

Claim Number: 2/25SBCT-0071 Name: (b)(6) (b)(6)
Date of Incident: 17-Apr-07 Date Received: 12-Jan-08
Claimants vehicle struck by US, brother died in accident Claims card sago 17 pp whendid incident heally happen Summary:



DEPARTMENT OF THE ARMY HEADQUARTERS 2ND STRYKER BRIGADE COMBAT TEAM CAMP TAJI, IRAQ APO AE 09378

Foreign Claims Commision IK4

SUBJECT: Claim # 10 0 7 1

1 1 FEB 2008

Baghdad, Iraq

Dear Sir:

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.

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 based on new or additional evidence and should be forwarded to this office. 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,

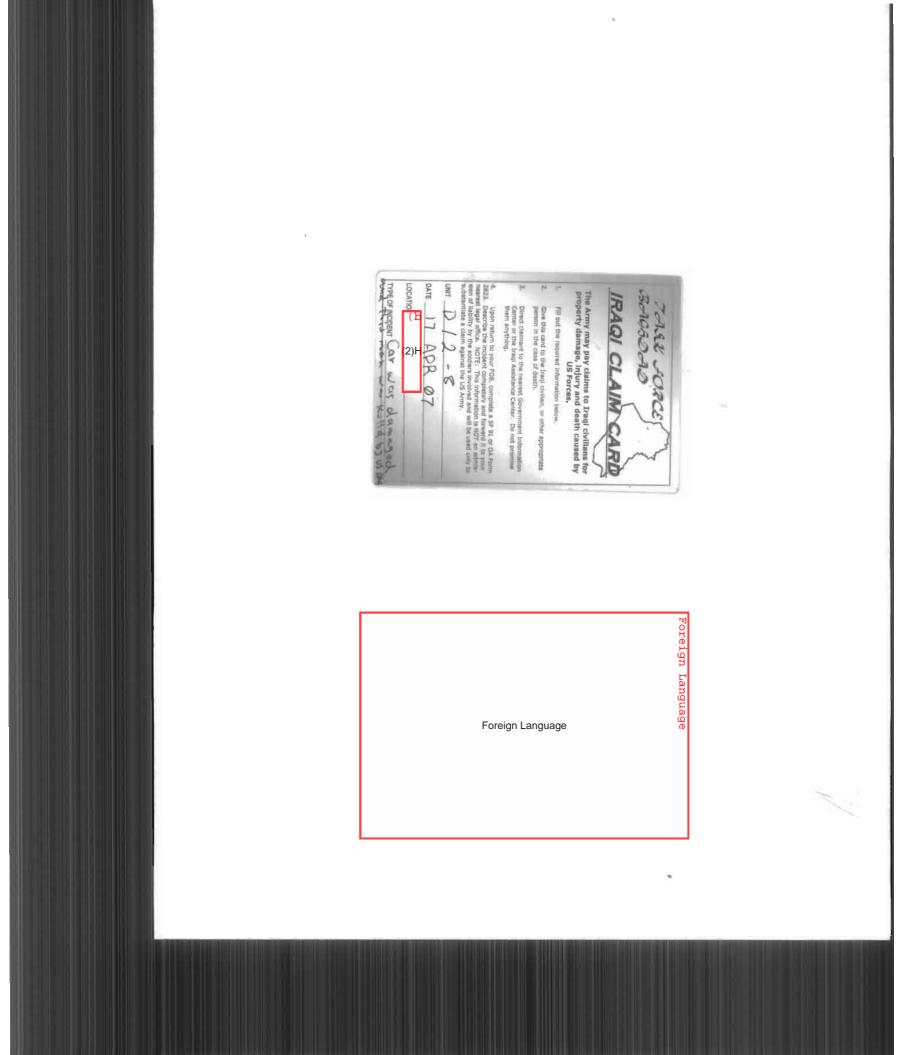
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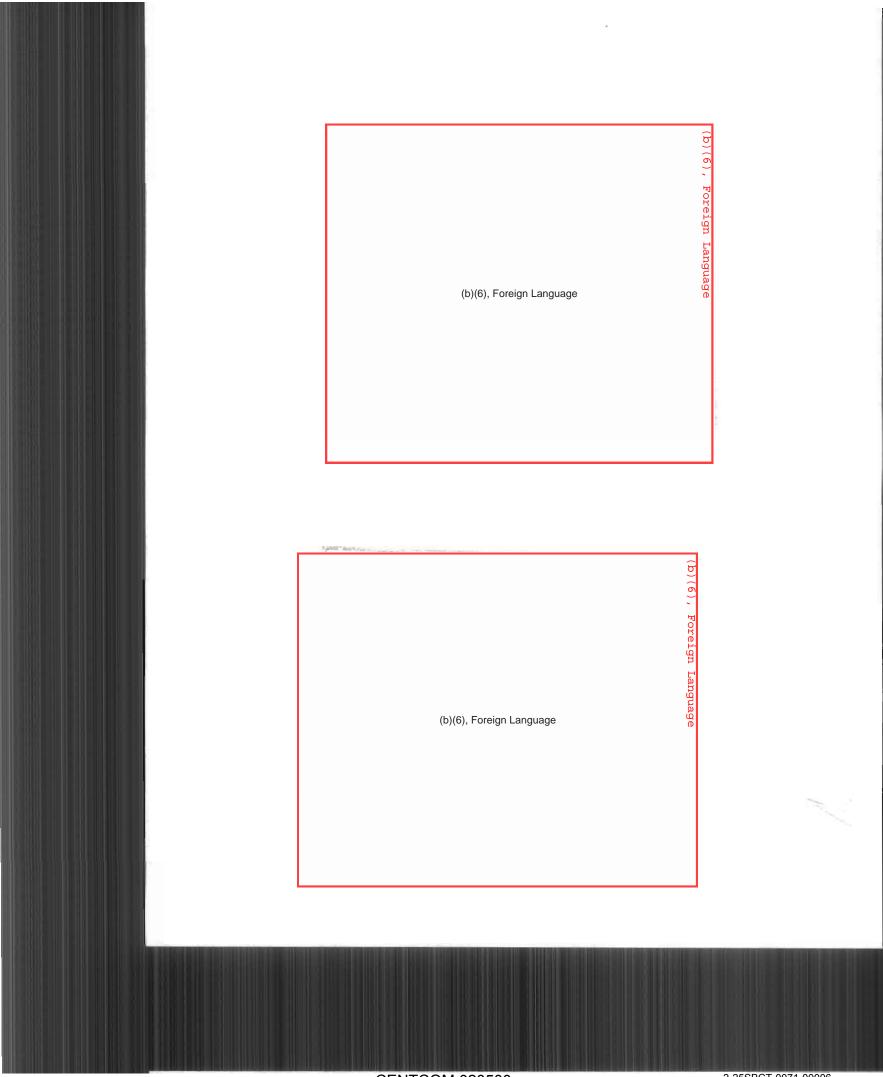
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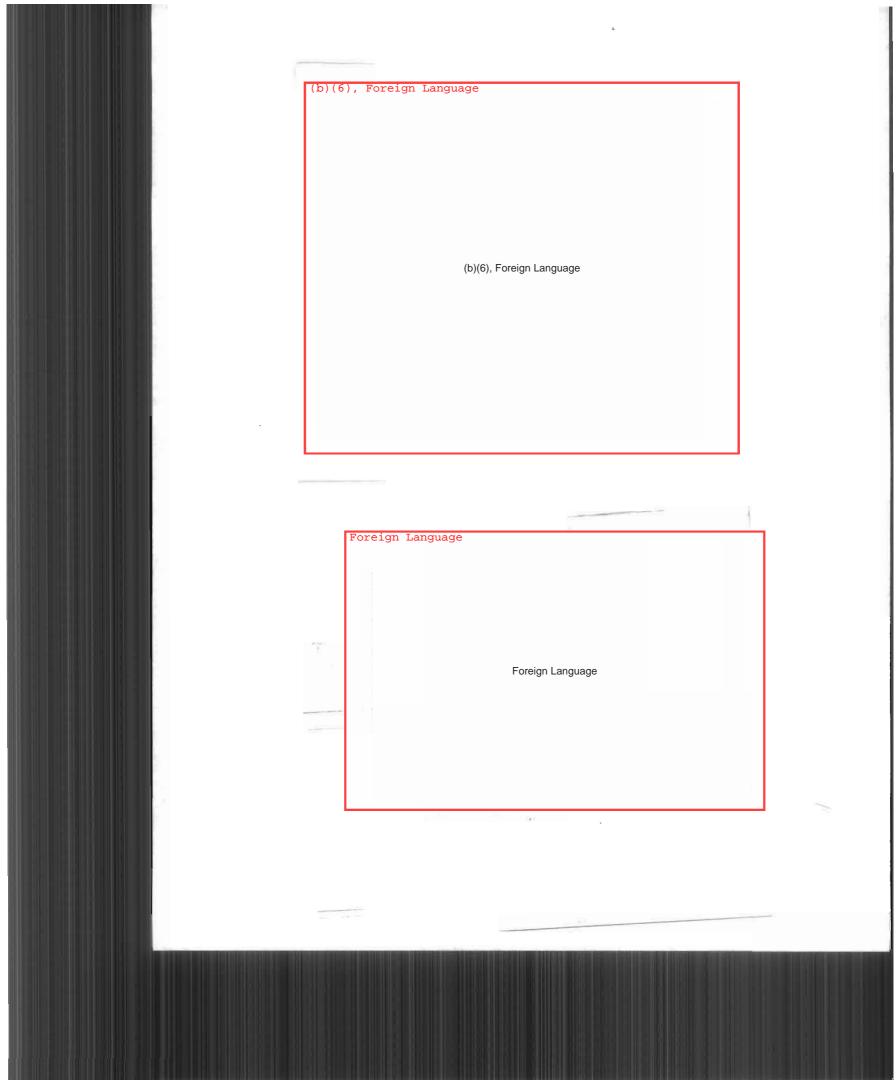
CPT, JA

