

(b) (3) (b) (1)

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

FILE NUMBER 07-I14-T228	For use of this form, see AR 27-20: the proponent agency is the Office of The Judge Advocate General.	DATE 18 Jun 07
DATE OF INCIDENT 13 Apr 07	PLACE OF INCIDENT Kirkuk, Iraq	

I hereby agree to accept the sum of \$7,000.00 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

موافقة المدعي

أني المدعي، أوافق بموجب القرار المذكور كان يكون، تسوية أو حل وسط وأن يكون هذا القرار حسمي و نهائي لي و لكل من ينوب عني وأن تكون هذه الموافقة ممنوحة كلياً مني أو من ينوب عني عن كل الدعاوى المرفوعة ضد الولايات المتحدة والعاملين لها و بغض النظر عن طبيعتها الآن وفيما بعد فيما يخص الجروح الجسدية والمادية المرئية والغير مرئية وحتى الوفاة الطبيعية وكذلك أية خروق قانونية أو أي فعل أو لامبالاة ناتجة عن ذلك و علاوة على ذلك أوافق على التعويض عن الإضرار التي لحقتني ولا احمل أية ضغينة للولايات المتحدة والعاملين معها من موظفين أو مستخدمين للإضرار الجسدية والمادية وبضمنها الوفاة عن طريق الخطأ والتي تنجم عن الأفعال واللامبالاة الناتجة عن ذلك.

PRINTED OR PRINTED NAME OF CLAIMANT (b) (6)	SIGNATURE OF CLAIMANT (b) (6)
(b)(6)	(b)(6)
or post office, county, state and zip code	
(b) (6) (b)(6)	Iraq

FORM 1686, 1 JUL 74

PREVIOUS EDITION OF THIS FORM
WILL BE USED UNTIL EXHAUSTED.

CLAIMS SETTLEMENT AGREEMENT

USAPPC V1 00



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

25 May 2007

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) (b)(6) (b) (6) (b)(6) claims that on 13 April 2007, her husband was involved in an EOF incident with B Co, 2-35 IN, which killed her husband and son. As they were driving, the convoy used EOF procedures to stop the vehicle from approaching the convoy's location.. 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 Death of Local Nationals (b) (6) (b)(6)	\$2,500.00	2	\$5,000.00
2	Property Damage (Damage to tires, windows, tail lights, radiator, dashboard, break system, engine, horn, heating system, paint)	\$2,000.00	1	\$2,000.00
Total:				\$7,000.00

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

5. POC for this action is CPT (b)(3), (b)(6) VOIP 242-2624, (b)(6), (b)(2)@us.army.mil.

This claim is legally sufficient / insufficient

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

CPT, JA
Foreign Claims Commissioner

I approve/~~disapprove~~ this purchase.

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

MAJ, IN
Executive Officer

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) (b)(6)
PHONE: VOIP 242-2624
NIPR EMAIL: (b)(2), (b)(3), (b)(6)@us.army.mil

NAME THE PROJECT: Condolence Payment for death of local nationals and property damage to (b)(6) (b)(6)
(reference Claim No. 07-114-T228)

PROJECT LOCATION: Kirkuk, Iraq

PROJECT DESCRIPTION: Condolence Payment to (b)(6) (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: \$7,000.00. (b)(6) (b)(6) claims her husband was involved in an EOF incident with B Co, 2-35 IN, which killed her husband and son. As they were driving, the convoy used EOF procedures to stop the vehicle from approaching the convoy's location. on 13 April 2007.

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

25 May 2007

SUBJECT: Claim of (b) (6) (b)(6) 07-I14-T228

1. Claimants name and address: (b) (6) (b)(6) (b)(2)High Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 13 April 2007 in Kirkuk, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$10,825.00 on 14 May 2007.
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 death of local nationals and property damage.
5. Facts:
 - a. (b) (6) (b)(6) claims that on 13 April 2007, her husband was involved in an EOF incident with B Co, 2-35 IN, which killed her husband and son. As they were driving, the convoy used EOF procedures to stop the vehicle from approaching the convoy's location..
 - b. There was a ID cards, Death Certificates, a car title, witness statements, estimates, and photographs 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 019673

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SUBJECT: Claim of (b) (6) (b)(6) 07-I14-T228

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 \$10,825.00 is denied.

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

CPT, JA
Foreign Claims Commissioner

**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

2-.Name of claimant & Address

(b)(6)

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

3.TYPE OF EMPLOYEE

4 DATE OF BIRTH

5.MARITAL STATUS.

6.DATE & DAY OF ACCIDENT

TIME:

(b)(6)

Married

13/Apr/2007

04:30 AM

07 - I14 - 228

On 13th Apr.07 at 04:30 AM the claimant was driving his vehicle near (b)(2)High gas station, a patrol of CFS of (b)(2)High (b)(2)High came next to him and shoot him causing death of her husband (b)(6) and his son (b)(6) (b)(6) on (b)(6) years old) and his son

9. PROPERTY DAMAGE

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

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

De

10 the father (b)(6) and his son (b)(6) (b)(6) ..wrongfully dead.
Personal injury/wrongfully death

WITNESSES

NAME

ADDRESS

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

(b)(2)High (b)(2)High

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

13b. Phone number of signatory

14c.Date of claim

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

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

6th May.07

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Identification card

Office: (b)(2)High
(b)(2)High

Number: (b)(6)
(b)(6)

Name (b)(6)
(b)(6)

Father's name : (b)(6)
(b)(6)

Mother's name: (b)(6)
(b)(6)

Gender: Female

Issue date: (b)(6)
(b)(6)

Religious: Moslem

Date of birth: (b)(6)
(b)(6)

