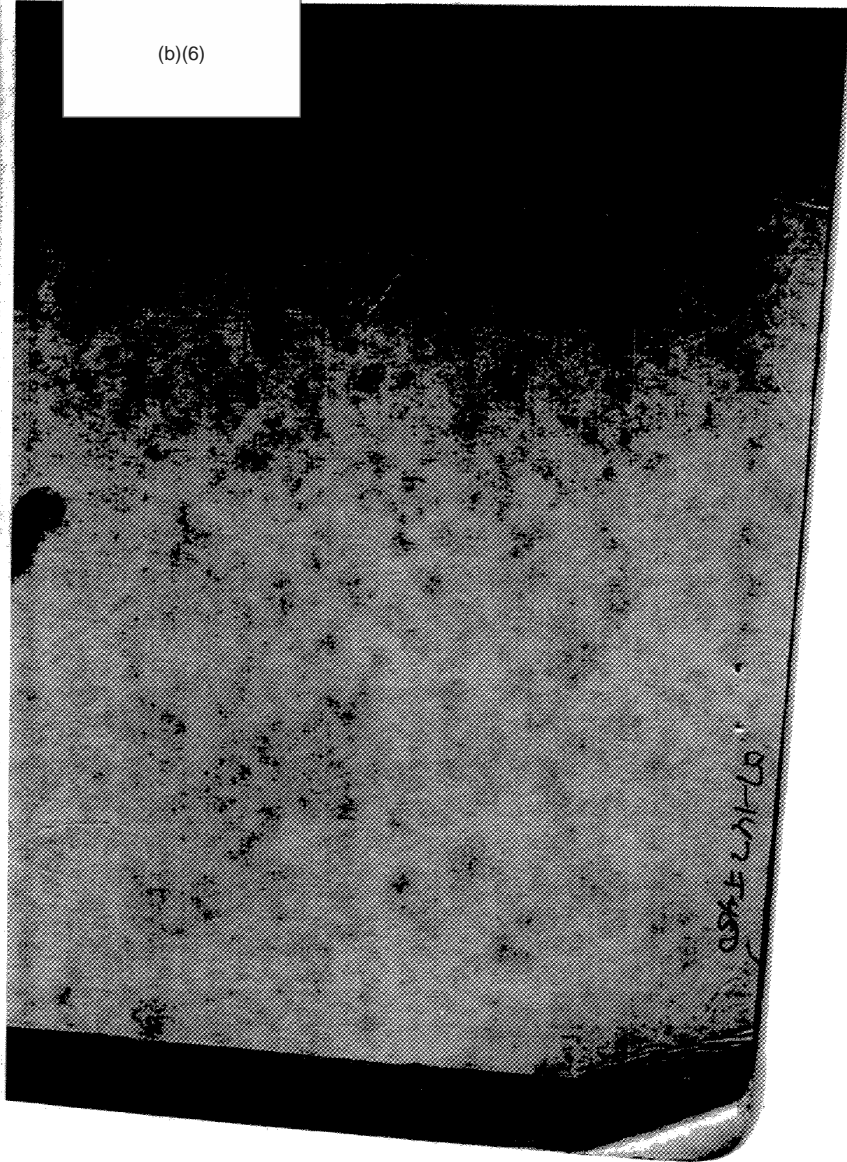


(b)(6)



07-147-T450-00001

133-3

19-Nov-2007

Vehicle
Accident

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

Iraq Claims File Coversheet

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

Reviewer _____

Date: 19 Feb 09

Box Number: 17

Classified Documents: No Yes (initial) _____

Classified Document Securer: _____

Date: _____

ISSUING OFFICE		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
DEPARTMENT, BRANCH, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		DATE RECEIPT RECEIVED 29-Mar-07		SCHEDULE NO.			
PAYEE'S NAME AND ADDRESS [CLAIM #: 07-147-T450] [(b)(6)]		CONTRACT NUMBER AND DATE REQUESTION NUMBER AND DATE		PAID BY 15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579			
SHIPPED FROM TO WEIGHT		GOVERNMENT AC. NUMBER		DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER			
QUANTITY	UNIT PRICE	AMOUNT					
						\$12,000.00	
(Payee must NOT use the space below)						TOTAL	\$12,000.00
PAYMENT APPROVED FOR <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> ADVANCE		EXCHANGE RATE = \$1.00	DIFFERENCES		AMOUNT PAID, entered by (Signature or initials) \$12,000.00		
TITLE: SFC, US DISBURSING AGENT		(b)(3), (b)(6)		PAYING AGENT (Title)			
(b)(2)High		\$12,000.00					
CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER (Name of bank)					
PAID BY CASH DATE		(b)(6)					
\$12,000.00							

PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C. 320 and 406, for the purpose of disbursing Federal money. The information requested is to identify the particular condition and the amount to be paid. Failure to furnish the information will result in the payment obligation being suspended.