Foreign Claims Commission

ATTENDED	- Ann -
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	Claims Coversheet
Claim #:	Date Submitted: 12-Jan. 08
	Claimant Information
(b)(6)	Claimant Address: Baghdad - Dova
Last Name: (b)(6)	
Middle Name	Claimant Contact Number:
First Name:(b)(6)	
	Incident Information
o Vehicle Accident o Loss of Property	Incident Date: 17-April-07 Incident Location: Taji
o Raids/Cordon/Seizur	the state of the s
o Accident/Negligent	Fires Estimates Included? YES NO
o Real Property Dama	oge Claim Card or Note? (YES NO
o Other	
	Denial Reasons
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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 Iraqi recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this form with their original reconciliation file, and provide a scanned copy to (b)(3),(5)(6)

AY AGENT NAME:	(b) (b) (3),(b)	<u>(6) 6)</u>	
AME OF IRAQI FIRM I	BEING PAID:	Foreign Claim	#: 0071 mm
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2-25SBCT-0071-00009

2ND STRYKER BRIGADE COMBAT TEAM FOREIGN CLAIMS OFFICE

1 1 FEB 2008

Claim Settlement/Witness Agreement Claim # 0 0 7 1 1977

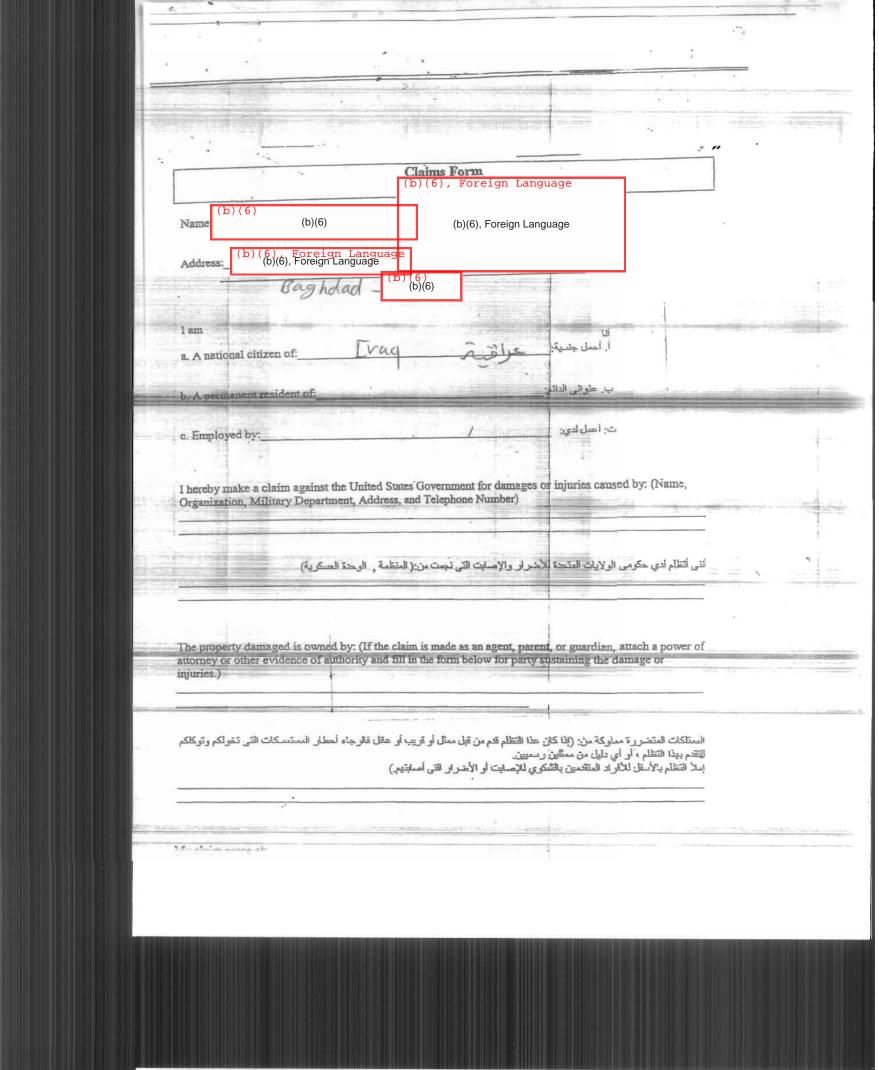
I hereby agree to accept the sum of S _______.00 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred involving U.S. Forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from the said incident. This release / settlement specifically includes all current or potential claims including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents and employees.