Place of birth: (b)(2)High
(b)(2)High

Statuses: Married

Husband's name: (b)(6)
(b)(6)

Physical disablement: _____

(b)6 Foreign Language

(b)6 Foreign Language

Identification card

Office: (b)(2)High
(b)(2)High

Number: (b)(6)

Name: (b)(6)
(b)(6)

Father's name : (b)(6)
(b)(6)

Mother's name: (b)(6)
(b)(6)

Gender: Male

Issue date: (b)(6)
(b)(6)

Religious: Moslem

Date of birth (b)(6)
(b)(6)

Place of birth: (b)(2)High
(b)(2)High

Statuses: Single

Wife's name: -----

Physical disablement: -----

(b)6 Foreign Language

(b)6 Foreign Language

Identification card

Office: (b)(2)High
(b)(2)High

Number: (b)(6)
(b)(6)

Name: (b)(6)
(b)(6)

Father's name : (b)(6)
(b)(6)

Mother's name: (b)(6) (b)(6)

Gender: Male

Issue date: (b)(6)
(b)(6)

Religious: Moslem

Date of birth: (b)(6)
(b)(6)

Place of birth: (b)(2)High
(b)(2)High

Statuses: Married

Wife's name: (b)(6)
(b)(6)

Physical disablement:-----

(b)6 Foreign Language

(b)6 Foreign Language

Foreign Language Text, (b) (6)



Foreign Language Text, (b)(6)

Death certificate

Health department
Number (b)(6)
Date: 13/4/2007

Deceased name (b)(6)
(b)(6)

Sex: Male
Nationality: Iraqi
Religious: Moslem
Job: (b)(6)
Statues: Married

Birth date: (b)(6)
(b)(6)

Date of death: 13/4/2007

Place of death: Azadi naborhood

Reason of death: Bleeding because of bullets

Fathers name : (b)(6)
(b)(6)

Signed by : Dr (b)(6) (b)(6)
on 13th Mar.07

Foreign Language Text, (b) (6)

Foreign Language Text, (b)(6)

Death certificate

Health department

Number (b)(6)

Date: 13th Apr. 07

Deceased name: (b)(6)

Sex: Male

Nationality: Iraqi

Religious: Moslem

Job (b)(6)

Statuses: Single

Birth date: (b)(6)

Date of death: 13th Apr. 07

Place of death: Azadi naborhood

Reason of death: Brain bleeding because of bullets

Fathers name: (b)(6)

Signed by: Dr. (b)(6) (b)(6)

On 13th Apr. 07

Foreign Language Text, (b) (6)

Foreign Language Text, (b)(6)

Witness Statement

I am the undersign testified that the victims (b)(6) and his son (b)(6) have been killed by CFS on 13th Apr.07 by shooting there vehicle (Coaster/Red and White/ (b)(6) and made many damages.

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

(b)(2) High
(b)(2) High

CENTCOM 019684

07-114-T228-00016



Page 17 redacted for the following reason:

(b)6 Foreign Language

Witness Statement

I am the undersign testified that the victims (b)(6) and his son (b)(6) have been killed by CFS on 13th Apr.07 by shooting there vehicle (Coaster/White and Re (b)(6)) and made many damages.

(b) (6)

(b)(6)

(b)(2) High

Car Title

Owners name: (b) (6) (b)(6)

Address (b) (2) High (b)(2)High

Plate # (b) (6) (b)(6)

Model: Coaster

Year: (b) (6) (b)(6)

Engine # (b) (6) (b)(6)

Chassis # (b)(6)

Color: Red and White

Date: 13/12/2003

Undersigned by record officer & chief of traffic department

Lt (b) (6) (b)(6)

(b)6 Foreign Language

(b)6 Foreign Language

Redact Page

Pages 20 through 21 redacted for the following reasons:

(b)6 Foreign Language

Purchasing contract

Real owner: (b) (6) (b)(6)

Address: (b) (2) High (b)(2)High

First party (seller): (b) (6) (b)(6)

Second party (buyer): (b) (6) (b)(6)

Address : ID : (b) (2) High (b)(2)High

Plate #: (b) (6) (b)(6)

Color : Red and White

Model /year : Coaster (b) (6) (b)(6)

Chassis: (b) (6) (b)(6)

Price:

Under signed by the two partied the seller and the buyer with two eye witnesses

First Party: (b) (6) (b)(6)

Second Party: (b) (6) (b)(6)

(b) (6) Foreign Language Text

(b) (6) Foreign Language Text

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

Foreign Language Text, (b)(6)

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Foreign Language, (b) (6)
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Foreign Language Text, (b)(6)