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

29-Mar-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

07-147-T450 / 133-3

1. Facts.

The claimant alleges US Forces caused an accident which led to the death of her husband and the total loss of their car.

Claimant has requested \$11,500.00

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 \$12,000.00

(b)(6)

CPT, JA
CLAIMS ATTORNEY I47

07-147-T450-00005

T-450



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 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: 2/11/07

PAY AGENT NAME: (b)(6), (b)(3)

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

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

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

<u>(b)(6)</u>	through	<u>(b)(6)</u>	and,
	through	<u>(b)(6)</u>	and,
	through		and,
	through		and,
	through		and,
	through		

*Use additional forms if needed.

SETTLEMENT AGREEMENT

اتفاقية تسوية وإعفاء

07-147-T450 # [Language]
133-3

(b)(6)

Shymaa Mowafa Mal

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 31 APRIL 2007

(b)(6)

(b)(6)

12 APRIL 2007

WITNESS SIGNATURE Foreign Language T

Foreign Language Te

07-147-T450-00007

T-450



CLAIMS LOG

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

AMOUNT CLAIMED: 11,500
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 2-26-07
DATE OF INCIDENT: 2-15-06

PARALEGAL RECOMMENDATION: Approve ~~\$11,500~~ \$12,000

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:
DEATH CERTIFICATE IS ACCURATE
ACCIDENT WAS CLAIMANT'S FAULT
FRS IS WORTH A \$300.

WMA 26 MAR 07

★ First → contact A 1/12 IN to get info/verification. If it checks out w/ them, approve 12K - (b)(3),(b)(6) 26 MAR 07

(b)(6)

Claimant

(b)(6)

She is the wife of the ~~deceased~~ died Person

(b)(6)

The witness name

The accident happened in the highway road connecting between the two highways of Armenia and Abougharib. The accident resulted in the death of of the driver

(b)(6)

(b)(6)

and the completely damage of the car which happen due to the hit of the american convey on 07.15.2006. The type of the car is Supertracyal the color is blue. The witness to this accident was Police officer during his duty at that time while he was patrolling in this area the case was given to the Police office by the american officer at the time. The medical report mentioned that the accident result to the death of (b)(6) due to the sever injuries happen in the head and the chest.

The documents shows also that the owner of the car is (b)(6) and he paid \$ 9850.00 dollar for that.

07-147-T450-00009

GIC OPINION ABOUT CLAIMS

(b)(6)

133-3

1. The claimant presented claim card supported that the US army did the car accident and killing her husband.
2. The claimant presented medical report show that the claimant's husband got gunshot in the head and the chest.
3. The witnessed on the accident tell the policemen that (b)(6) did the accident and killed the driver for that they did a claim card telling the people give it to his wife, as the investigation papers said.
4. The claimant proved that ownership of the car which belong to the husband type (b)(6).
5. The claimant asks amount \$ 11500.00 for the car and killing her husband.
6. We suggest give her as her demand.

With our respect,

(b)(6)

(b)(6)

Foreign Language Text

20-Mar-2007



(b)(6)

To: United States Army Evacuation Claims Commission

From: Name: (b)(6)
Address: (b)(6)
Iraqi ID:
I am:

- a. A citizen and national of: Iraq
- b. A permanent resident of: Baghdad, Iraq
- c. Employed by: house wife
- d. Check one () an insurer; () Not an insurer
- e. Check one () A subrogee; () Not a subrogee

I hereby make a claim against the United States Government for damages caused by (Name, Organization, Military Department, Address, and Telephone Number) (b)(6)

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 Abu ghraib (high way) Baghdad Iraq
(Town) (City) (Country)

My claim arose on July 5 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 date 15 July 2006 while drove my husband for
His car (b)(6) plate number

(b)(6) from house to the job where work employee

In ministry of transportation and during Back from work

On abu ghraib high way. The US convoy ~~hit~~ hitting his car

Let to death my husband and destroyed his car.

