

T: (b)(6)

071571002

PA: A0027-20bDAJA

Filed: 20 Dec 06

(b)(6)

10.000

*

CENTCOM 010406

07-157-T002-00001

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 | |
| 12/22 | pending payment → To CPT (b)(6), (b)(3) for signature | (b)(3), (b)(6) |
| 1/13 | PAID TO CLAIMANT IN FULL | |
| 1/16/07 | Closed | |
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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)

- Quick Search
- Advanced Search
- Updated Users' Guide
- New Manual Claim
- New Claim
- New Claim-Quick Entry
- New PCE
- My Assigned Claims
- PCEs
- Open Claims

(b)(6) 01-Oct-2006 - 30-Sep-2007
Current Month: 01-Jan-2007 - 31-Jan-2007

I57 - I57 (Iraq)

| | | |
|--|------------------|------------------|
| Claim ID: | Owner Office: | End CEA Balance: |
| 07157T002 | I57 - I57 (Iraq) | (b)(2)High |
| Action (required): | | Action Date |
| Action Dollar Amount: \$ | | |
| 0 | | |
| <input type="button" value="Add Transaction"/> | | |

- Claim Data
- Claim Summary
- Claim Summary-inv
- Claimant Info
- Claimant Attorney
- Companion Claims
- Claim Transaction
 - Structured Settlement
 - Cost
 - Mirror File
 - POCs
 - Medical Records
 - Witness List
 - CCRB
 - Expert List
 - Claim Chronology
 - Investigative Plan
 - E-mail
 - Documents
 - AAO Info
 - Reverse Mirror File
- Closed Claims
- Pending Retirements
- Retired Claims
- Transfers
- User Activity
- Mirror Files
- My Tasks and Reminders

Transactions for Claim 07157T002

| Del | Reason for Denial: | Action Office | Amount | T-ferred To | Date Added |
|-------------------------------------|--------------------|---|-------------|-------------|---------------|
| Edit | Action Date | Action Description | | Initiated | Date Accepted |
| <input checked="" type="checkbox"/> | 12/18/2006 | Open New Claim | \$0.00 | | |
| <input checked="" type="checkbox"/> | 1/13/2007 | Final Payment Claim Closed (Funds deducted CEA) | \$10,000.00 | b(3), b(6) | |

(b)(2)High

07-I57-T002-00003



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

REPLY TO
ATTENTION OF:

FCC I57

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) I57 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

GENTCOM 010409

07-I57-T002-00004



REPLY TO
ATTENTION OF:

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

FICI-JA-C

Claim of

(b)(6)

07-I57-T002

ACTION

1. 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 I57

UNCLASSIFIED/OFFICIAL USE ONLY

CENTCOM 010410

07-I57-T002-00005

PAYMENT REPORT

TO: DFAS, DSSN _____ DATE: 13 Jan 07

A. Payment Data:

- (1) Submitting agency/office: United States Army Claims Service
- (2) Office Code: 157
- (3) Agency/Office mailing address: MNC-1, OSJA, Camp Victory, Iraq APO AE 09342
- (4) Date Filed: _____
- (5) Claim Number: 07-157-7002
- (6) Amount Claimed: \$ 10,000
- (7) Fund Cite: _____ (b)(2)High
- (8) Payee: _____
- (9) Address: IRAQ
- (10) SSN: N/A
- (11) Payment Amount: 10,000
- (12) Type Payment: PF
- (13) For EFT Payments: ABA Routing Number: _____
- (14) For EFT Payment: Account Name and Number: _____
- (15) For EFT Payment: Name and Address of financial institution: _____
- (16) For EFT Payment: Account is (checking) (savings) Circle appropriate account

B. Acceptance by Claimant: (Note: This form should not be signed by the claimant if another release is signed by the Claimant is attached.)

I, The claimant, do hereby accept the within - stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns; and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind in nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date: _____ Foreign Language Text, (b)(6) _____ (Claimant)

C. AGENCY CERTIFYING OFFICER

Pursuant to authority vested in me, I certify that this Payment Report is correct and proper for payment

13 JAN 07 (Date) _____ (b)(3)(b)(6) _____ (Signature) _____ (Title) _____
(Date) _____ (Signature) _____ (Title)

Date Payment Recorded in Record: 13 Jan 07

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 processed for payment.