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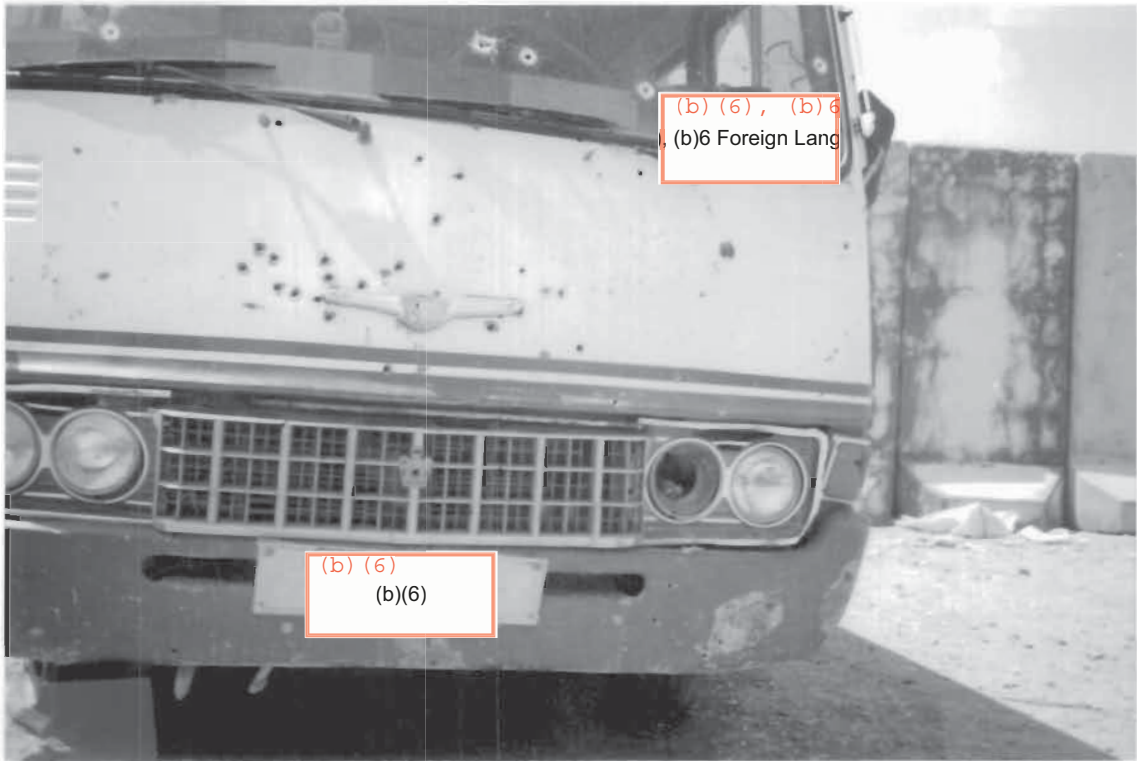
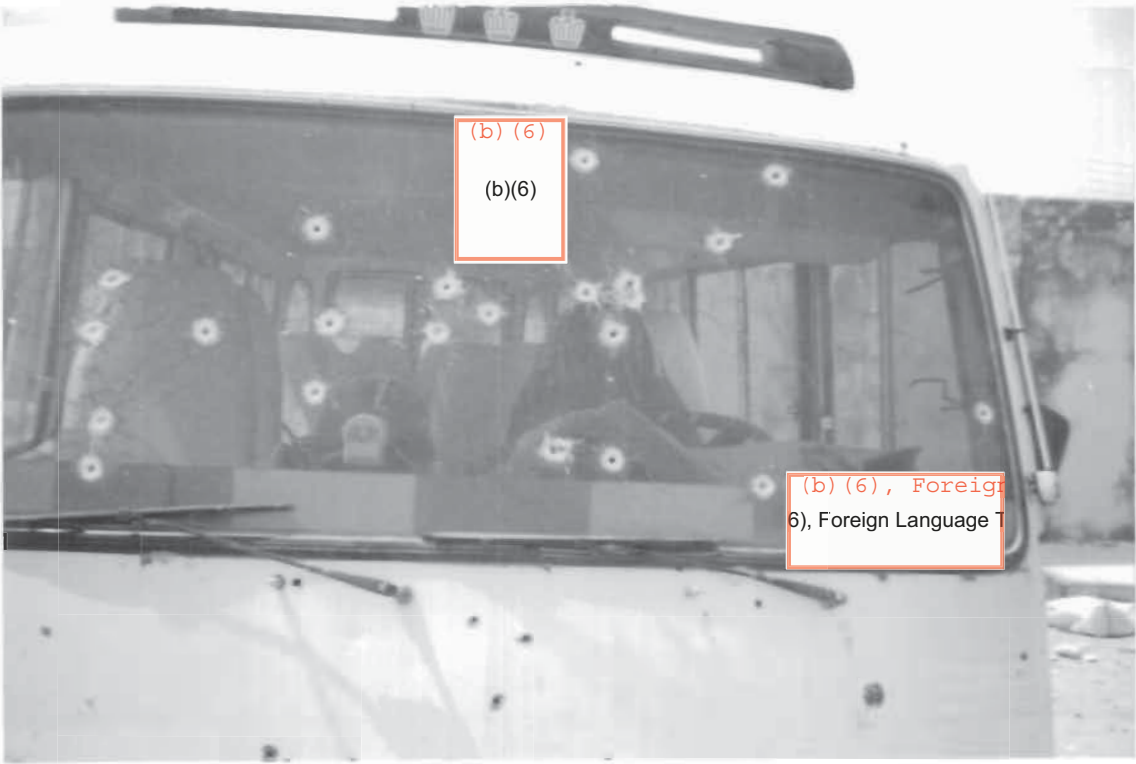
foreign language

