T: (b)(6)

PA: A0027-20bDAJA

Filed: 20 Dec 06

(b)(6)

CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME: (b)(6)

FILE NUMBER: 07I57T002 AMOUNT CLAIMED: \$10,000

DATE OF INCIDENT: 29 Aug 05 AT: DATE CLAIM FILED: 20 Dec 06

DATE	STATUS OF CASE	INITIALS
12/20/06	Loggin in; To CPT (b)(3)(b)(6) for review	_
	(b)(5)	-
	Pay in amount of \$10,000	(E)(2) (E)(C)
12/22	Pending payment > To CPT (b)(6), (b)(3)	(b)(3), (b)(6)
1/13	PAID TO CLAIMANT IN FULL	_
1/14/07	Closed	_

Claim Transaction Page 1 of 2

Tort and Special Claims-Pro Version Home | Search | Administrator | Reports | Log Out | Request Assistance SSG (b)(3), b(6) NCOIC of Client Services Wednesday, 17 January 2007 Open Claims - Claim Transaction - 07157T002 (b)(6)(b)(6))01-Oct-2006 - 30-Sep-2007 157 - 157 (Iraq) Current Month: 01-Jan-2007 - 31-Jan-2007 Go Add Transaction Advanced Search Owner Office: End CEA Balance: Claim ID: Updated Users' Guide 07I57T002 157 - 157 (Iraq) (b)(2)High New Manual Claim Action (required): Action Date New Claim 0 New Claim-Quick Entry Action Dollar Amount: \$ My Assigned Claims Add Transaction Open Claims Claim Data Claim Summary Claim Summary-Inv Claimant Info Transactions for Claim 07I57T002 Claimant Attorney Reason for Denial: Del Companion Claims Date Added Claim Transaction Action T-fered Date Structured Settlement **Edit Action Date Action Description** Office Amount To Initiated Accepted Cost 0 12/18/2006 Open New Claim 157 \$0.00 Mirror File (Iraq) POCs b)(3), b(6 1/13/2007 Final Payment Claim Closed 157 \$10,000.00 Medical Records (Funds deducted CEA) (Iraq) Witness List CCRB Expert List Claim Chronology Create DA FORM 7500, 1666, 1668, or SF 1034 Investigative Plan E-mail Documents AAO Info Create FMS Forms Reverse Mirror File Closed Claims Pending Retirements Retired Claims Transfers User Activity Mirror Files

My Tasks and Reminders

(b)(2)High



HEADQUARTERS MULTI-NATIONAL CORPS – IRAQ BAGHDAD, IRAQ APO AE 09342

REPLY TO ATTENTION OF:

FCC 157 22 December 2006

CLAIM OF: (b)(6) CLAIM NUMBER: 07-I57-T002

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) 157 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC I57 offers you \$10,000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

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

Captain, U.S. Army Foreign Claims Commission I57



HEADQUARTERS MULTI-NATIONAL CORPS – IRAQ BAGHDAD, IRAQ APO AE 09342

FICI-JA-C Claim of (b)(6) 07-157-T002

ACTION

- Facts: The claimant alleges that on 29 August 2005, U.S. Forces were shooting towards them as her family was headed to Jordan for medical treatment. The claimant and her husband ended up in the U.S. military hospital for treatment. Her husband had surgery and died. The amount requested is \$10,000 for the claim.
- 2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Upon review of the claim, payment is granted.
- 3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
- 4. Action: The claim will be paid in the amount of \$10,000.

