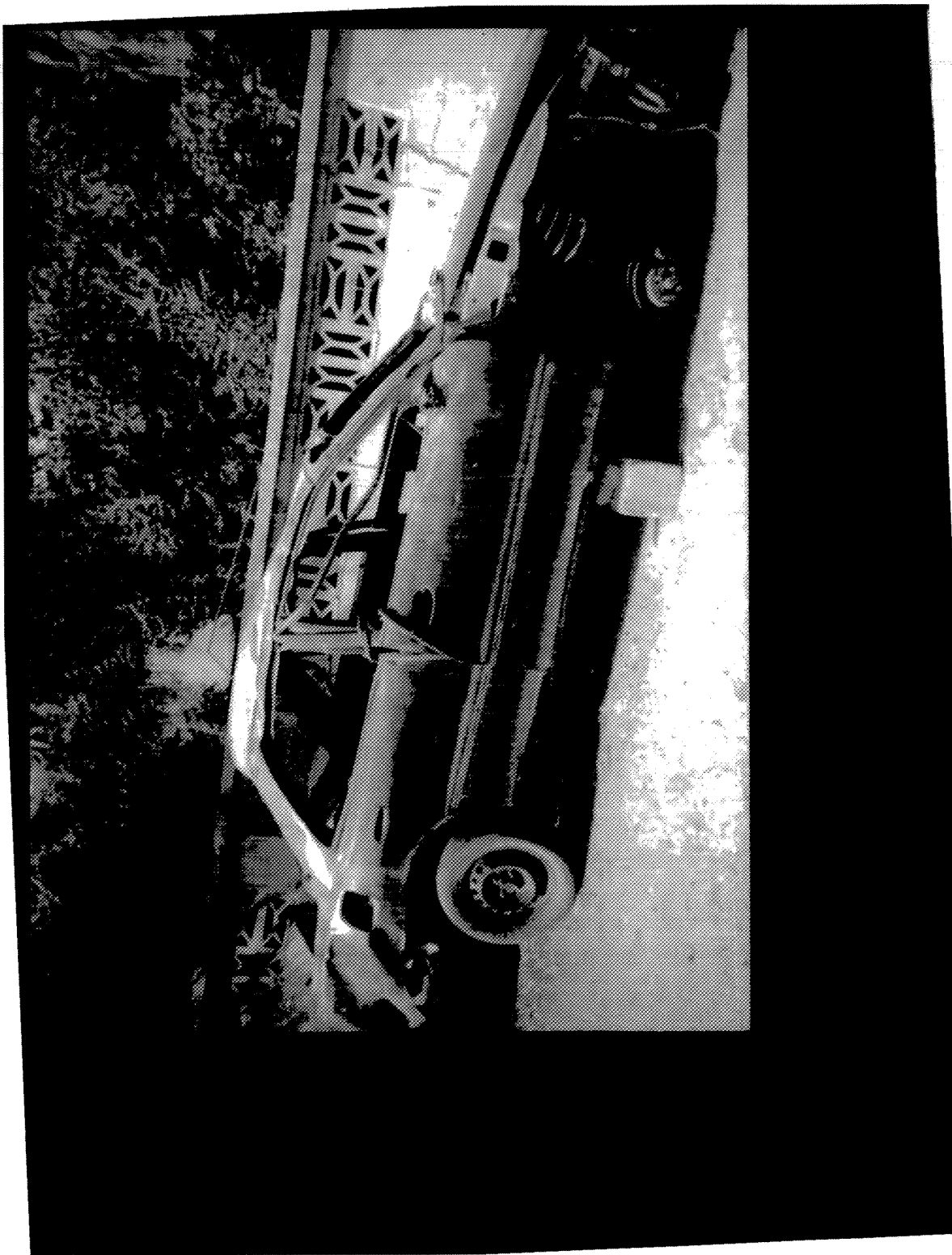
06-147-T041-00034

CENTCOM 019240

(b)(6), Foreign Language Text

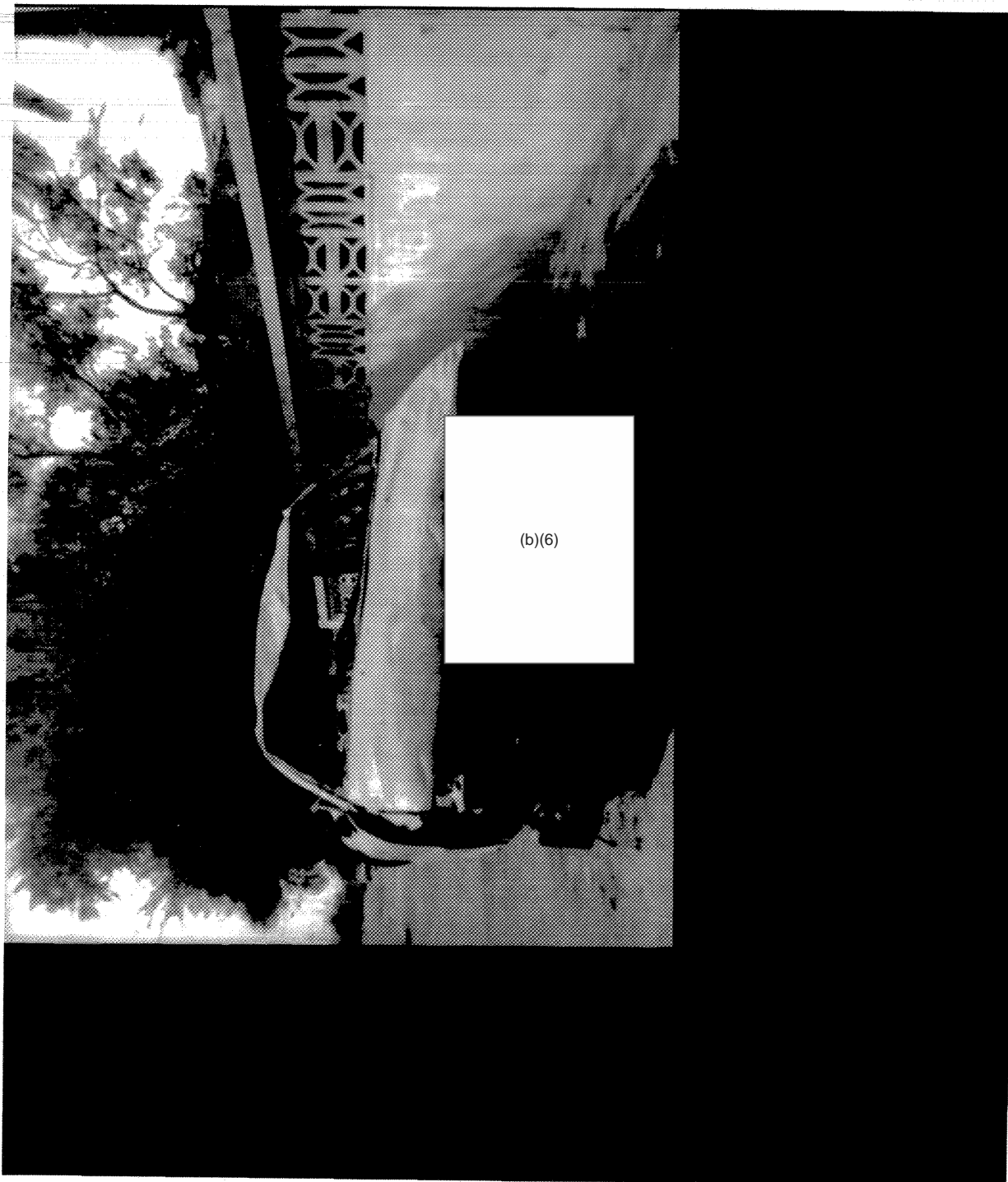
CENTCOM 019241

06-147-T041-00035



06-147-T041-00036

CENTCOM 019242



(b)(6)

CENTCOM 019243

06-147-TO41-00037