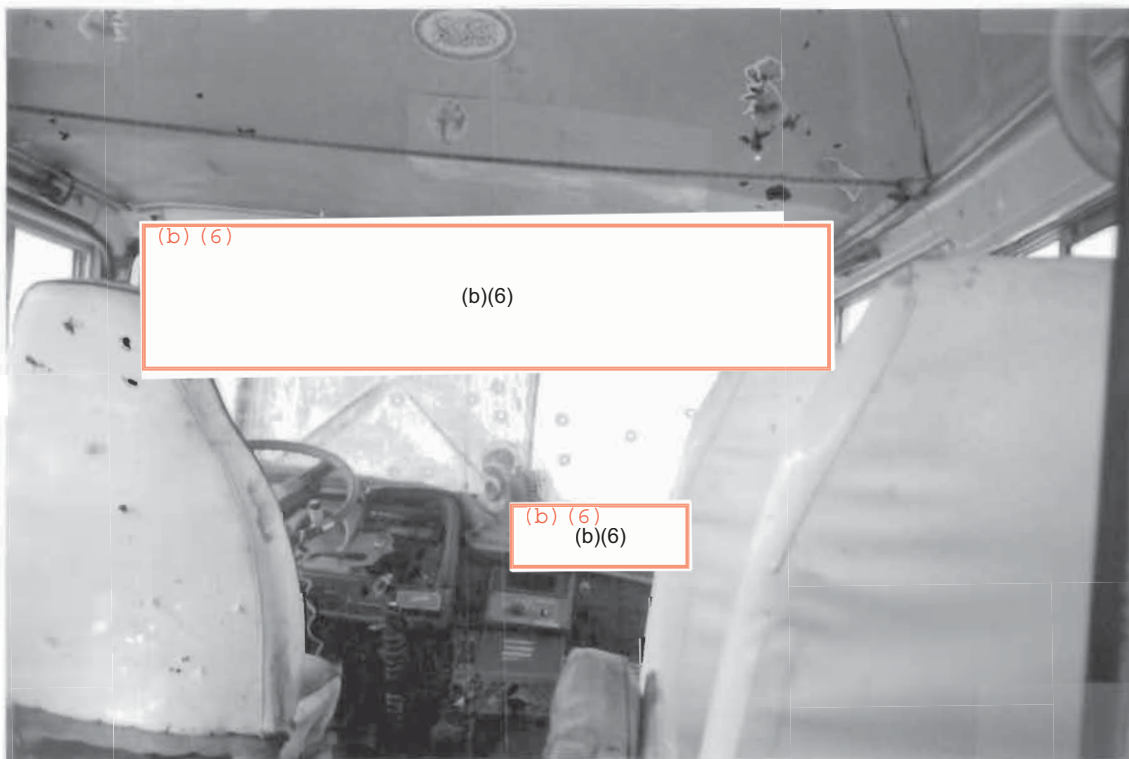
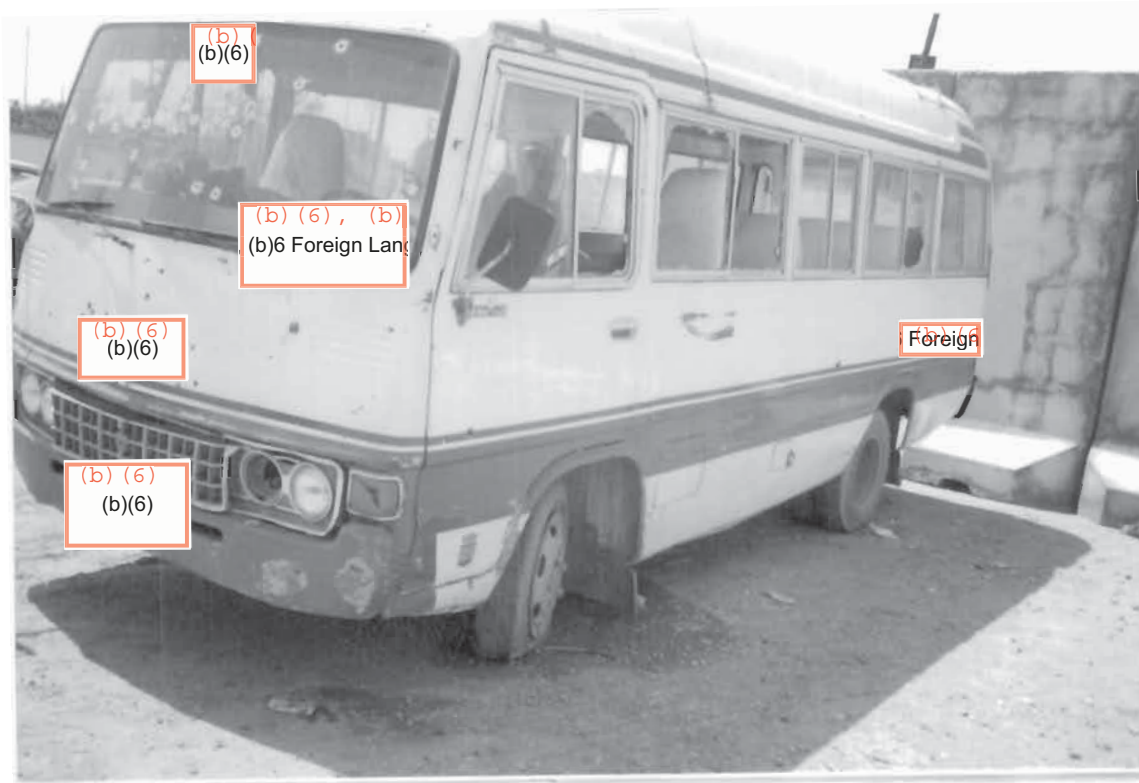
Property Damages	Quantity	Price
Tires	3	387,000 ID
Windshield	1	95,000 ID
Side window	8	300,000 ID
Rear light	6	90,000 ID
Radiator	1	175,000
Wire	20 meters	100,000 ID
Dashboard	1	50,000 ID
Break flowed container	1	60,000 ID
Recorder	1	50,000 ID
Hom	2	50,000 ID
Heating system	1	150,000 ID
Engine replacing	1	1,500,000 ID
Paint	-----	2,750,000 ID
Complete repair	-----	7,429,000 ID



(b) (6)

(b)(6)









