

Ulwick Accident

Approved

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

188-12
23 May 2007
07-147-7538

(b)(6)



REPLY TO
ATTENTION OF:

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

Foreign Claims Commission I47

08-Jun-07

SUBJECT: Claim # 07-I47-T508 / (b)(6)

(b)(6)
Baghdad

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. 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 loss you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):
Lack of Evidence – There is not enough evidence to prove that the proximate cause of your damages is the US Forces' negligence.

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 forwarded to this office for Foreign Claims Commission consideration. 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.

Sincerely,

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

Captain, Judge Advocate
Claims Attorney I47

07-147-T508-00002

**TASK FORCE
BAGDAD**

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

لذي المواطن الكريم: مغفل الأضرار التي لحقت بك ، سواء كانت
أضراراً جسدية من أصابت إلى لفره ، أو موت لا سمح الله لأحد
المقربين ، وكان السبب وراء ذلك القوات الأمريكية ، فقد يكون لك الحق
في التويض.

للتقدم ببلاغ والمطالبة بحقك فرجاء بعنصر الآتي: هذه البطاقة وهويتك
المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع
مثل (صور للحادث، شهادة تشهود ، تقرير الشرطة ، ووصول بالإسلام
أو التسليم ، وثبات الملكية لما خطم أو تضرر ولما تحاول أن تحصل
علي تعويض عنه ، ورخصة السفارة إن كنت تعمل رخصة).

فرجاء بعنصر هذه المستندات في مركز المساعدة العراقي في معسكر
التلجني (Camp Taji) بوابة كتر (Gunner Gate) ، البوابة الهندية في
معسكر فالكون (Camp Falcon) ، المحمدية في معسكر فب (FOB)
(Mahmudiyah).

أو أحد أحد المراكز الحكومية: الثورة 9 نيسان - الكاظمية - الرشيد
- المنتصرون - الرضوانية - الفرصاة والامتفت - الكرخ - عطمية -
كرادة أو سويح البوير.

ملاحظة : امتلاك هذا الكرت (التمسك) لا يضيي الدفع للموكد .
وشكرا للتعاونكم معنا.

**TASK FORCE
BAGDAD**

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 3rd Infantry Division

DATE 10/1/01

LOCATION (b)(2)High

TYPE OF INCIDENT CC/10/01

Page 4 redacted for the following reason:

(b)(6), Foreign Language Text

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 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 15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		10 DATE VOUCHER PREPARED 18-Jul-07		SCHEDULE NO		
		CONTRACT NUMBER AND DATE		PAID BY 15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579		
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
PAYEE'S NAME AND ADDRESS CLAIM #: 07-147-T508 (b)(6) Baghdad				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO		WEIGHT		
				GOVERNMENT B/L 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>	QUAN-TITY	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.				\$7,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$7,000.00
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
		= \$	= \$1.00			
BY:		TITLE: SSG, US DISBURSING AGENT		(b)(3), (b)(6)		
		(b)(3), (b)(6)				
Pursuant to authority vested in me, I certify that the		(b)(3), (b)(6)				
23 July 2007 <i>(Date)</i>		CPT (b)(3), (b)(6) <i>(Authorized Certifying Officer)*</i>		Foreign Claims Commission <i>(Title)</i>		
ACCOUNTING CLASSIFICATION						
(b)(2)High			\$7,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE		
	\$7,000.00			(b)(6)		
				PER		
				TITLE		

Previous edition obsolete. NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



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

18-Jul-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-I47-T508 / (b)(6)

1. Facts.

The claimant alleges US Forces (1-71 IN) caused an accident which led to the death of her husband, who is the sole breadwinner for his family.

Claimant has requested \$1,000.00

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 \$7,000.00

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

CPT, JA
CLAIMS ATTORNEY I47

7508



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: 07-23-07

PAY AGENT NAME: (b)(3), (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)
Print name, grantor's name, grantor's name, tribal name

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

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

*Use additional forms if needed.

