

Approve \$7,000

(b)(5), (b)(3)(b)(6)

06-147-1193
481-11
Nov-06

(b)(6)

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

CENTCOM 019245

06-147-T193-00002

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

Iraq Claims File Coversheet

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

Reviewer _____

Date: 19 Feb 09

Box Number: 17

Classified Documents: No Yes (initial) _____

Classified Document Securer: _____

Date: _____

Standard Form 1034 (20)		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		ISSUE DATE VOUCHER PREPARED		SCHEDULE NO.		
DEPARTMENT OF THE ARMY 15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		08-Nov-06		PAID BY 15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579		
CLAIM #: 06-I47-T193		CONTRACT NUMBER AND DATE		DATE INVOICE RECEIVED		
PAYEE'S NAME AND ADDRESS [Redacted] (b)(6) Baghdad		REQUISITION NUMBER AND DATE		DISCOUNT TERMS		
SHIPPED FROM		TO		WEIGHT		
GOVERNMENT BL NUMBER		NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		AMOUNT
ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY		UNIT PRICE 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.						\$7,500.00
TOTAL						\$7,500.00
PAYMENT:		APPROVED FOR		EXCHANGE RATE		DIFFERENCES
<input type="checkbox"/> PROVISIONAL		BY: [Redacted] (b)(3),(b)(6)		= \$1.00		
<input checked="" type="checkbox"/> COMPLETE		TITLE: CPT, FC		DISBURSING AGENT		Amount verified, correct for (Signature or initials)
<input type="checkbox"/> PARTIAL		Pursuant to authority vested in me		[Redacted] (b)(3),(b)(6)		PAYING AGENT
<input type="checkbox"/> FINAL		[Redacted] (b)(3),(b)(6)		[Redacted] (b)(3),(b)(6)		(Title)
<input type="checkbox"/> PROGRESS		ACCOUNTING CLASSIFICATION		[Redacted] (b)(2)High		\$7,500.00
<input type="checkbox"/> ADVANCE		CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER
PAID BY		CASH		DATE		ON (Name of bank)
\$7,500.00		[Redacted] (b)(6)		[Redacted] (b)(6)		[Redacted] (b)(6)

¹ When stated in foreign currency, insert name of currency.
² If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title.
³ When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PREVIOUS EDITION OBSOLETE
PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C. 829 and 832, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

CENTCOM 019247

06-I47-T193-00004

06-I47-T193



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: 27 Nov 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

By respective finance offices as part of the reconciliation process, Finance
\$100 note serial numbers:

through d,
____ 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

06-Nov-06

MEMORANDUM FOR RECORD

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

06-I47-T193 / 481-11

1. Facts.

The Claimant alleges that as her brother was driving in Abu Graib, when a US Forces (C / 1-87) convoy, driving in the wrong direction, hit his vehicle destroying the vehicle and killing him.

Claimant has requested \$12,000.00

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 \$7,500.00

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

CPT, JA
CLAIMS ATTORNEY I47

CENTCOM 019249

06-I47-T193-00006

SETTLEMENT AGREEMENT

إتفاقية تسوية وإعفاء

طلب # 06-147-T193
481-11

أنى
من
(b)(6)
Foreign Language Text
\$7,500.00

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية
ضباطها ووكلائها وعامليها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ
2/13/2006 أو نحوه والمرتب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعني ههنا وإلى الأبد الولايات المتحدة الأمريكية ضباطها ووكلائها وعامليها
من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة إن
وجدت أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالململكات أو أية إصابات أو وفيات نتجت عن هذه
الحادثة

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد
تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10 قانون الولايات المتحدة 2734 'و عليه فيجب الا يزول
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها
و موظفيها

(b)(6)
DATE 27-Nov-2006
Foreign Language Text
(b)(6)
DATE 11-27-06
Foreign Language Text
WITNESS SIGNATURE

CENTCOM 019250

06-147-T193-00007

GIC OPINION ABOUT CLAIMS

(b)(6)

1. The claimant has a claim card from the US army proved that they did the accident.
2. The claimant presented a photo for the car shows the great damages.
3. The claimant presented investigations paper from the police stations with witness supported that the US army was driving wrong side and that led to crashed the car and killed the driver.
4. The claimant presented certificate of death for his brother Mr (b)(6)
(b)(6)
5. The claimant asks amount \$ 12000/00. For the death and the car.
6. We let this case goes to you and we suggest give him amount the same amount because we think that is very fair.

With our respect,

(b)(6)

(b)(6)



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.

"THE CLAIM'S CONTAINS"

The Claimant name

(b)(6)

- 1. Claimant from the US Army
- 2. Photo shows the damaged car the victim's car
- 3. Certificate of death for the victim shows the reason that the US Army killed him by car accident.
- 4. Investigation reports supported that the US Army did the accident
- 5. Certificate of birth showed from his mother and his father and his brother (the victim) so the claimant can ask about the claim.
- 6. Iraqi documents for the claimant

General Information Center/Al-Radhwanya

Governance Info (b)(6)

مركز المعلومات

7/11/2006



Claims Form



To: United States Army Foreign Claims Commission

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: Iraq
- c. Employed by: (b)(6)
- d. Check one () an insurer (x) 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)

MNF unit no. CCO-1-87 IN

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.)

My claim arose at Aba-Ghraib Baghdad Iraq
(Town) (City) (Country)

My claim arose on Feb 13 2006
(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.)

In 13 Feb 2006, during my brother's driving his car on the highway between the Al-Dhahab, Al-Abigath village, crossed with a convoy heading wrong side that he couldn't do anything to avoid the convoy, and was crashed by it, which caused his death after banging his car;

Omega/Opel (b)(6) no (b)(6)

for more information, I am the only legal one who can ask for compensation as my parents are dead

property or for personal injury is based. (Use back of this sheet if necessary.)

CENTCOM 019253

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

1- Death of my brother

(b)(6)

2- Damaging his Omega/Opel vehicle 1996-grey color

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- for my brother's death	\$4000
2-	
3- for his vehicle's destruction	\$8000
4-	
5-	
6-	

Total: \$12000

I was insured to the following extent against the damage 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)

\$ 12000

local 10 18000 000

(b)(6)

(Signature of Claimant)

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

Subscribed before me this ___ day of ___, 200__.

(Print Name)

(Signature) (Address)

Pages 12 through 15 redacted for the following reasons:

Foreign Language Text, (b)(6)

Pages 17 through 25 redacted for the following reasons:

Foreign Language Text, (b)(6)



CENTCOM 019269 0047-T193-00026