

Other

82-2
K-Feb-2007

(b)(6)

862-1-41-60
-T-348

b(3)(b)(6)

But #3

Other

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>	QUANTITY	UNIT PRICE COST PER		AMOUNT
			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.				\$15,000.00
TOTAL							\$15,000.00
(Use continuation sheets) if necessary (Payee must NOT use the space below)							
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 BY: (b)(3),(b)(6) TITLE: CPT, FC	EXCHANGE RATE = \$1.00	DIFFERENCES		Amount verified correct for (\$15,000.00) (Signature or initials)	
Pursuant to authority vested in me 17 Mar 07 (Date)		(b)(3),(b)(6)		PAYING AGENT (Title)			
ACCOUNTING CLASSIFICATION (b)(2)High \$15,000.00							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		PAYEE			
	\$15,000.00			(b)(6)	(b)(6)		
*When stated in foreign currency, insert name of currency. † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. ‡ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer" as the case may be.				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

23-Feb-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [REDACTED] (b)(6)
07-I47-T398 / 82-2

1. Facts.

Claimant alleges a US Forces HMMWV driving on the wrong side of the road hit his car, causing the death of his wife and son.

Claimant has requested \$18,000.00

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 \$15,000.00

[REDACTED]
(b)(3),(b)(6)

CPT, JA
CLAIMS ATTORNEY I47

T-398



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: 19 MAR 07

PAY AGENT NAME
Print last name, first name

NAME OF IRAQI FIRM BEING PAID: N/A - Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BE

Print given name, joiner's name, grandfather's name, tribal name

At respective finance offices as part of the reconciliation process, list the \$100 note serial numbers:

through and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____

*Use additional forms if needed.

SETTLEMENT AGREEMENT

اتفاقية تسوية وإعفاء

طلب # 07-147-T398

(b)(6)

(b)(6) أني
من
\$15,000.00 أو أقل

Foreign Language Text, (b)(6)

(b)(6)

DATE: 19 - Mar - 2007

WITNESS SIGNATURE Foreign Language Te

Foreign Language Text, (b)(6)

(b)(6)

DATE

WITNESS SIGNATURE Foreign Language Tex

Page 7 redacted for the following reason:

(b)(5)



GENERAL INFORMATION
CENTER,
AL-RADHWANYA- BAGHDAD,
IRAQ.



GIC OPINION ABOUT CLAIMS

(b)(6)

(b)(6)

1. The claimant presented claim card from the military unit that made the damages to his vehicle (unit no# CCO1-87 IN)
2. The claimant presented two pictures showing the damages in his vehicle type Chevrolet celebrity model (b)(6) plate number (b)(6)
(b)(6)
3. The claimant proves the ownership of the vehicle to him.
4. The claimant presented investigation papers from abu-ghraib police station supporting that the car accident done by the American army when the convoy was moving in the wrong side.
5. The claimant presented death certificate number (b)(6) for his wife and (b)(6) for his son (b)(6)
6. The claimant asks amount of \$ 7000/00 for killing his wife and \$7000/00 for killing his son with \$4000/00 for the damages in his vehicle. We believe he deserve the compensation at the amount that you estimate.

With our respect,

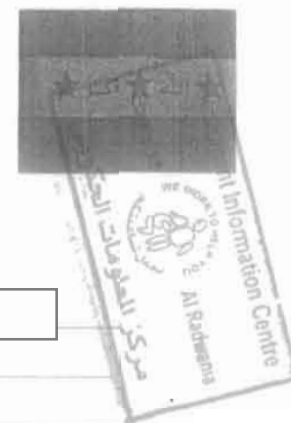
(b)(6)

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GIC OF ALRADWANYA
9 Feb 2007



82-2
8-Feb-2007
Claims Form



To: United States Army Foreign Claims Commission

From: Name: [redacted] (b)(6)

Address: Baghdad [redacted] (b)(6)

Iraqi ID No. [redacted] (b)(6)

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad - Iraq
- c. Employed by: Free Job
- d. Check one () an insurer (x) 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)

American military unit No. CCO-1-87 IN

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 hight-way Baghdad - Abu Greeb Iraq
(Town) (City) (Country)

My claim arose on 4 4 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 The 4th of April 2006 and wife I am drive my car
kind chevrolet sleprity model [redacted] on The hight way and
my speed is 120 km/h and I pik my wife and my kids
with me Suddenly a military Convoy show up in The
wrong side So I am cant stop immediately and The first
Homvy hit my car and thats cuse a big damage To my car
and killed my wife and kids Also.

