(b)(6)

(75

07I92T086

(b)(6)

Pay 2A 30 Jul 07
paid 8P 4 Aug 07
USARCS 4 Aug 07 By SGT

(b)(6)

(b)(6)

(b)(3)(b)(6) 28 Aug 07

CLAIM FILE CHECKLIST

- [x] SF 1034 (Signed by FCC, Pay Agent, Claimant)
- [x] Action Memo Approving the Claim
- [x] Claim Release and Settlement Agreement
- [x] Decision Memo
- [x] Claim Summary Sheet
- [x] Supporting Documents (ID Card, Ownership, Statements, etc.)

13 March 08

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

Scanned To mail K
For 3 member FCC
on 12 September 07
By SGT (b)(3)(b)(6)

Phone # (b)(6)

CLAIMS CHECKLIST

CLAIM NUMBER:

AMOUNT OF CLAIM: $ 23,200

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT: 20 Sep 06 **DATE FILED:** **DATE RECEIVED:**

CLAIM TYPE:

- [x] Vehicle Damage
- [ ] Detainee Property
- [ ] Damage During Raids
- [ ] SAF Damage/Injury
- [ ] Real Estate
- [x] Other DEATH

CLAIM AROSE FROM:

- [ ] Combat Activities
- [x] Non-combat Activities

CLAIM IS:

- [x] Payable
- [ ] Not Payable

BRIEF OVERVIEW: Claimant States That While Her Husband was driving Home a Stryker Came down The wrong way and ran over his vehicle and Killed Him.

REMARKS:

Recommend (Approval) / Denial (b)(6)

REVIEWED BY: SGT (b)(3)(b)(6) **DATE REVIEWED:** 16 Jul 07

FCC COMMENTS

Approve $ (b)(6)

DATE APPROVED/DENIED: 29 July 2007

- [ ] DENIED
- [ ] Denial Memo
- [x] APPROVED
- [x] Amount Approved: $ (b)(6)
- [ ] Approval Memo
- [ ] Settlement Agreement
- [ ] SF 1034
- [ ] Disbursing Officer Memo

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
15th FINANCE BATTALION
APO AE 09352

DATE VOUCHER PREPARED: 1 August 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
15th FIN BN
3rd FIN, 3rd SSB
APO AE 09352
DSSN 5579

PAYEE'S NAME AND ADDRESS: (b)(6) BAGHDAD, IRAQ

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (1)
		FOREIGN CLAIMS NUMBER 07-I92-T086				
		VEHICLE DAMAGE AND DEATH				15,000.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL 15,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$ 15,000.00

EXCHANGE RATE =$1.00

DIFFERENCES

BY 2 **CPT** (b)(3)(b)(6)

Amount verified; correct for (b)(6)

TITLE **FOREIGN CLA**

(S

Pursuant to authority vested in me, I certify that (b)(3)(b)(6) for payment.

4 August 2007 (Date) | **SFC** (b)(3)(b)(6) (Authorized Certifying Officer) 2 | **CLAIMS PAYING AGENT** (Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER (b)(2)High

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank)

CASH $ 15,000.00 | DATE 4 August 2007 | PAYEE 3 (b)(6)

1 When stated in foreign currency, insert name of currency.
2 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.
3 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.

TITLE

Previous edition usable

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.

NSN 7540-00-900-2234
USAPA V4.00

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO
ATTENTION OF:

FCC I92

4 August 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 07-I92-T086

Dear Sir:

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

Foreign Claims Commission (FCC) I92 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 I92 offers you $15,000.00 to settle your claim.

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 signing this letter.

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

Sincerely,

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

CPT, U.S. Army
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, IRAQ
APO AE 09361

FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I, (b)(6) of **Baghdad, Iraq,** hereby agree to accept the sum of **$15,000.00** (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 20 September 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition 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 said incident. This release and 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 a raid conducted by US Forces on 20 September 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 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.