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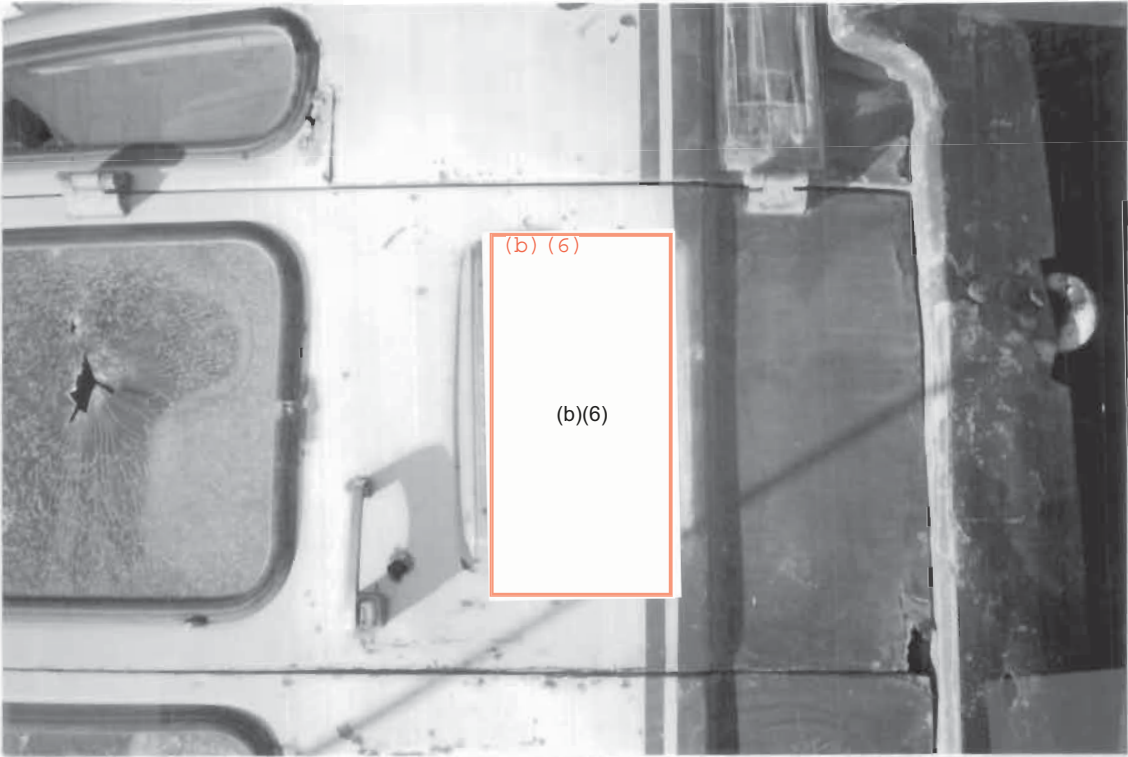