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

Captain, JA Foreign Claims Commission 157

UNCLASSIFIED/OFFICIAL USE ONLY

PAYMENT REPORT

TO: DFAS, DSSN	DATE:	13 Jano7
A. Payment Data:		
(1) Submitting agency/off	fice: United States Army Claims Service	
(2) Office Code: <u>157</u>		
	g address; MNC-l, OSJA, Camp Victory, Ira	q APO AE 09342
(4) Date Filed:		
(5) Claim Number:		
(6) Amount Claimed:		
(7) Fund Cite:	(b)(2)High	
(8) Payee:		
(9) Address: <u>IRAQ</u>		
(10) SSN: N/A	70 70	
(11) Payment Amount:	(0,000	
(12) Type Payment: PF		
(13) For EFT Payments: A		
	ccount Name and Number:	
(15) For EFT Payment: N	ame and Address of financial institution:	
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(16) For EFT Payment:	: Account is (checking) (savings) Circle appr	ropriate account
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	annancis anaciec.)	
	nin - stated award, compromise, or settlement as final a	
	agree that said acceptance constitutes a complete release	
얼마나 없는데 이렇게 가장하다 가지 않는다. 하고 있다면 나를 가게 되었다면 되었다. 그리다 없었다고 하네요?	aims, demands, rights, and causes of action of whatsoev	
	nd all known and unknown, foreseen and unforeseen be roperty, breaches of contract or law, and any other acts	
	esult, from the same subject matter that gave rise to the	
	se, indemnify and hold harmless the United States, its a	
	n, including wrongful deaths, that arise or may arise fro	m the acts or omissions that
gave rise to the claim(s) by reason of the s	same subject matter,	
Date:	Foreign Language Text, (b)(6)	(Claimant)
_		
C. AGENCY CERTIFYING OFF	FICER	
Pursuant to authority vested in me	, I certify that this Payment Report is correct	and proper for payment
13 JAV 1507	(b)(3)(b)(6)	200
13 TAV B) (Date)	Office Office	FCC (Title)
		(Title)
Date Payment Recorded in Record	1: 137anoz	
	12 214110	
A separate payment report	must be completed for each claimant	

This information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide the information may result in your claim not being processes for payment.

releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as I, the claimant by signing this document and accepting payment, am final settlement on this claim. هم على المطالب) بالأمضاء و بالترقيع على تلك الإستمارة و الموافقة على العرض (المبلخ) أنا الكامل و الأحفاء الكامل القوات المسكرية الأمريكية أر حكومة الولايات المتحدة لى المبائغ المحروص على انة عرض

Name of Claimant:

(b)(6)

Date Received:

10,000.00

Amount Received: \$

OSJA POC: (DSN)

)(2)Hig

Claimant's Signature:

(b)(6)

CENTCOM 010412

07-I57-T002-00007

UNITED STATES ARMED FORCES CLAIMS FORM

V. The facts of the incident are as follows: As she said. Her husband was daughter taken her and his daughter to get some midacal treatment in Jordan near to Retba The U.S starte shoot two	I. TO: United States Army Foreign C	
Name (Arabic) (a) Circle one: Claimant / A	II. FROM: Name (English):	Foreign Language Text. (b)(6)
Attorney or representative MUST attach proof of authorization.] Other: (b) IRAQI IDENTIFICATION NUMBER: (c) DETAINEE IDENTIFICATION NUMBER: (III. ADDRESS of person filing claim: (English): (English): (Arabic): (IV. HOME UR CELL PHONE NUMBER: (a) I, the above named claimant/attorney/rep. (b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: (c) The property damaged is owned by: (c) The incident happened on 29/8/2005 at Demonstration of the incident are as follows: (c) The facts of the incident are as follows: (d) The facts of the incident are as follows: (e) The facts of the incident are as follows: (e) The facts of the incident are as follows: (f) The facts of the incident	Name (Arabic)	
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(c) DETAINEE IDENTIFICATION NUMBER: III. ADDRESS of person filing claim: (English):	→ [Attorney or representative MUST a	attach proof of authorization.] Other:
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(English):	c) DETAINEE IDENTIFICATION N	NUMBER:
(Arabic):	III. ADDRESS of person filing claim:	
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Page I of 2



VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if

damaged and replacement if destroyed:	
death husband	PRICE A 10000
(a) I had insurance for the following:	TOTAL \$ 1000
(b) My insurer is:	
VII. My total claim in U.S. Dollars against the United States Government and in ****CLAIM WILL NOT BE VALID IF US DOLLAR A	ı Iraqi Dinars is:
This is my total claim resulting from this incident. I understand to	that if I accept a settlement of this claim
that I will not receive any other money for this incident. I also und have the opportunity to appeal the decision but will likely need to my claim approved.	ders (b)(6) claim is denied, I will
my claim approved.	(b)(6)
(Sig	gnature of Claimant)
CLAIM WILL NOT BE VALID IF SIGNATU	RE IS LEFT BLANK
The claimant was assisted in completing this claim form by: (b)(6)	
(name)	
(Contact Information: e-mail, address, DSN/DNVT, etc.)	