Dated this 4th day of August 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature

Name: (b)(6)

Address: Section:

Street:

House:

Baghdad, Iraq

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

W

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

W

REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

AFZN-BC-JA Claim of (b)(6), 07-I92-T086

ACTION

1. Facts: Claimant states that on 20 September 2006, US Forces ran over her husbands vehicle and killed him.

2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.

3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action: Pay this claim in the amount of $15,000.00.

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

CPT, JA
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO
ATTENTION OF:

AFZN-BC-JA

Claim of Khalida Esmael Ibrahim, 07-I92-T086

ACTION

1. Facts: Claimant states that on 20 September 2006, US Forces ran over her husbands vehicle and killed him.

2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.

3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action: Pay this claim in the amount of $15,000.00.

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

CPT, JA
FCC I92

Claims Form
طلب تظلم

Name:_ (b)(6) _____ الأسم:

Address:_____ (b)(6) _____ العنوان:

Phone Number _ (b)(6) _____

I am

a. A national citizen of: Iraq _____ أنا أحمل جنسية:

b. A permanent resident of: The above address _____ ب. عنواني الدائم:

c. Employed by: _____ / _____ ت: أعمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Addr

Foreign Language Text

أنني أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابت التى نجمت من:(المنظمة , الوحدة العسكرية)

The property damaged is 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.)

Death of her husband
car damage too.

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

My claim arose at: Karad Alsharqa Bakhdad - Iraq.
(Town) (City) (Country)

تظلمي قدم في: القرية المدينة البلد أو المحافظة

CENTCOM 010650
07-I92-T086-00010

My claim arose on: Sep (Month) 20 (Day) 2006 (Year)

تظلمى قدم فى: _____

السن يوم شهر

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.)

The claimant said that while her husband was driving his vehicle coming back to his home. he encounted American stroker coming on adverse direction and run over the vehicle caused a fatal accident and he killed. car damaged.

بإختصار أشرح ما حدث والأضرار التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

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
Death of her husband	12000
Car damag	11200
Total:	23200

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة: _____

CENTCOM 010651

07-I92-T086-00011

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

insurance -

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

/

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

$ 23 200 I.D. 29 000 000 -

أطالب بتعويض للأضرار يوازى (أكتب بالدولار الأمريكى أو العملة المحلية)

_____ Foreign Language Text ___ العملة المحلية _ Foreign Language Text _$

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمى طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة فى هذا اتظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 24 day of July, 2007.

(Signature of Witness)

(Printed Name)

CLAIMS SUPPORTING DOCUMENTS CHECKLIST

_____ PROOF OF OWNERSHIP ✓

_____ RECIEPTS X

_____ DIAGRAM ✓

_____ POLICE REPORT ✓

_____ STATEMENTS ✓

_____ PICTURES ✓

_____ U.S. NOTE (Claim Card) ✓

_____ HOSPITAL REPORT X

_____ JUDICIAL DECISION X

_____ DEATH CERTIFICATE ✓

_____ MEDICAL REPORTS (U.S. OR IRAQI) X

_____ DIVISION OF PROPERTY FROM THE COURT X

_____ CLAIM AMOUNT ✓

_____ LETTER FROM DAC (DISTRICT ADVISARY COUNCIL)

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, IRAQ
APO AE 09361

FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I, (b)(6), of **Baghdad, Iraq,** hereby agree to accept the sum of **$** (b)(6) U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 20 September 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** caused by coalition 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 said incident. This release and 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 a raid conducted by US Forces on 20 September 2006.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 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.

Dated this 4th day of August 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature
Name: **Khalida Esmael Ibrahim**
Address: Section:
Street:
House:
Baghdad, Iraq

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

Witness Signature

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

Witness Signature

Claims Form
طلب تظلم

Name:_____ الأسم:_

Foreign Language Text

Address:_____ العنوان:_

I am

أنا

a. A national citizen of:_____ أ. أحمل جنسية:____

b. A permanent resident of:_____ Foreign Language Text ب. عنوانى الدائم:___

c. Employed by:_____ ت: أعمل لدي: ____

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

_____

_____

أننى أتظلم لدى حكومى الولايات المتحدة للأضرار و الإصابات التى نجمت من:(المنظمة، الوحدة العسكرية)

The property damaged is 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.)