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

1 - Killed my wife
2 - Killed My son

(b)(6)

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- The Compensation	\$ 7000
2- The Compensation for killed my son	\$ 7000
3- The Compensation for I destroy my Car	\$ 4000
4-	
5-	
6-	

Total: \$ 18 000

I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(Address)

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

\$ 18 000, 00

local 23 400 000 TD

(Signature of Claimant)

(b)(6)

Subscribed before me this 9 day of Feb, 2007

Government Information Centre
Al Radissonia

(Print Name)

Foreign Language Text

(Signature)



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ

"THE CLAIM'S CONTAINS"

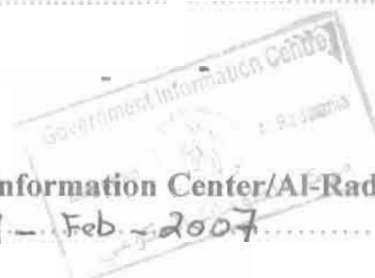
The Claimant name:-

(b)(6)

- 1- Claim Card from the unit make the accident
unit No. CCo. 1-87 IN.
- 2- Two photos show the damage of the claimant car.
- 3- Two death certificates for the claimant wife and his son.
- 4- Copy of investigation report from Abu-Gneeb
police station.
- 5- Copy of the I.D. for the claimant wife and kids.
- 6- Copy of the I.D. for the claimant.
- 7- Copy of the Iraqi Citizen Certificate for the claimant.
- 8- Copy of the claimant car ownership.
- 9- Copy of the claimant ration card.

General Information Center/Al-Radhwanya

Date:- 9 - Feb - 2007



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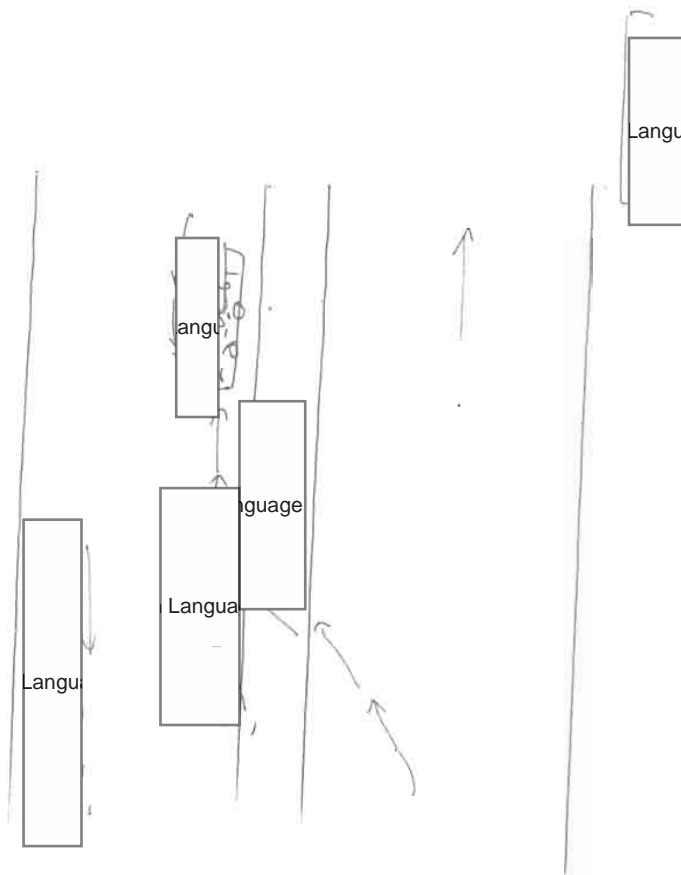
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TASK FORCE
BAGHDAD
IRAQI CLAIM CARD

سلام عليكم ورحمة الله وبركاته

أني لأماني الكريم: مقابل الأضرار التي لحقت بك ، سواء كانت
أضرار جسدية من إصابات إلى آخره ، أو موت لا سمح الله لأحد
المتقربين ، وكان سبب وراء ذلك القوات الأمريكية ، فقد يكون لك الحق
في التويض.

لتقديم بطلب والمطالبة بحق الرجاء إيماننا الإتي: هذه البطاقة وهويتك
المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تكتمل بالموارد
مثل (صور للحادث، شهادة للتهود ، تقرير الشرطة ، ووصول بالإستلام
أو التسليم ، وثبات الملكية لما حطم أو تدمر ولما تحاول أن تحصل
على تويض عنه ، ورخصة السجالة إن كنت تعمل رخصة).

الرجاء إيماننا هذه المستندات إلى مركز المساعدة العراقي في معسكر
التامبي (Camp Taji) بوابة كتر (Gunner Gate) ، البوابة الهندية في
معسكر فلكون (Camp Falcon) ، المحمدية في معسكر فلب (FOB
Mahmudiyah).

أو لعد بعد المركز الحكومية: الثورة - 9 نيسان - الكاظمية - الرشيد
- المنصور - الرضوانية، الرصافة - الأملك - الكرخ - الأعظمية -
كردية أو سبع دور.

ملاحظة : إنك هذا الوقت (المستند) لا يغطي الفتح للمركب .
وشكراً لتعاونكم معنا.

TASK FORCE
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 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 CC01-87 IN

DATE 4 APRIL 2006

LOCATION (b)(2)High

TYPE OF INCIDENT Accident



26417

07-147-T398-00028



26418

07-147-T398-00029