FOR OFFICIAL USE ONLY

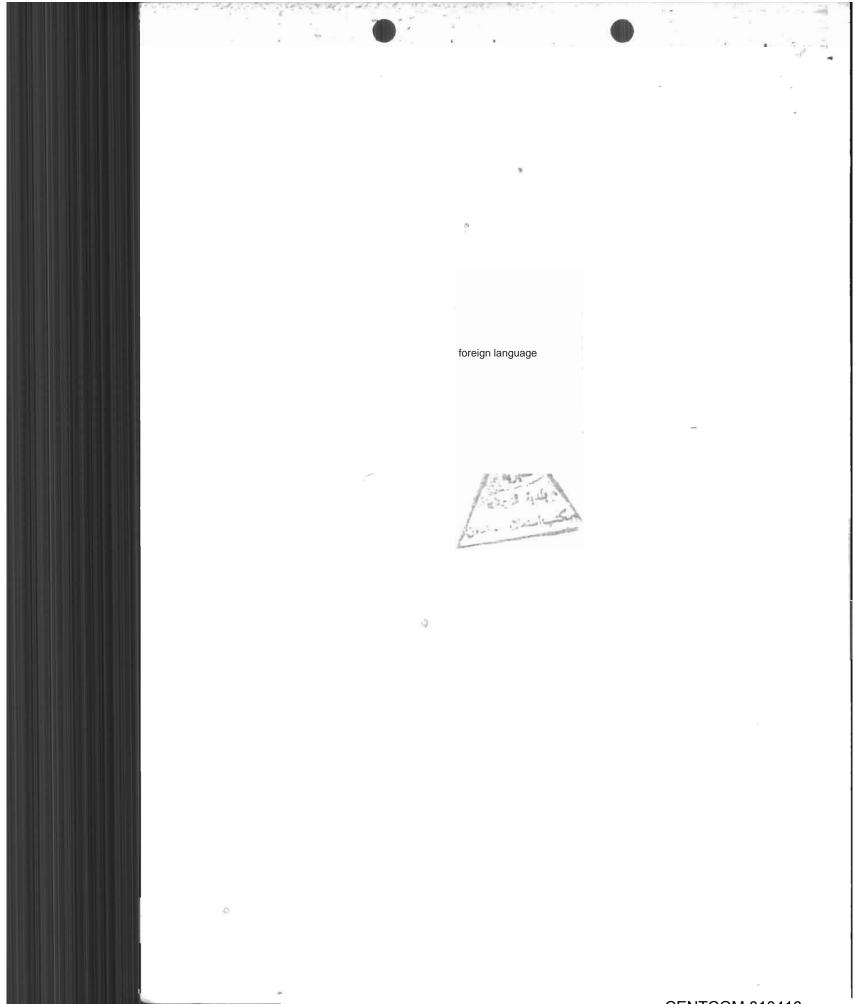
TAB C (IRAQI CIVILIAN HANDOVER DOCUMENT) TO APPENDIX 9 (MORTUARY AFFAIRS) TO ANNEX I (SERVICE SUPPORT) TO 52 ID (M) OPORD 05-06-01



MULTI-NATIONAL FORCES - IRAQ

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WIFE 2	bronten		(b)(6)	Person verifying identity اسم الشخص المستلم \ Person receiving remains
				(b)(6) العلاقة بالمرحوم \ Relationship to deceased
29 AUG0	5		Fc	التاريخ\. Date
		I-	IX-C-1 +	
		FOR OFFIC	IAL USE ONLY	