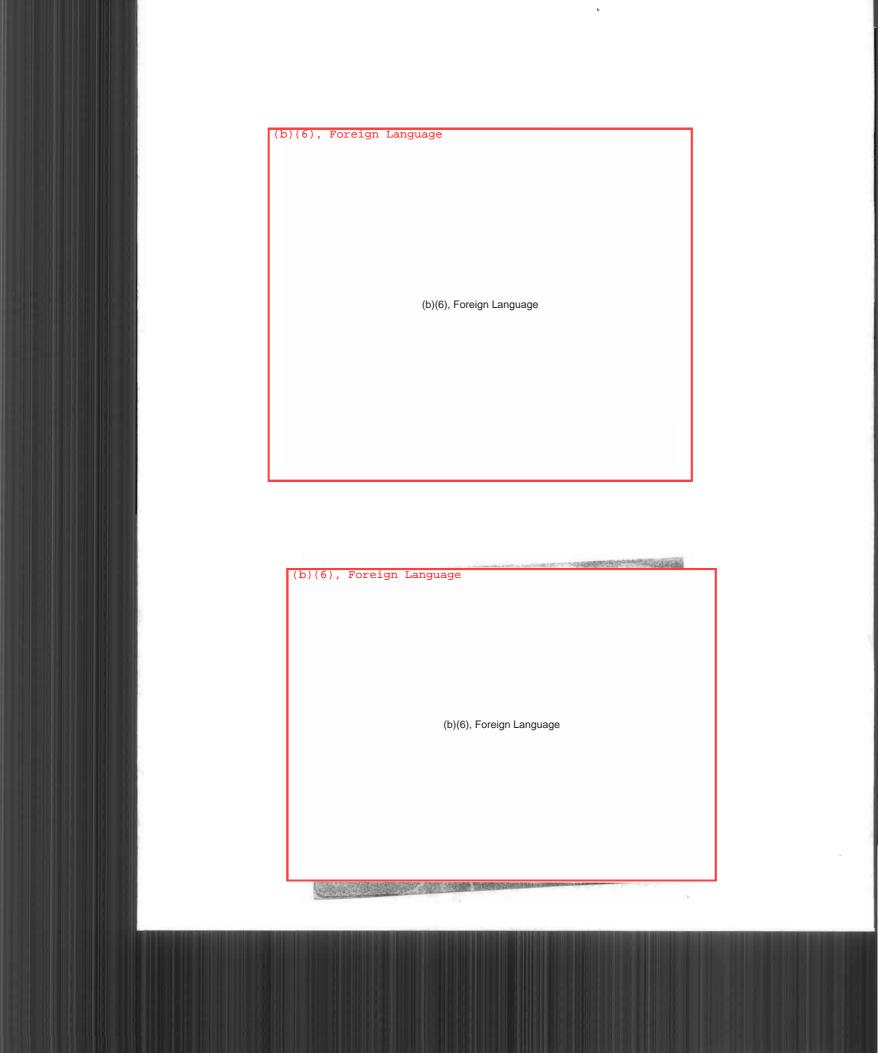
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Claimant's Signature Name: Address: Baghdad, Iraq I.D. Number:	
(b) (3), (b) (6) (b)(3),(b)(0) Witness: Print and Sign	6)
(b) (3), (b) (b)(3), (b)(6)	XV 19
Witness: Print and Sign I.D. Number:	