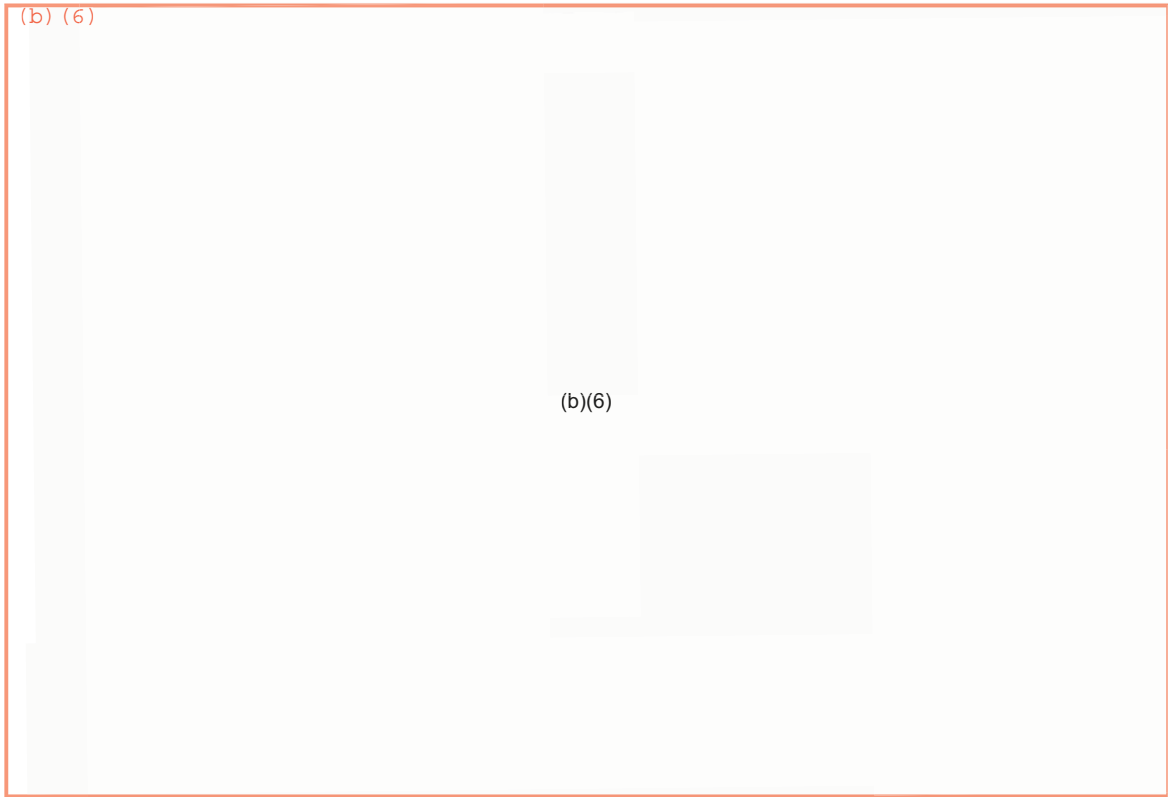


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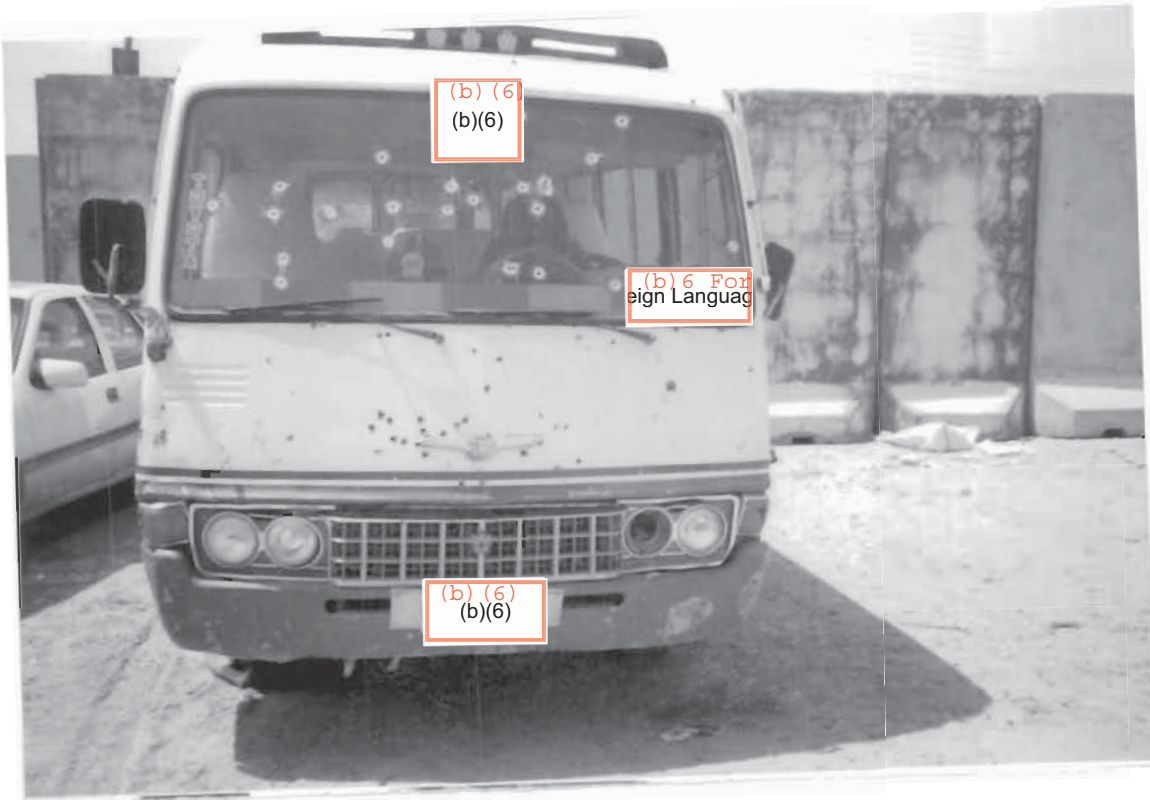






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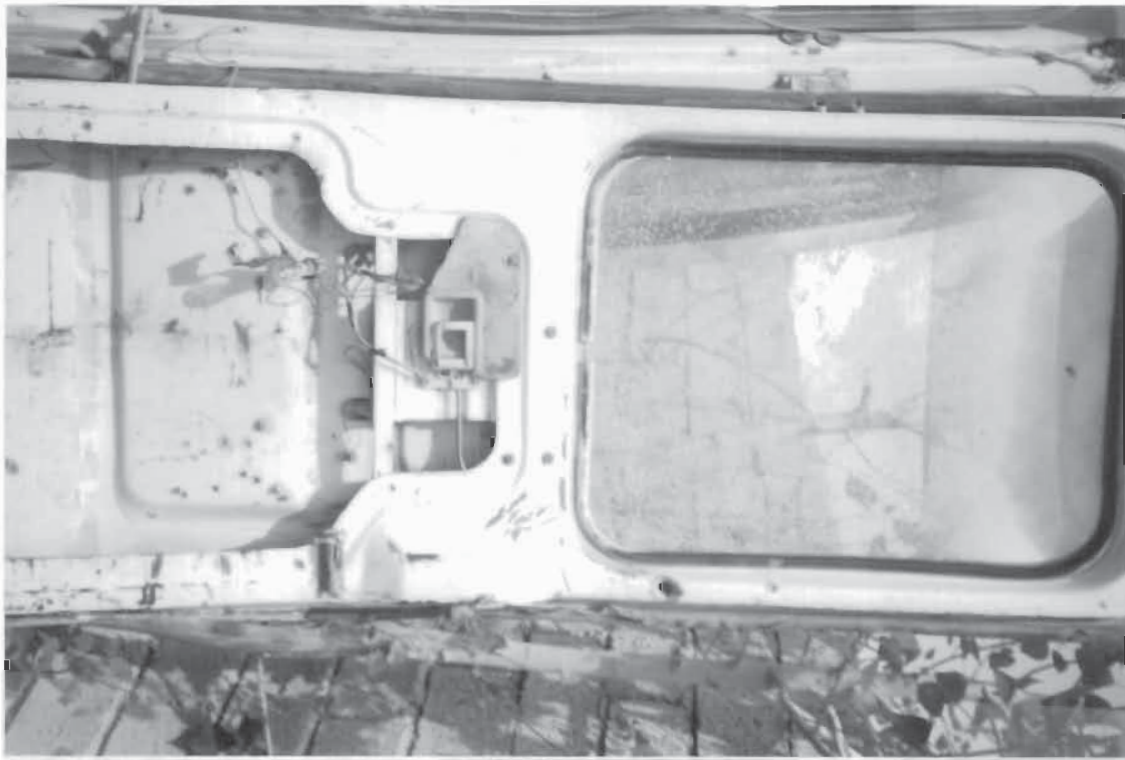
(b) (6)