CENTCOM 010415 07-I57-T002-00010



			DEATH (OVERSEAS)			
AME OF DECEASED (La	(b)(6) Nom du décèdé	Nom et prénoms)	GPADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation			NATION (e.g., United States)	DATE OF BIRTH Date de naissance	SEX Sexe	
IRAGI	CUISEN	· · · · · · · · · · · · · · · · · · ·	IRAQ	(b)(6)	MALE Masculin	
R	ACE Race	MARITAL STA	TUS État Civil	RELIGIO	IN Culte	
CAUCASOID Caucasique		SINCLE Celibetare	DIVORCED Divorce	PROTESTANT Profesiant	OTHER (Specify) Autre (Specifier)	
NEGROID Négrois	de	MARRIED Marie		CATHOLIC Catholique		
OTHER (Specify) Autra (Specifier)	SOUTH WEST ASIAN	WIDOWED Veut	SEPARATED Séparé	JEWISH Juit		
AME OF NEXT OF KIN	Nom du plus proche parent		RELATIONSHIP TO DECEAS	SED Parenté du décède avec le s	usdit	
TREET ADDRESS Do	micilé à (Rue)		CITY OF TOWN AND STAT	E (Include ZIP Code) Ville (Code)	postal compris)	
		MEDICAL STATEME	NT Declaration médicale			
		OF DEATH (Enter only sinc cau décès (N'indiquer qu'une cau			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre Cattaque et le decès	
	OURECTLY LEADING TO DEATH Tectement responsable de la mort.	GUN SHOT WOU	NO TO THE FA	CE - OGYE	@ 3 HRS.	
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Symptômes précurseurs de la mort.	UNDERLYING CAUSE IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s' il y, a lieu, ayant suscità la cause primaire					
OTHER SIGNIFICANT CO Autres conditions signals						
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ACCIDENT Mort accidentelle		CIA		(b)(6)		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du :	pathologiste				
HOMICIDE :	SIGNATURE Signature		DATE Date	AVIATION ACCIDENT Accident 4 Avion		
Date de décès // houre. In 1753 2	of AVGUST 2005	CHARLE ME		CAMP RAMADI,	IRAQ	
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NAME OF MEDICAL OF			TITLE OR DEGREE Titre	ou diplômé L CORP PHYSICIA		
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DD FORM 206				1 26 SEP 1975 WHICH ARE OBS	GLETE USAPA V*	

Foreign Language Text

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	DISPOSITION OF REMAINS		
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS DATE DATE SIGNATURE			
NAME OF CEMETERY OR CREMATORY - LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION CREMATION REMOVAL	Specify)	DATE OF DISPOSITION	
	REGISTRATION OF VITAL STATISTIC	ş	
REGISTRY (Times and Commercy)	DATE REGISTERED	FILE NUM	BER
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
	100		

standard Form 1034 tevised October 1987 Department of the Treasury TFM 4-2000 034-121				R PURCHASE HAN PERSON			VOU	JCHER NO.
DEPARTMENT, BUDEPARTMENT C	F THE ARM	ABLISHMENT AND LOCATION	N DAT	E VOUCHER PREP	ARED		SCH	EDULE NO.
Camp Liberty, Irac	5th Finance Battalion amp Liberty, Iraq PO AE 09344			CONTRACT NUMBER AND DATE				b By h Finance Company
OSSN			REC	QUISITION NUMBER	AND DATE		AP	mp Liberty, Iraq O AE 09344 SN: 5779
		(b)(6)						
PAYEE'S NAME AND		07I57T002					DAT	TE INVOICE RECEIVED
ADDRESS					1		DISC	COUNT TERMS
							PAY	EE'S ACCOUNT NUMBER
SHIPPED FROM		то			W	EIGHT	GOV	VERNMENT B/L NUMBER
NUMBER AND DATE	DATE OF DELIVERY	ARTICLES (Enter description, item nur	S OR SERVICE mber of contract o		QUAN- TITY	39.0000	PRICE	AMOUNT
OF ORDER	OR SERVICE	schedule, and other in	formation deamed	necessary)	111.1	COST	PER	(1)
		Claim Payment Final Payment of FCA	Claim#		r.			(b)(6)
		In full settlement of th Secretary of the Army, or such purposed under auth AR 27-20, Chapter 10, u named claimant for proper captured, or aba	an officer duly hority of 31 U.S upon the claim rty damaged, le	designed for S.C 3721 and of the above ost, destroyed,				
(Use continuation sheet(s				se the space be	low)	1	TOTAL	10,000
PAYMENT: PROVISIONAL	APPROVED FO	OR	EXCHANGE	=\$1.00	DIFFER	RENCES		
☐ COMPLETE ☐ PARTIAL ☐ FINAL	(b)(3)(b)(6	, MSG			Amount	verified; con	ract for	
PROGRESS	TITLE				(S	rotiliou, con	1001101	
ADVANCE Pursuant to authority ve	Pay Agent sted in me, I cert	ify that this voucher is correct a	nd proper for pa	yment.			(b)(3)(b)((6)
13JAN 9	(5)	(b)(3)(b)((6)		CPT.	Certifyin	g Officer	157/160
(Date)		(Authorized Certifying Off	ficer) 1	-			Title)	
		A	CCOUNTING C	LASSIFICATION				
Account Classifica	ation Verified	(b)(2) High I: 1st CAV, 15th Finance	ce Office, D	isburing NCOIC	2			
CHECK NUMBER		ON ACCOUNT OF U.S.	TREASURY	CHECK NUMBER			ON (Name	of bank)
CASH		DATE		PAYEE	(b)(6)			
When stated in foreign of the ability to certify an officer will sign in the sp. When a voucher is rec	nd authority to appro- ace provided, over- elpted in the name apacity in which he	ove are combined in one person, on	name of the pers	on writing the company	or corporate	TITLE		
revious edition usable		sted on this form is required under the is to identify the particular creditor a	PRIVACY ACT he provisions of 31	STATEMENT 1 U.S.C. 82b and 82c, for be paid. Failure to furn	or the purpose	of disbursing	Federal mone	NSN 7540-00-900-2 y. The USAPPC VI