07-157-7002

قبول بالتوقيع من قبل المدع (المطالب)

I, the claimant by signing this document and accepting payment, am releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as final settlement on this claim.

انا المدعي (المطالب) بالامضاء و بالتوقيع على تلك الاستمارة و الموافقة على العرض (المبلغ) انا بالتوقيع عن حقى للكمال و الاعضاء الكامل للقوات العسكرية الامريكية او حكومة الولايات المتحدة من اى مسئولية مقبلة تنتج من المطالب و الموافقة على المبلغ المعروض على انة عرض و ليس من حقى و االو الورثة من بدى و االو اية شخص منضمر او غير منضمر القيام باى عمل قانونى او غير قانونى ضد القوات العسكرية الامريكية او الولايات المتحدة المستقبل.

Amount Received: \$ 10,000.00

Date Received:

(b)(2) Hig

OSJA POC: (DSN)

Diane Lopez

Name of Claimant:

(b)(6)

Claimant's Signature:

(PROVINCES)
UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission

II. FROM: Name (English): _____ Foreign Language Text, (b)(6)
Name (Arabic) _____

(a) **Circle one:** Claimant / Attorney / Authorized representative / Parent / Brother/Sister / Son/Daughter
→ [Attorney or representative MUST attach proof of authorization.] Other: _____

(b) IRAQI IDENTIFICATION NUMBER: _____ (b)(6)

(c) DETAINEE IDENTIFICATION NUMBER: _____

III. ADDRESS of person filing claim:

(English): _____ (b)(6), Foreign Language Text
(Arabic): _____

IV. HOME OR CELL PHONE NUMBER: _____ (b)(6)

(a) I, the above named claimant/attorney/rep. _____, certify that I (or the person on whose behalf I am making this claim) am a resident of _____

(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: her self

(d) The incident happened on 29/8/2003 at Remadi
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: As she said. Her husband was driving in taken her and his daughter to get some medical treatment in Jordan near to Retba. The U.S started shoot towards then she found herself in U. Military hospital and told her they are making a surgery for her husband. after finishing the operation he was dead. They apologized to her and gave her that report

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

FOR OFFICIAL USE ONLY

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



MULTI-NATIONAL FORCES - IRAQ

The Multinational Force-Iraq deeply regrets the loss of your loved one and wishes the return of the human remains of (b)(6) to his/her primary next of kin. The remains have been treated with the same respect and courtesies required by Muslim or Christian tradition and have been treated with the same respect and courtesy as those of the Coalition forces. The person receiving the remains acknowledges that Coalition forces have provided the remains in a respectful manner. Any perceived violation of local customs is wholly unintentional on the part of Coalition forces. All personal effects that were found with the remains are being turned over and an inventory is attached.

القوات المتعددة الجنسية - العراق تتقدم بكل الأسف العميق والأعتدار لفقدان احبايكم و تتمنى ان تقدم و ترجع اليكم البقايا الادمية الخاصة بالمرحوم الى نسب اهله القريب الاولى الية. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام والنتف التي تتطلبها تقاليد وعادات الديانة الاسلامية او الديانة المسيحية و تمت معاملتها بنفس المعاملة التي نتقاها الموتى من قوات التحالف. الشخص المسلم للبقايا الادمية يدرك جيدا بان قوات التحالف قامت بالعمل اللازم و بكل اساليب الاحترام التامة و في حالة وجود او ادراك أية انتهاك للعادات و التقاليد المحلية فيكل الاسف انه ليس عمدا و غير مقصود كليا من جانب قوات التحالف. مع العلم جميع المتاع الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

(b)(6)

(b)(6)

اسم الشخص للتأكد و اثبات البقايا الادمية \ ...
Person verifying identity

WIFE & BROTHER

(b)(6)