(b)(6)



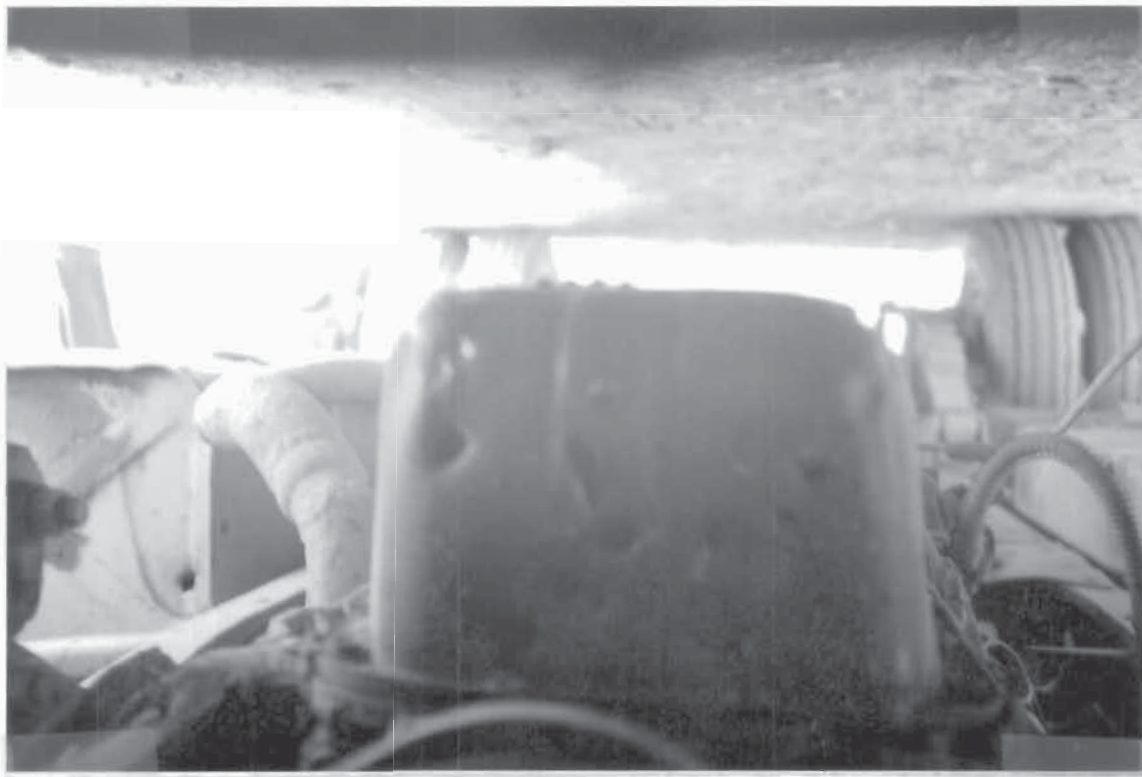
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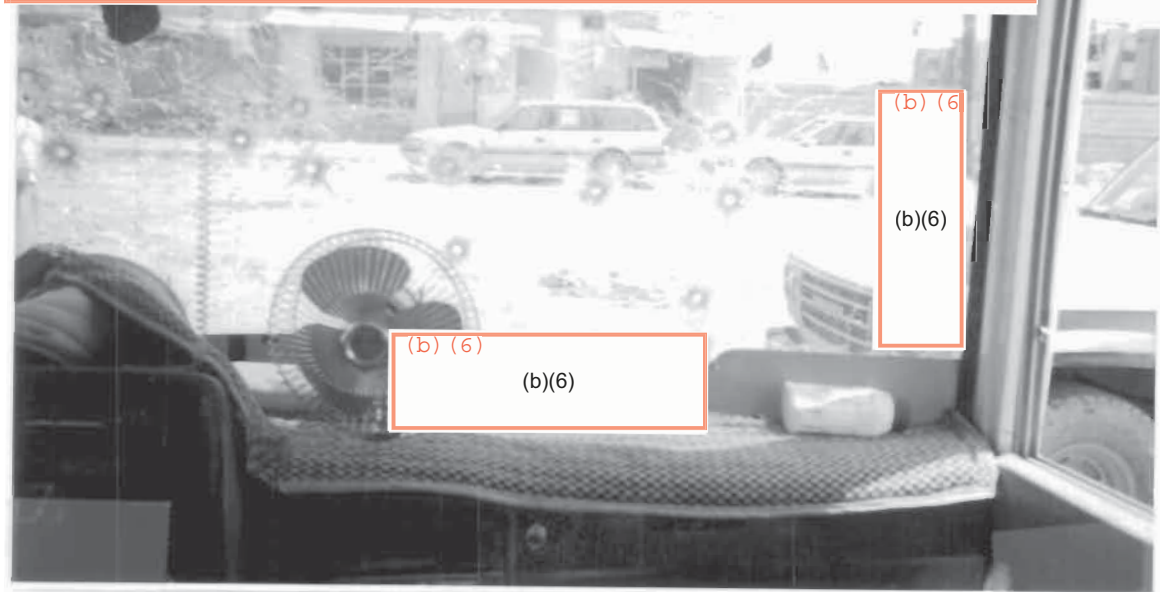
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(b) (6)