_____

_____

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

_____

_____

My claim arose at: _____
(Town) (City) (Country)

_____ Foreign Language Text _____ القرية تظلمى قدم فى:

Same form in English

CENTCOM 010655
07-I92-T086-00015

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

_____

_____

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

_____

_____

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

$_____ I.D._____

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكى أو العملة المحلية)

$_____ العملة المحلية _____

I (have/ have not) previously filed a claim relating to the incident described above.

سابقا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمى طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة فى هذا اتظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(b)(6) _____ (b)(6) _____

Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this _____day of_____, 200_____.

_____

(Signature of Witness)

_____

(Printed Name)

My claim arose on: _____
Month Day Year

Foreign Language Text

تظلمى قدم فى:_ _____
السن يوم شهر

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.)

_____
_____
_____
_____

بإختصار أشرح ما حدث والأضرار التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

_____
_____
_____
_____

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

Total: _____

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة: _____

Foreign Language Text, (b)(6)

the statement

In the claimant her husband killed by
vehicle accident, sharked Compensation for car/husband

Foreign Language Text

The paper confirm the vehicle belong to the family they bought it in (b)(6)

Foreign Language Te

ign Language

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text

The wit
accide
down

Foreign Language Text, (b)(6)

wrote

Foreign Language Text

The claimant ~~went~~ Complain the U.S.A in police center
beause they killed her husband when the Stryker
Crashed and run over his vehicle.

Foreign Language Tex

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 22 redacted for the following reason:
- -
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

The claimant asserts [illegible]
[illegible] of the (b)(6) documents.

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

the report from hospital / the cause of

Foreign Language Text

the Death were bleeding strokes /

CENTCOM 010664

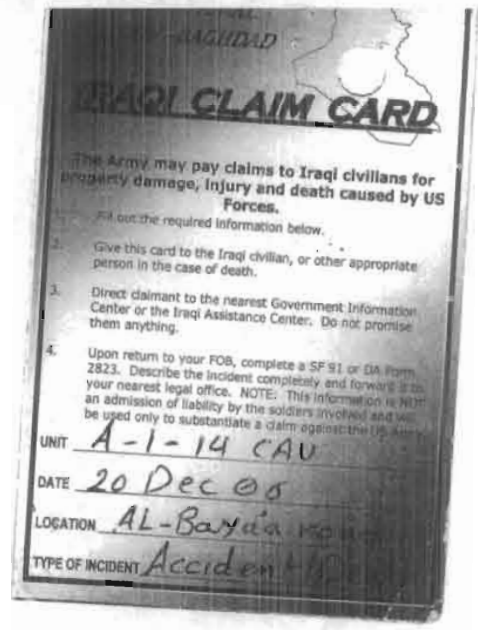
07-I92-T086-00024

Foreign Language Text, (b)(6)

Death Certificate

Foreign Language Text, (b)(6), Illegible Text

Illegible Text, Foreign Language Text, (b)(6)



MULTINATIONAL DIVISION - 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 A-1-14 CAV

DATE 20 Dec 05

LOCATION AL-Bayda [illegible]

TYPE OF INCIDENT Accident [illegible]

MULTINATIONAL DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضرار جسدية من إصابات إلى أخره، أو موت لا سمح الله لأحد من الأقرباء، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
للتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الأتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو التسليم، وإثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورخصة السياقة أن كنت تحمل رخصة).
الرجاء إحضار هذه المستمسكات إلى مركز المساعدة العراقي في معسكر الناجي بوابة كلر، البوابة الهندية في معسكر فالكون، الحمودية في معسكر هاب، معسكر هوك، معسكر كالسو، معسكر دوك.
أو أحد المراكز الحكومية، الثورة أو مدينة الصدر، نيمان الرشيد، الرصوفية، الرسالة، الأمانات، الكرخ الأعظمية، الكرادة أو سبع البور.

ملاحظة: إستلام هذا الكارت (المستمسك) لا يعني الدفع المؤكد.