اسم الشخص المستلم \
Person receiving remains

(b)(6) العلاقة بالمرحوم \
Relationship to deceased

29 AUG 05

Foreign Language Text

التاريخ \
Date

I-IX-C-1

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CENTCOM 010415

07-157-T002-00010

26481

foreign language



| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | | |
|--|--|--|--|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) | | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numero de l'Assurance Sociale |
| (b)(6) | | N/A | N/A | N/A |
| ORGANIZATION Organisation | | NATION (e.g., United States) Pays | DATE OF BIRTH Date de naissance | SEX Sexe |
| IRAQI CITIZEN | | IRAQ | (b)(6) | <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Feminin |
| RACE Race | | MARITAL STATUS État Civil | | RELIGION Culte |
| CAUCASOID Caucasique | | SINGLE Célibataire | | PROTESTANT Protestant |
| NEGROID Négréoïde | | <input checked="" type="checkbox"/> MARRIED Marié | | CATHOLIC Catholique |
| <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) SOUTH WEST ASIAN | | WIDOWED Veuf | | JEWISH Juif |
| NAME OF NEXT OF KIN Nom du plus proche parent | | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit | | |
| STREET ADDRESS Domicile à (Rue) | | CITY OF TOWN AND STATE (include ZIP Code) Ville (Code postal compris) | | |
| MEDICAL STATEMENT Déclaration médicale | | | | |
| CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne) | | | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. | | | | GUN SHOT WOUND TO THE FACE - @ EYE @ 3 HRS. |
| ANTECEDENT CAUSE Symptômes précurseurs de la mort. | MORBID CONDITION IF ANY LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | | |
| | UNDERLYING CAUSE IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | | |
| OTHER SIGNIFICANT CONDITIONS Autres conditions significatives | | | | |
| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort, suscitées par des causes extérieures | |
| <input checked="" type="checkbox"/> ACCIDENT Mort accidentelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | (b)(6) | |
| | N/A | | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | | |
| HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à l'Avion | |
| | | | <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non | |
| DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) | | PLACE OF DEATH Lieu de décès | | |
| 1753 29 AUGUST 2005 | | 'CHARLIE MED' 228 TH FSB CAMP RAMADI, IRAQ | | |
| I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus. | | | | |
| NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire | | TITLE OR DEGREE Titre ou diplôme | | |
| DR. (b)(6) | | MEDICAL CORP PHYSICIAN | | |
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse | | | |
| LTC | Co (MED) 228 TH FORWARD SUPPORT BATTALION | | | |
| DATE Date | SIGNATURE | | | |
| 29 AUG 05 | (b)(3)(b)(6) / LTC | | | |

Foreign Language Text

CENTCOM 010418
07-157-T002-00013

26484

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

| DISPOSITION OF REMAINS | | | |
|--|-----------------------------------|--------------------------|-------|
| NAME OF MORTICIAN PREPARING REMAINS | GRADE | LICENSE NUMBER AND STATE | OTHER |
| INSTALLATION OR ADDRESS | DATE | SIGNATURE | |
| NAME OF CEMETERY OR CREMATORY | LOCATION OF CEMETERY OR CREMATORY | | |
| TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) | | DATE OF DISPOSITION | |
| REGISTRATION OF VITAL STATISTICS | | | |
| REGISTRY (Town and Country) | DATE REGISTERED | FILE NUMBER | |
| | | STATE | OTHER |
| NAME OF FUNERAL DIRECTOR | ADDRESS | | |
| SIGNATURE OF AUTHORIZED INDIVIDUAL | | | |

DD FORM 2064, APR 1977 (BACK)

USAPA v1 00

Foreign Language Text

Foreign Language Text

Page 19 redacted for the following reason:

Foreign Language Text, (b)(6)

EVIDENCE / PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command.

MPR / CID SEQUENCE NUMBER

ORD REPORT / CID ROI NUMBER

| | | |
|--|--|-----------------------------|
| RECEIVING ACTIVITY COALITION FORCES | LOCATION | |
| NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER (b)(6) <input type="checkbox"/> OTHER 290806-07 | ADDRESS (Include Zip Code) RELEASE FROM MSS 30 AUG 2006 | |
| LOCATION FROM WHERE OBTAINED (Batch 991) These items were found with the following detainees: (b)(6) | REASON OBTAINED Personal Property | TIME / DATE OBTAINED |

| ITEM NO | QUANTITY | DESCRIPTION OF ARTICLES <small>(Include model, serial number, condition and unusual marks or scratches)</small> |
|---------|----------|--|
| 1 | 1 | (b)(6) |

| CHAIN OF CUSTODY | | | | |
|------------------|-----------|--------------------------------|----------------------|------------------------------|
| ITEM NO. | DATE | RELEASED BY | RECEIVED BY | PURPOSE OF CHANGE OF CUSTODY |
| 1 | 30 AUG 06 | SIGNATURE (b)(6) | SIGNATURE | |
| | | NAME, GRADE OR TITLE (b)(6) | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |

DA FORM 4137
1 JUL 76

Replaces DA FORM 4137, 1 AUG 74 and DA FORM 4137-R Privacy Act Statement 26 SEP 75 Which are obsolete.

LOCATION _____

DOCUMENT NUMBER _____

Pages 21 through 22 redacted for the following reasons:

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

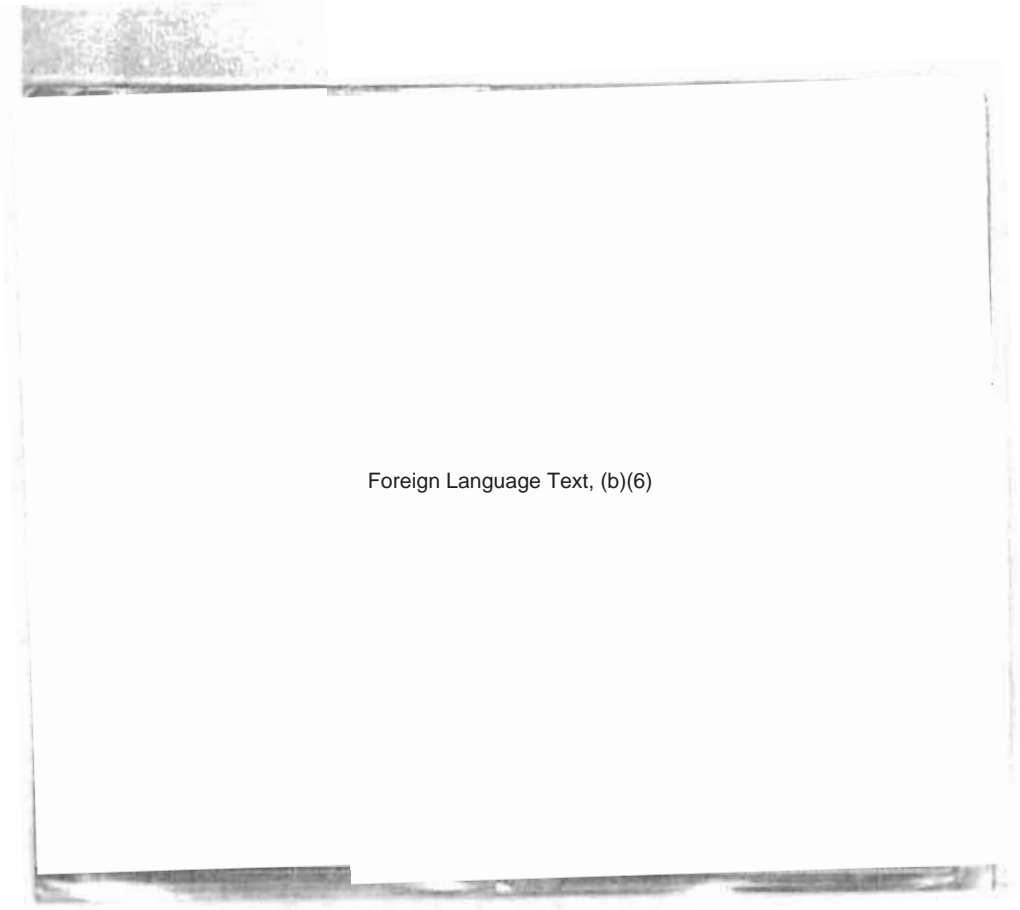
Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text

Pages 24 through 25 redacted for the following reasons:

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)





Foreign Language Text, (b)(6)



Page 28 redacted for the following reason:

Foreign Language Text, (b)(6)