So I am asking for compensation.

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

Death my husband and destroyed his car
Because Hitting accident

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.)

Item	Amount
1- About value death my husband	\$ 2500,00
2- About value destroyed his car	\$ 9000,00
3-	
4-	
5-	
6-	

Total: \$ 11500,00

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)

\$ 11500,00 local 14,950,000 L.D

(b)(6)

Subscribed before me this 19 day of Nov 2007

(b)(6)



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ

"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 1) Claim card
- 2) 2 pictures shows for all the damages
- 3) Registration card
- 4) Buying contract for the car
- 5) Report from Abughraib police station
- 6) Investigation document in police station
- 7) Personal document for wife and husband

General Information Center/Al-Radhwanya
Date: 19/ Nov / 2007

Pages 14 through 15 redacted for the following reasons:

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

Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Language

Language

Language

Foreign Language Text

Foreign Language

Foreign Language Text

→
accident location

Pages 17 through 19 redacted for the following reasons:

(b)(6), Foreign Language

Foreign Language Text

(b)(6), Foreign Language Text

(b)(6)

Foreign Language Text

Medical report

(b)(6), Foreign Language Text

07-147-1450-00021

Page 22 redacted for the following reason:

(b)(6), Foreign Language



Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

07-147-T450-00024



Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

07-147-1450-00026

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

07-447-1450-00027

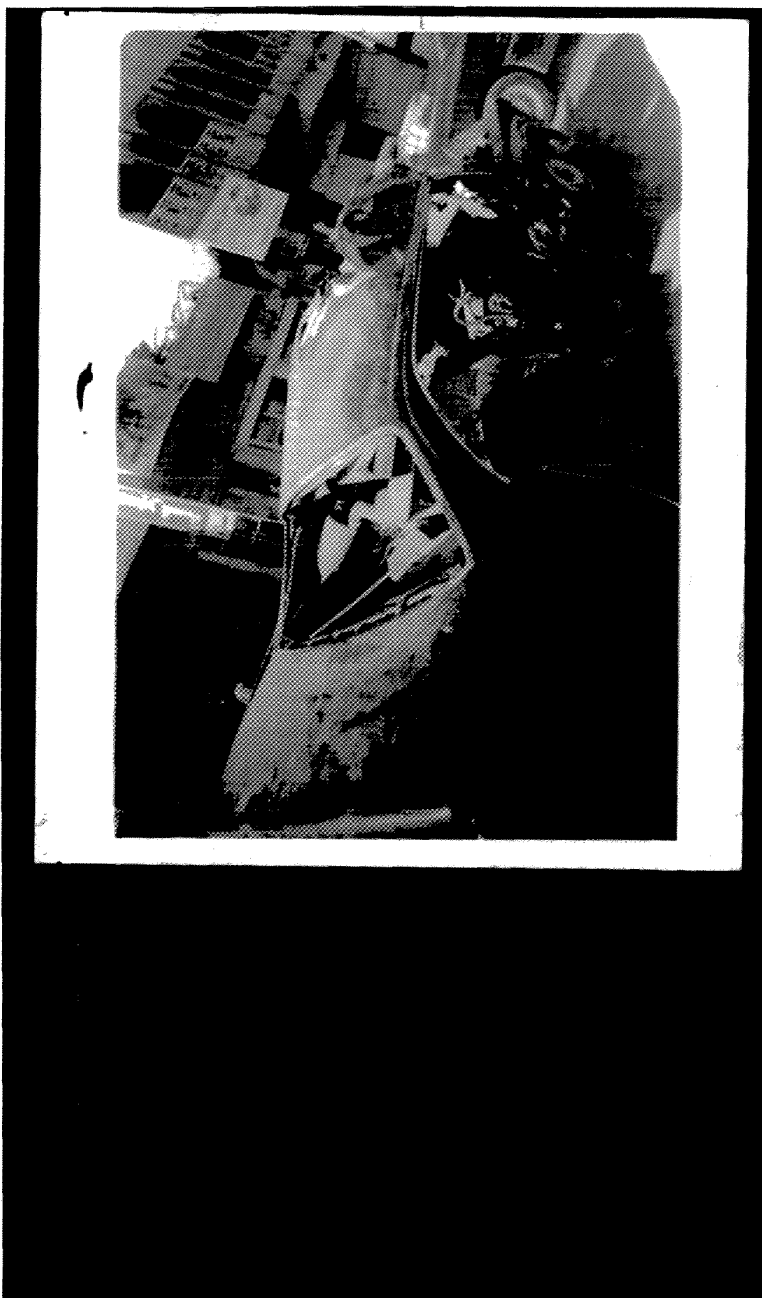
Foreign Language Text, (b)(6)