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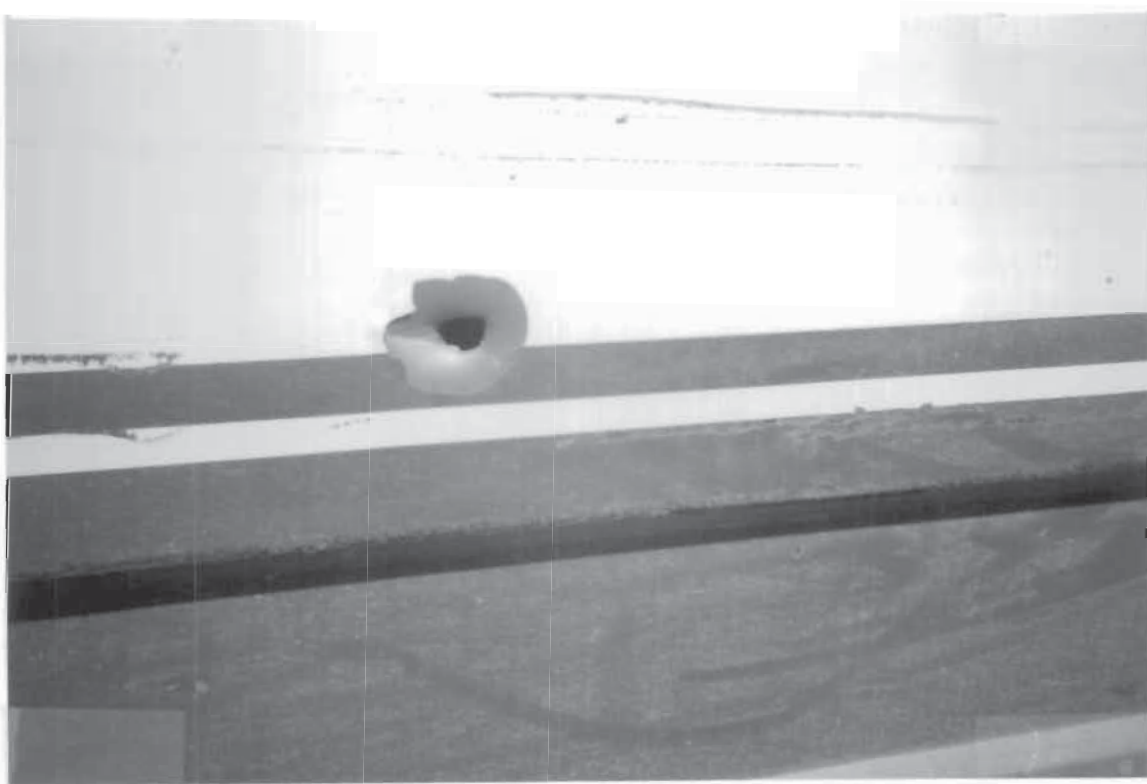
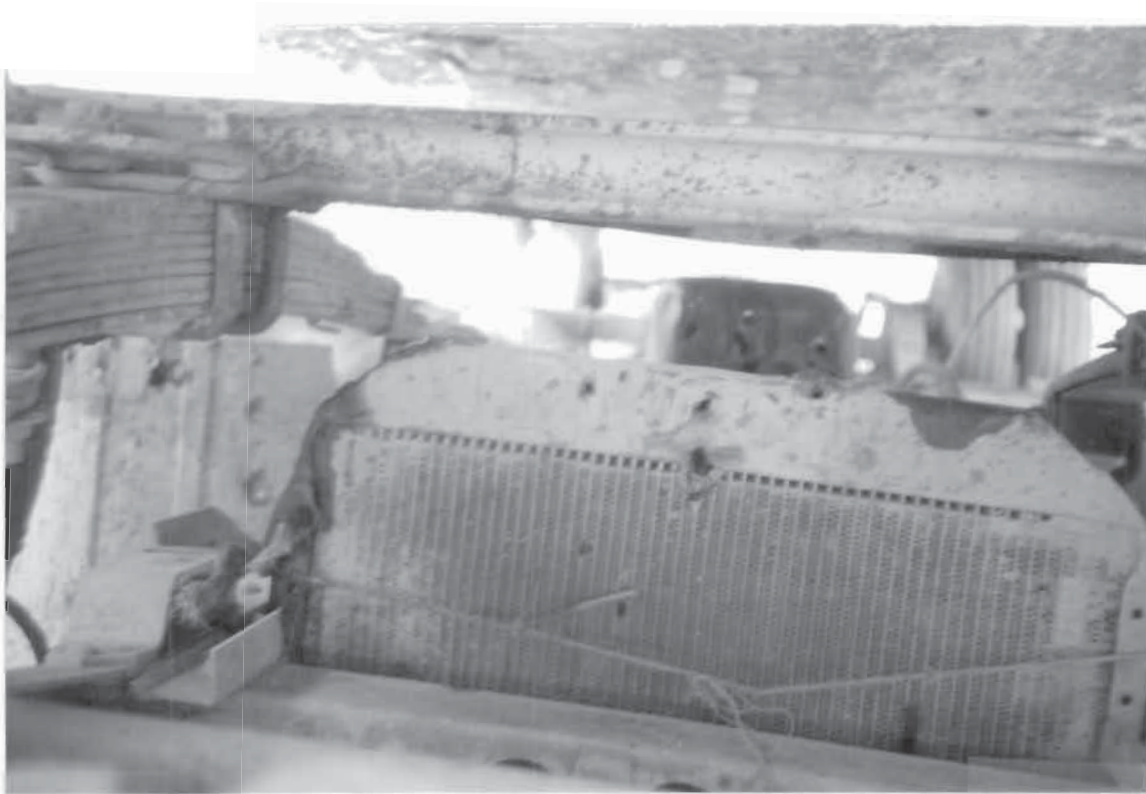
(b)(6)

(b) (6)

(b)(6)







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