07-I57-T002-00015

Foreign Language Text

CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

		tion of the deceased person and	berzon maxii			
1. FROM	2 CAMP	2. 10		3. DATE PREPAR	ED 4. PAGE	
COC (MED) 228	FSB , RAMADI			2005 082	9 / OF / PAGES	
5 VEHICLE AIRCRAFT	5 EVACUATION	7. TENTATIVELY IDENTIFIED DE	CEDENT (If u			
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			34			
8. AIRCRAFT/VEHICLE DEPARTED	9. AIRCRAFT/VEHI		Ih GDADE	c. ORGANIZ	ATION	
a. TIME		per segment			ED 228 7 FSR	
0 1848	(b)(3)(b)(6) 0-2 Coc (MED) 228 FSB					
B. DATE (YYYYMMDD)	-	(YYYYMMDD)				
20050829	(1	20050829				
10. AIRCRAFT/VEHICLE	11. RECEIVING OFF	CIAL				
ARRIVED	a. NAME (Last. First.		b. GRADE	c. ORGANIZ	ATION	
a. TIME	1 (b)(3)(b)(6)	E-5	()3 N	1	
b. DATE (YYYYMMOD)	d	(b)(3)(b)(6)		10.5.7	e. DATE SIGNED	
2005 4627 DD FORM 1075, J	UL 1998	PREVIOUS EDITION MAY	E USED.		2005 0829 USAPA 9VI CO	

Foreign Language Text

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Page 19 redacted for the following reason:

Foreign Language Text, (b)(6)

	gation Command VING ACTIVITY	•	LOCATION		
COAL	LITION FORC	ES			
IAME,	GRADE AND TI	TLE OF PERSON FROM WHOM RECEIVED		Include Zip Code)	
OW	NER	(b)(6)	RELE	ASE FF	ROM MSS
	THER 290	806-07	130 AL	JG 2006	
	TION FROM WHE	ERE OBTAINED	REASON OF		TIME / DATE OBTAINED
	h 991) e items were	found with the following detainee	s:		
		(b)(6)	Personal	Property	
TEM	QUANTITY		DESCRIPTION OF	ARTICLES	
NO 1	1	(b)(6)	serial number, condition	and unusual marks	s or scratches)
			CHAIN OF CUS	TODY	
	DATE	RELEASED BY SIGNATURE	CHAIN OF CUS RECEIVE SIGNATURE		PURPOSE OF CHANGE OF CUSTODY
	DATE 30 AUG 06		RECEIVE	D BY	
NO.	300000	SIGNATURE (b)(6) NAME, GRADE OR TITLE	RECEIVE	D BY	
NO.	300000	SIGNATURE (b)(6) NAME, GRADE OR TITLE (b)(6)	RECEIVE SIGNATURE NAME, GRADE OR TITI	D BY	
NO.	300000	SIGNATURE (b)(6) NAME, GRADE OR TITLE (b)(6) SIGNATURE	RECEIVE SIGNATURE NAME, GRADE OR TITI SIGNATURE	D BY	
NO.	300000	SIGNATURE (b)(6) NAME, GRADE OR TITLE (b)(6) SIGNATURE NAME, GRADE OR TITLE	RECEIVE SIGNATURE NAME, GRADE OR TITI SIGNATURE NAME, GRADE OR TITI	D BY	
	30 AUG 06	SIGNATURE (b)(6) NAME, GRADE OR TITLE (b)(6) SIGNATURE NAME, GRADE OR TITLE SIGNATURE	RECEIVE SIGNATURE NAME, GRADE OR TITE NAME, GRADE OR TITE SIGNATURE NAME, GRADE OR TITE NAME, GRADE OR TITE	D BY	

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Foreign Language Text, (b)(6)

Page 28 redacted for the following reason:
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