SETTLEMENT AGREEMENT

إتفاقية تسوية وإعفاء

طلب # 07-147-T508

(b)(6)

(b)(6)

من Baghdad

أوافق ها هنا على قبول مبلغ مجموعه \$7,000.00

Foreign Language Text, (b)(6)

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية
ضباطها ووكلائها وعاملها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ
6/12/2006 أو نحوه والمرتبب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعاملها
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 بالملكات أو أية إصابات أو وفيات نتجت عن هذه

Foreign Language Text

(b)(6)

DATE 23 - July - 2007

(b)(6)

توقيع الشاهد الأول WITNESS SIGNATURE

(b)(6)

الإسم

(b)(6)

DATE 23 July - 07

توقيع الشاهد الأول WITNESS SIGNATURE

T-508



CLAIMS LOG

BRIGADE OPERATIONAL LAW TEAM, 2d BCT, 10th MTN DIV

AMOUNT CLAIMED: 1K
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 5-29-2007
DATE OF INCIDENT: 6-12-06

PARALEGAL RECOMMENDATION: Deny - LGE

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARK

243511 315-772-3168 SI 1-7100V
PO Commanders A. Cavendish Guss Mc. WFD Due
to SOCIALIST CHARGE AS VICE AS HUN REINCE
new to the unit?

check out.

1/24/07 - Sil I contacted the unit. (b)(3)(b)(6)
THEY DID NOT HAVE RECOLLECTION OF THE INCIDENT DUE TO
SOCIALIST SHIFTS. (b)(3)(b)(6)

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

GIC OPINION ABOUT CLAIMS

(b)(6)

Case no. (b)(6)

1. This claimant presented a claim card from the US army proved that the US army made the accident and destroyed the car type (ford scorpion /MOD (b)(6) / DARK PLUE) with killing the claimant husband (the driver).
2. The claimant proved the ownership of the car which belongs to her husband.
3. The claimant presented statement supported that that the us army destroyed the car and that led to killing the driver.
4. The claimant asks amount \$ 13000.00 for the death of her husband and destroyed his vehicle.
5. We suggest compensate about her husband amount \$ 2500.00 and about the car according to the buyer contract amount \$ 6000.00 so the total amount would be \$ 8500.00.

With our respect,

(b)(6)

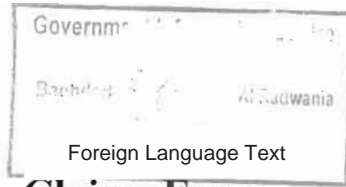
The lawyer,



Foreign Language Text, (b)(6)

GIC MANAGER

(b)(6)



Claims Form

To: United States Army Foreign Claims Commission
From: Name: _____ (b)(6)

Address: _____ (b)(6)

Iraqi ID No. _____ (b)(6)

- I am
- a. A citizen and national of: Iraq
 - b. A permanent resident of: Baghdad Iraq
 - c. Employed by: _____ (b)(6)
 - d. Check one () an insurer or 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)

Against (M.N.F)

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 Alba Ghraib highway Baghdad Iraq
(Town) (City) (Country)

My claim arose on June 12 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.)

On 12-6-2006 emerged from the home of my husband, heading to (b)(6)

(b)(6)

, where the accident

collision with the American column in line highway linking two Amiriyah, Abu Ghraib
The impact of the difference in his life,

Therefore, I am asking for compensation, especially that the deceased was the sole breadwinner for US.

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

Death my husband 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.)

<u>Item</u>	<u>Amount</u>
1- About value death my husband incl	\$ 1000,00
2- damages his car	
3-	
4-	
5-	
6-	

Total: \$10,000,00

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:

(b)(6)

(Name)

(Address)

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

\$ 1,000,00 local 13,000,000 S.D

(Signature of Claimant)

Subscribed before me this 22 day of May, 2007.

(b)(6)

(Print Name)

(b)(6)

(Signature)

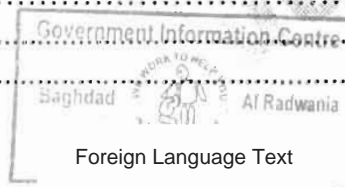


"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 1) Claim card
- 2) One of picture shows the car destroyed
- 3) Certificate of death
- 4) Investigation documents from Iraqi police station
- 5) Ownership for his car
- 6) Personal document



(b)(6)

General Information Center/Al-Radhwanya

Date:- 22 May 07



Government Information
Baghdad



Foreign Language Text

Foreign Language Text, (b)(6)

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[Redacted]

Foreign Language Text

[Redacted]

[Redacted]

Foreign Language Text, (b)(6)

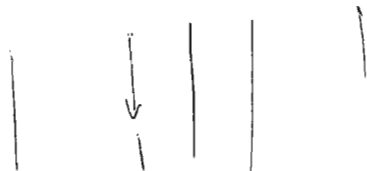
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(b)(6), Foreign Language Text



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accident location

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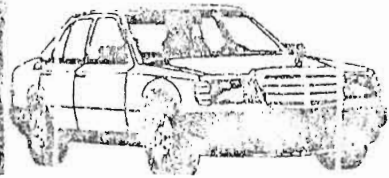


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(b)(6), Foreign Language Text

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07-147-T508-00026

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