وشكراً لتعاونكم معنا

Foreign Language Text, (b)(6), Illegible Text

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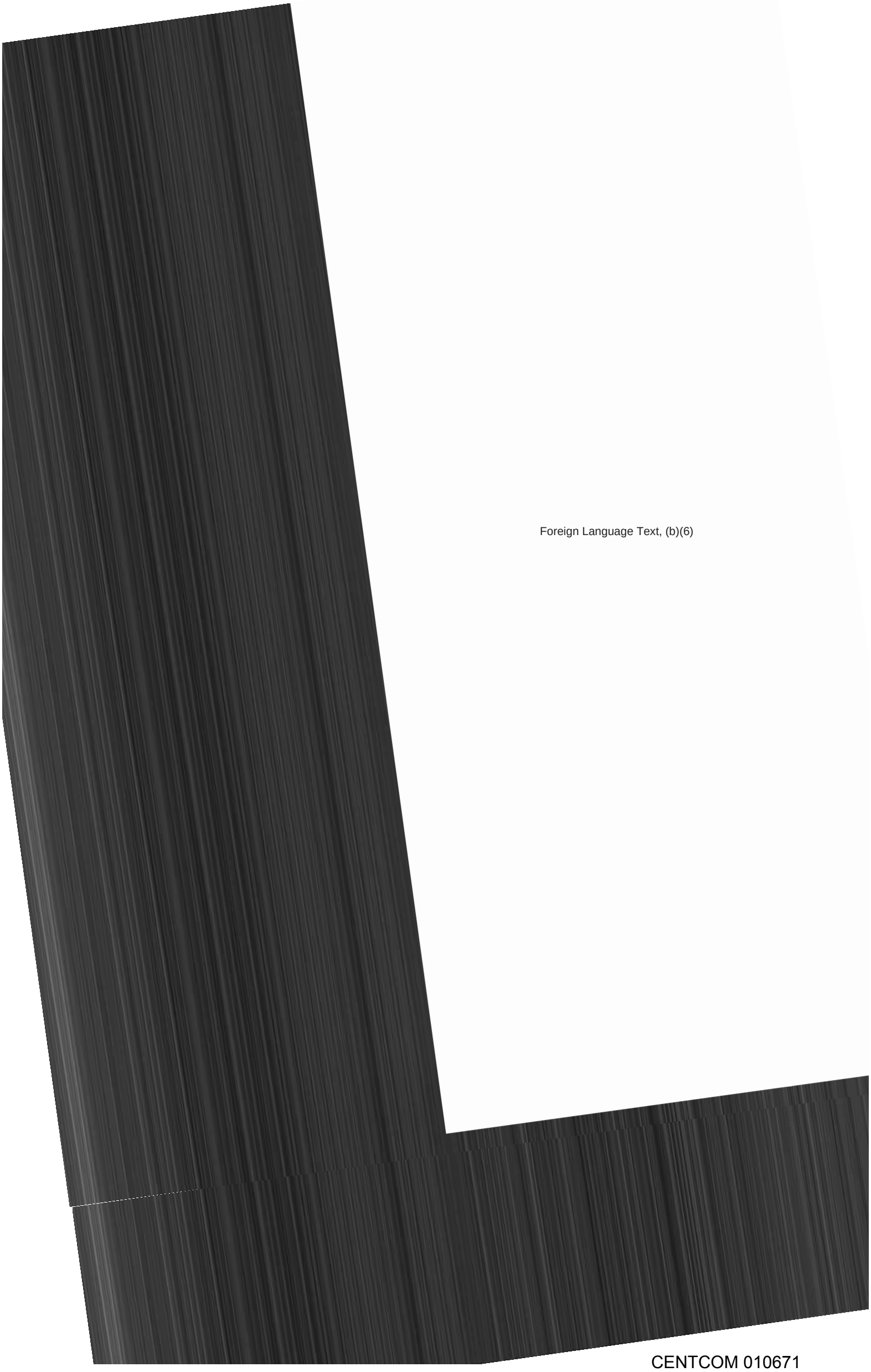

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