

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

)6 Foreign Language

(b)(6)

5  
2-076-5

07.0668

*Handwritten mark*

(b)(6)

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0765

USARCS NUMBER: 07-0668

Date Received: 17-Nov-07

Name: (b)(6)

Address: (b)(6)

Baghdad, Iraq.

(b)(6)

Claim Summary: Claimant's husband killed and property damaged in a vehicular accident involving C.F.

Date of Incident: 02-Oct-07

Amount Requested: \$18,000.00

*I call her  
she will  
coming in  
Saturday*

*10. Dec. 07  
According to claimant via telephone,  
unit left claims card with police station  
and she was called to retrieve it after  
the accident. She said she did not*

(b)(2)High, (b)(3)(b)(6), (b)(5)

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



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 4th BRIGADE COMBAT TEAM  
4TH BRIGADE, 10TH MOUNTAIN DIVISION (4 ID)  
FORWARD OPERATING BASE LOYALTY, APO AE 09390

23 December 2007

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM I48/07-0668:

**Claim of** (b)(6)

**Address:** (b)(6) Baghdad, Iraq. (b)(6)

**Date Filed:** 17-Nov-07

**Amount Claimed:** \$18,000.00

**Claimed Loss:** Claimant's husband killed and property damaged in a vehicular accident involving C.F.

**Claim Number:** 2.0765

1. Your above-mentioned claim is disapproved.
2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code **3**:
  1. Loss was a result of Combat Operations
  2. The filing claimant is an improper claimant
  3. Claim lacked evidence supporting U.S. negligence or fault
  4. Claim lacked evidence to prove a loss
  5. Loss was a result of Anti-Coalition Forces
  6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
  7. Statute of Limitations Expired.
4. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.
5. POC for this memorandum is SSG<sup>b(3)</sup>, (b)(6) FOB Loyalty @ VOIR 322 7018

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

CPT, JA  
FOREIGN CLAIMS COMMISSION  
CENTCOM 019636

07-0668-00005

25265



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
Headquarters, 2<sup>nd</sup> Brigade Combat Team (21D)  
1<sup>st</sup> Cavalry Division  
Camp Loyalty, Iraq 09390

(b)(2)

9 December 2007

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM I48/07-0668:

**Claim of:** (b)(6)

**Address:** (b)(6) Baghdad, Iraq. (b)(6)

**Date Filed:** 17-Nov-07

**Amount Claimed:** \$18,000.00

**Claimed Loss:** Claimant's husband killed and property damaged in a vehicular accident involving C.F.

**Claim Number:** 2.0765

1. Your above-mentioned claim is disapproved.
2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code **3**:
  1. Loss was a result of Combat Operations
  2. The filing claimant is an improper claimant
  3. Claim lacked evidence supporting U.S. negligence or fault
  4. Claim lacked evidence to prove a loss
  5. Loss was a result of Anti-Coalition Forces
  6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
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5. POC for this memorandum is SFC(b)(3), (b)(6) FOB Loyalty @ VOIP 722-7018.

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

MAJ, JA  
) (3) (b) (6) FOREIGN CLAIMS COMMISSION

CENTC 019637  
25266

07-0668-00006

Claims Form

Claim# 2-076-5

Date: 13<sup>th</sup> Nov 2007

GICof / 9 NISSAN

to: United States Army Foreign Claims Commission.

(b)(6)

Claimant Name

(b)(6)

Relationship: The

victim's wife, owner's wife

National of: Iraqi

Claimant's Address: Neighborhood

(b)(6)

Q

(b)(6)

Ph:

(b)(6)

Have you filed a claim before?  Yes  NO

Damage type:  Death  Injury  Car  House  Furniture  Other

Place of incident: St-

(b)(6)

Town,

(b)(6)

City-

Baghdad

Country-

Iraq

Date of incident: Time 9:30 AM Day: 2nd Month: Oct. Year: 2006

(b)(6)

Give a brief statement of the accident or incident.

An American tank crushed her husband's car and killed him. caused full damage to the car.

Did you receive a claims card from the military unit that caused the incident?

Yes  No  They didn't stop

List in detail the value of the property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills)

Item	Amount: \$	Amount: ID
Death	12,000.00	
Destroyed car kind BMW	6,000.00	
Total		18,000.00 U.S.D

List of attached document.