07-147-1450-00028

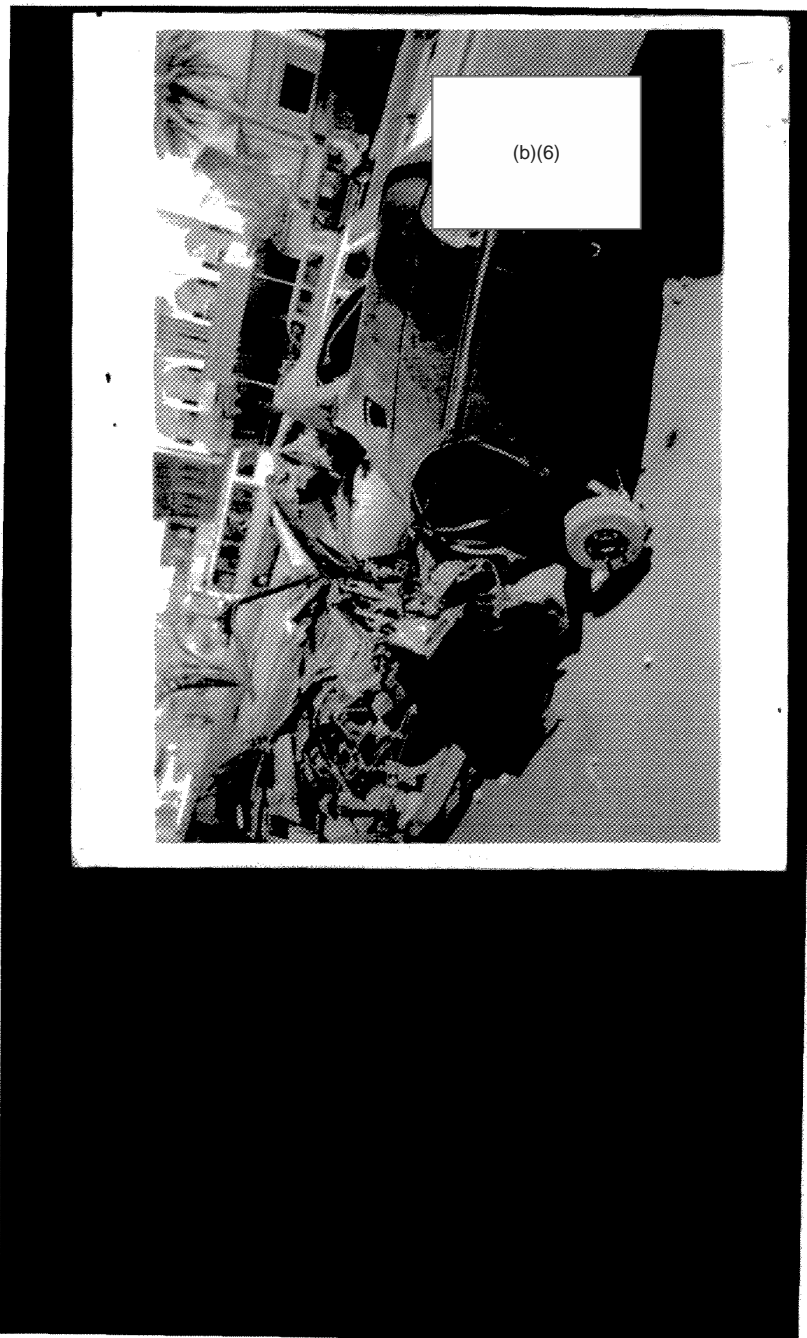
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

07-147-1450-00029



07-147-T450-00031



07447-1450-00032