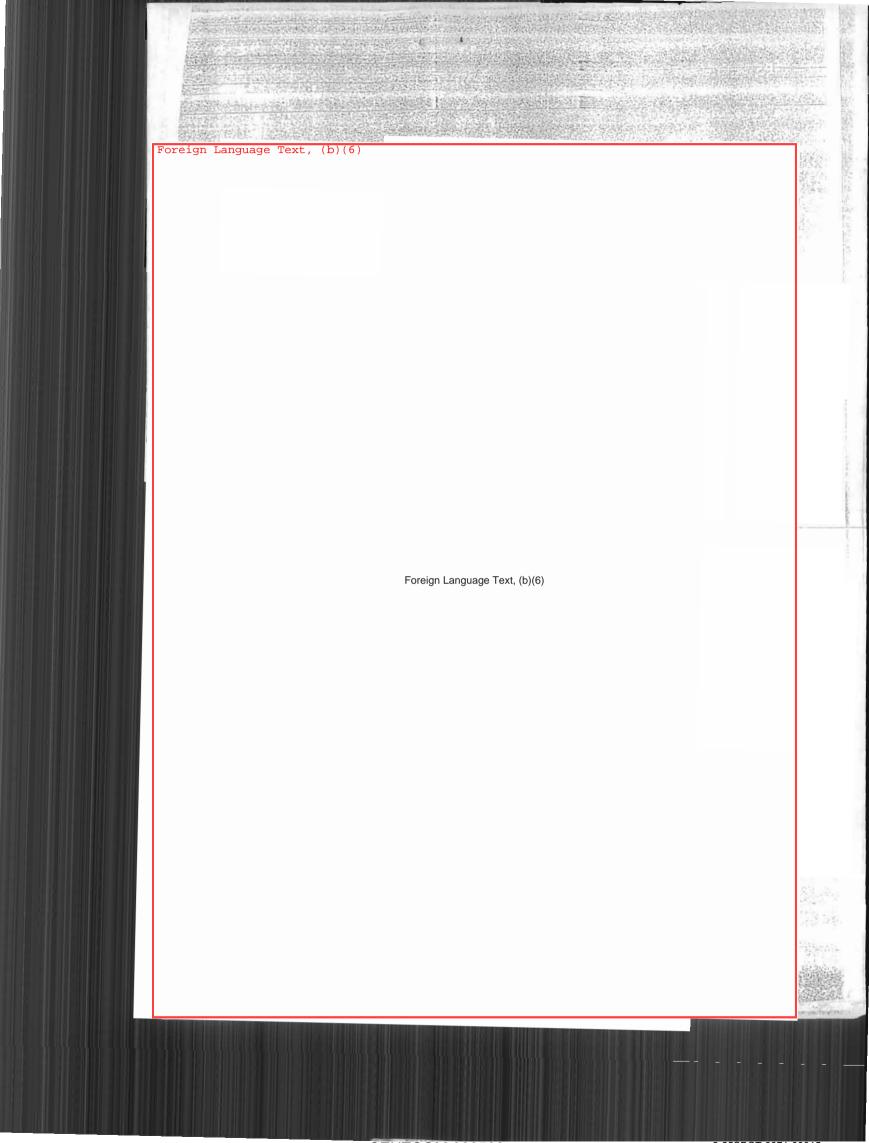
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