Identity	<input checked="" type="checkbox"/>	House document	<input type="checkbox"/>
Certificate of Nationality	<input checked="" type="checkbox"/>	Car document	<input checked="" type="checkbox"/>
Ration card	<input checked="" type="checkbox"/>	Claim card	<input checked="" type="checkbox"/>
Residence card	<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>
Picture 5 2	<input checked="" type="checkbox"/>		
IP Report	<input checked="" type="checkbox"/>		
Certificate of death	<input checked="" type="checkbox"/>		

Signature of claimant

(b)(6)

Date: 13<sup>th</sup> Nov 2007

Print Name-

(b)(6)



**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheets if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008

1. Submit To Appropriate Federal Agency:

306th RCT Legal Office  
Camp Loyalty, Iraq  
APO AE 09390

2. Name, Address of claimant and claimant's personal representative, if

(b)(6)

(b)(6)

3. TYPE OF EMPLOYMENT

MILITARY  CIVILIAN

MARITAL STATUS

(b)(6)

9. DATE AND DAY OF ACCIDENT

2<sup>nd</sup>, Oct., 2006

7. TIME (A.M. OR P.M.)

9:30 AM

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

An American tank crushed my husband's car and killed him, caused full damage to his car

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

Same as above.

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

U.S. Forces killed my husband, caused full damage to his car.

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

11. WITNESSES

NAME

ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

6,000.00

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12,000.00

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

18,000.00 U.S.D

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND LOSSES INCURRED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

13b. Please number of statutory

(b)(6)

14. DATE OF CLAIM

13<sup>th</sup> Nov 07

**CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**  
The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 37 U.S.C. 5220.)

**CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**  
Fines of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 207, 2001.)

Previous copies not usable

(b)(6)

STANDARD FORM 85 (Rev. 7-05)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

USGPO: 11-00



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)

Pages 14 through 17 redacted for the following reasons:

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(b)6 Foreign Language

accident place at  
diGovernig and Planning

(b)(6)

Police Station

2. oct. 07

1. The accident place it was Highway in Agancal  
near in (b)(6) flats building  
and we local we transfered to the accident place.  
near. (b)(2)High

2. The accident place far from our station 500 meters

3. Vehicle was damage type (b)(6) color  
model (b)(6) Droubt in left side in way completely  
destroyed and there is blood track in Driver Seated  
and caused that person dead dead result by that  
accident The Person is Name (b)(6)

The Crashed was from the right side in his car. Number.

(b)(6)

4. all the witness they statement there. American convey  
coming by wrong side that make grate damage for her  
car. and after the american she closed the way

not

(b)(6)



Page 19 redacted for the following reason:

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(b)6 Foreign Language

God of mercy name

(b)(6)

Station

Honorbult Judgment of New Baghdad  
Investigation Count

(b)(6)

We get the information that this vehicle accident  
happened in High way area. near in  
area. in flats building between the American  
forces and

(b)(2)High

(b)(2)High

(b)(6)

Color Number.

(b)(6)

Baghdad because there's a way passing that way  
by wrong side and they was coming from  
area. to and building

(b)(2)High

(b)(2)High

(b)(2)High

and the driver get dead ~~in the~~ in the same time  
Driver name

imidi-tech

(b)(6)

and we send the corps to Justice Medical Hospital  
and we record witness statements in the same  
place. of accident. and record the information  
from the IP guys who was available in the  
same time there.

Cpt.

(b)(6)

Page 21 redacted for the following reason:

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(b)6 Foreign Language

testimony

(b)(2)High

2. Oct. 07

Police Station

Report by  
IN Baghdad.

(b)(6)

residence

(b)(6)

houses ~~but~~ flats

(b)(6)

Report the following

In this day Monday and on 9:30 AM on 2. Oct. 07  
accident happened to one of the American forces.

Vehicle with another car type (b)(6) color  
number (b)(6) and there one person he was

Drive that car and he got dead result by this accident  
and the American forces they was coming in wrong  
side. They was coming from (b)(2)High area. From  
The police station side to going to Zarina. building  
and they coming suddenly in High way Al qana  
and this is my statement.

(b)(6)

Cpt.

(b)(6)

Page 23 redacted for the following reason:

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(b)6 Foreign Language

# Certificate of Death

Original Date  
2 Oct. 07  
~~date~~

Republic of  
Iraq  
Ministry of  
Health

1. Name of dead person. (b)(6)
2. SEX. M
3. Nationality. Iraqi
4. Religion. (b)(6)
5. Married.
6. NAN?
7. Resident in. (b)(6)
8. Date of death and the time 9:30 AM 2006
9. Name of dead's father. (b)(6)
10. Name of dead's mother.
11. Name of The Reporter. (b)(2) High Police Station
12. Medical of certificate of hospital.

A. Damage accident.

with the American forces vehicle and killed  
The Driver

I am the Dr. (b)(6) I working in Justice medical  
Section. I sign that information.

That person (b)(6)

That who send by (b)(6) Police  
Station at 2 Oct. 07

Assure By Number of Documents

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

CENTCOM 019657

07-0668-00026

25283



FOREIGN LANG. TEXT

MULTINATIONAL  
DIVISION - BAGHDAD

**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 #1 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 1-17

DATE 2 OCT 06

LOCATION (b)(2)High

TYPE OF INCIDENT Car was damaged  
and driver was killed by US



CENTCOM 019659  
25285

07-0668-00028



CENTCOM 019660  
25286

07-0668-00029