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|---|---|--------------------------|
| FILE NUMBER 07-114-7006 | For use of this form, see AR 27-20; the proponent agency is the Office of The Judge Advocate General. | DATE 16 Oct 06 |
| DATE OF INCIDENT | PLACE OF INCIDENT Al-Hawija, Iraq | |
| <p>I hereby agree to accept the sum of \$2,500.00 in full satisfaction and final settlement of all claims which I have or may have against the United States, its officers, agents, and employees, for all damages and injuries, if any, incurred by me</p> <p style="text-align: center;">موافقة المدعي</p> <p style="text-align: center;">أني المدعي، أوافق بموجب القرار المذكور بأن يكون تسوية أو حل وسط وأن يكون هذا القرار حاسمًا ونهائيًا، ولن يكون من أي نوع عني وأن تكون هذه الموافقة متاحة كليًا مني أو من يتوب عني عن كل الدعاوى المرفوعة ضد الولايات المتحدة والعاملين لها وبخض النظر عن طبيعتها الآن وفيما بعد فيما يخص الجروح الجسدية والمادية المرئية والغير مرئية وحتى الوفاة الطبيعية وكذلك أية خروقات قانونية أو أي فعل أو إهمال أو نتيجة عن ذلك أو علاقة طر ذلك أو أوافق على التعويض عن الأضرار التي لحقتني ولا أحمل أية مسؤولية للولايات المتحدة والعاملين معها من موظفين أو مستخدمين للإضرار الجسدية والمادية وبضمنها الوفاة عن طرفة العتاة التي تنجم عن الأفعال والاصحالة الناتجة عن ذلك.</p> | | |
| TYPED OR PRINTED NAME OF CLAIMANT (b)(6) | SIGNATURE OF CLAIMANT (b)(6) | |
| (rural route, city, town or post office, county, state and zip code) | | |
| (b)(6) | Iraq | |

US FORM 1000, 1 JUL 74

PREVIOUS EDITION OF THIS FORM
WILL BE USED UNTIL EXHAUSTED.

CLAIMS SETTLEMENT AGREEMENT

USAPPC V1.00

CENTCOM 010224

07-114-T006-00001



DEPARTMENT OF THE ARMY
 3rd Infantry Brigade Combat Team Command Judge Advocate
 3rd Infantry Brigade Combat Team
 FOB Warrior, Kirkuk, Iraq, APO AE 09338

APVG-ZZO-JA

8 October 2006

MEMORANDUM FOR Commander, 3rd Infantry Brigade Combat Team, 25th Infantry Division, FOB Warrior, Kirkuk, Iraq, APO AE 09338

SUBJECT: 3rd IBCT CERP DISCRETIONARY BULK FUND.

1. The purpose of this memorandum is for the use of the 3rd IBCT, 25th IN DIV CERP Discretionary Bulk Fund for a condolence payment to (b)(6) claims that (b)(6) claimant's husband was driving a minibus when he was accidentally shot by CF. This incident is not a cognizable claim under the Foreign Claims Act (Chapter 10, AR 27-20) because the damages were incident to combat.

2. Description of how these monies will support the 3rd IBCT, 25th IN DIV Commander's intent and spending priorities for CERP funds: This payment will support the strong relationship the 3rd IBCT has with the local populace by expressing our regret for the damages.

3. List the specific items or services requested in the table below:

| # | Items to be purchased or service rendered | Unit Price | Quantity | Total Price |
|---------------|---|------------|----------|-------------|
| 1 | Payment for her husbands death | \$2,500.00 | 1 | \$2,500.00 |
| Total: | | | | \$2,500.00 |

4. The transaction can be completed at one time with one payment.

5. POC for this action is CPT (b)(3), (b)(6) VOIF (b)(2)High (b)(3), (b)(6), (b)(2)High

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

CPT, JA
 Foreign Claims Commissioner

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

I approve / disapprove this purchase.

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

MAJ, FA
 Executive Officer

CENTCOM 010225

07-114-T006-00002

OFFICE OF THE COALITION PROVISIONAL AUTHORITY (OCA)
PROJECT WORKSHEET

TYPE OF OPCA PROJECT: Regional Level Quick Impact Fund

MILITARY UNIT COORDINATING PROJECT: HHC, 3IBCT, 25th IN DIV, Judge Advocate

MILITARY UNIT CONTACT INFO FOR PROJECT

NAME: CPT (b)(3), (b)(6)

PHONE: VOIP (b)(2)High

NIPR EMAIL: (b)(3), (b)(6), (b)(2)High

NAME THE PROJECT: Condolence Payment for the death of her husband to (b)(6)
(reference Claim No. 07-I14-T006)

PROJECT LOCATION: (b)(6) Iraq

PROJECT DESCRIPTION: Condolence Payment to (b)(6)

DESCRIBE DIRECT BENEFIT TO IRAQI POPULATION: Condolence payments are cash payments to local nationals, or to their family members, who suffer death or injury or property damage caused by US forces in the performance of official duty. US forces make Condolence payments without reference to fault by either the local national or US forces, as an expression of sympathy and good will and in the best interest of the US Government.