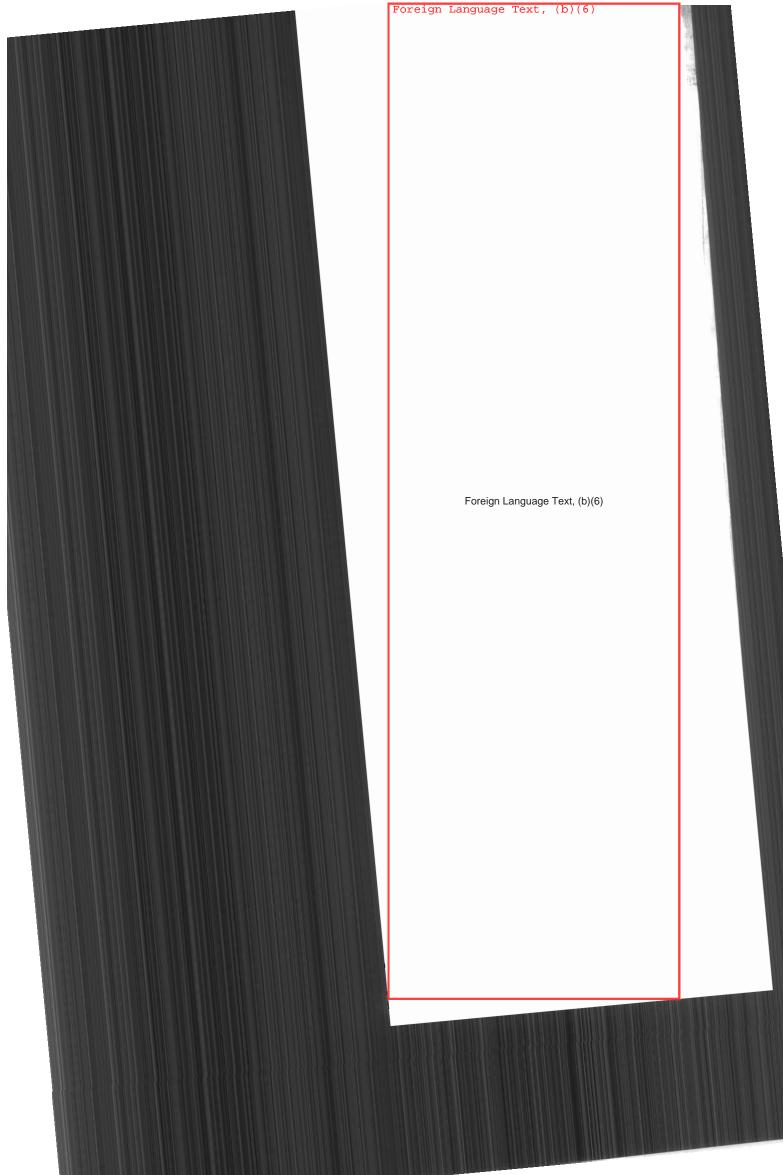


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