COST (U.S. Dollars) AND JUSTIFICATION: \$2,500.00. (b)(6) claims claimant's husband was driving a minibus when he was accidentally shot by CF on 3 July 2006.

(b)(6) does not have a cognizable claim under the Foreign Claims Act (Chapter 10, AR 27-20) because the damages were incident to combat.

NAME AND POSITION OF IRAQI WHO WILL ASSUME RESPONSIBILITY FOR THE COMPLETED PROJECT (Responsible Iraqi): X (b)(6)

ESTIMATED DAYS REQUIRED TO COMPLETE PROJECT: 1



DEPARTMENT OF THE ARMY
3rd Infantry Brigade Combat Team Command Judge Advocate
3rd Infantry Brigade Combat Team
FOB Warrior, Kirkuk, Iraq, APO AE 09338

APVG-ZZO-JA

8 October 2006

SUBJECT: Claim of (b)(6) 07-I14-T006

1. Claimants name and address (b)(6) (b)(6) , Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 3 July 2006 in (b)(6) Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$5,000.00 on 4 October 2006.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for her husbands death due to CF.
5. Facts:
 - a. (b)(6) claims that on 3 July 2006, claimants husband was driving a minibus when he was accidentally shot by CF.
 - b. There was a death certificate, ID cards, police reports included in the submitted claim.
 - c. The incident was able to be verified by the unit responsible.
6. Opinion:
 - a. In order to form a basis for a claim under the FCA, the incident has to occur outside of the United States and be from either non-combat activities of the U.S. Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

CENTCOM 010227

07-I14-T006-00004

APVG-ZZO-JA

SUBJECT: Claim of

(b)(6)

07-I14-T006

- b. There is insufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. Any appeal must be submitted within 30 days.
7. Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$5,000.00 is denied.

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

CPT, JA
Foreign Claims Commissioner

CENTCOM 010228

07-I14-T006-00005

**CLAIM FOR DAMAGE .OR
INJURY DEATH**

INSTRUCTION: Please read carefully the instruction on the reverse side and supply information requested on both sides of this form .Use additional sheets (s)

person
From
approve
MBC

1.submitt to appropriate Agency
AMER

2-Name of claimants & Address
(b)(6)
(b)(2)High **KIRKUK**

07-114-T006

3.TYPE OF EMPLOY
FEMALE

4.DATE OF BIRTH
(b)(6)

5.MARITAL STATUS.
Married

6.DATE & DAY OF ACCIDENT
03-july-2006

TIME:
6,45 pm

The claim

On the mentioned date and time the seat of the coalition forces and Iraqi military was attacked by mortar bombs for this reason they started shooting randomly causing accidentally death to three people whom one of them was husband of the claimant his name is (b)(6) , who was driving minibus belongs to gas factory company at that time in the town of (b)(6)
She added that they went to the hospital to stand on the casualties they caused and to investigate the state of the injuries; they found out later that they wrongfully killed a wrong person whom they suspect one of the terrorist who attack them.

PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER THAN CLAIMANT (NUMBER, street, city, state, city, state, and, zip code)

10 Personal injury/wrongfully death

Wrongfully killing

WITNESSES

NAME

ADDRESS

Amount of claim (IN Dollars)

12A PROPERTY

12b PERSONAL INJURY

12c WRONGFUL DEATH

12A

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

13a.SIGNATURE OF CLAIMANT

(b)(6)

13b.Phone number of signatory

(b)(2)High

14c.Date of claim

01-OCT-2006

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Death certificate

Health department 1 Kirkok
Number (b)(6)

Date: 2006

Deceased name: (b)(6)

Sex: Male

Nationality: Iraqi

Religious: Muslim

Job: Employee

Statuses: (b)(6)

Birth date: (b)(6)

Date of death: 04-July-2006

Place of death: Hawaja

Reason of death: Bullet in his abdomen

Fathers name

Signed by coroner doctor (b)(6) **on** 4-07-2006

Foreign Language Text, (b)(6)

CENTCOM 010231
07-114-T006-00008

Identification card

Office: Kirkuk

Number: (b)(2)High

Name: (b)(6)

Father's name: (b)(6)

Mother's name:

Gender: Male

Issue date: 2001

Religious: Muslim

Date of birth:

Place of birth: (b)(6)

Statuses: Married

Wife's name: (b)(6)

Physical disablement:

(b)6 Foreign Language

Identification card

Office:
Number: (b)(2)High

Name: (b)(6)

Father's name: (b)(6)

Mother's name:

Gender: Female

Issue date: (b)(6)

Religious: Muslim

Date of birth: (b)(6)

Place of birth:

Status: Married

Husband's name: (b)(6)

Wife's name: (b)(6)

Physical disablement:

(b)6 Foreign Language

foreign language, (b)(6)

from police station of Haways to chief Director
of Haways

subject / Urgent Telegram

On 6.45 pm at this day C.F.s and I.M.
sea attacked by mortars which made C.F.
shooting randomly killing three innocent
individuals

signed by
14-

(b)(6)

(b)(6)

CENTCOM 010234

07-114-T006-00011

