

(b)(6)

T-009  
113M-9  
15 - Aug - 87

CENTCOM 015435

07-IH1-T009-00001

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

Vehicle  
Accident

App \$6,000

6-W-511

Foreign Language Text

CENTCOM 015436

07-IH1-T009-00002



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
Headquarters and Headquarters Company  
3d Brigade Combat Team, 101st Airborne Division (Air Assault)  
Camp Striker, Iraq APO AE 09322

AFZB-KC-JA

02-Nov-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [redacted] (b)(6)

07-IH1-T009 / 113m-9

1. Facts.

The claimant alleges US Forces caused a vehicle accident which led to his mothers death and the total loss of his vehicle.

Claimant has requested \$10,000.00

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 \$6,000.00

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

[redacted] CPT, JA  
3)(b) Claim Attorney IH1

CENTCOM 015437

07-IH1-T009-00003

<small>Revised Form 1024 (24) Revised October 1987 Department of the Treasury 1750-4-0009 1024-121</small>		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		DATE VOUCHER PREPARED <b>02-Nov-07</b>		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE		PAID BY <b>15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
PAYEE'S NAME AND ADDRESS CLAIM #: 07-IH1-T009 (b)(6) Baghdad				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM TO WEIGHT				GOVERNMENT OR NUMBER		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	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.				\$6,000.00
<small>(Use continuation sheets if necessary)</small>						TOTAL \$6,000.00
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 \$ (b)(3),(b)(6)	EXCHANGE RATE = \$1.00	DIFFERENCES		\$6,000.00
		TITLE: <b>SFC, US Pay Agent</b>		(b)(3),(b)(6)		\$6,000.00
<small>Payee must sign in the space provided, or the name of the person signing 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.</small>						
		SFC (b)(3),(b)(6)		Disbursing Agent		
ACCOUNTING CLASSIFICATION (b)(2) High \$6,000.00						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	(b)(6)			
		\$6,000.00				

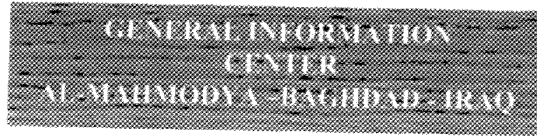
When stated in foreign currency, insert name of currency.  
 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title.  
 When a voucher is received on the behalf of a company or corporation, the name of the person making 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.

**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 amount to be paid. Failure to furnish this information will render discharge of the payment obligation.

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07-IH1-T009-00004





## G.I.C Opinion About Claims

Claim No. : 113M - 9

Claimant name:

(b)(6)

1. The Claimant doesn't have a claim card
2. The claimant was confused because of the accident and his mother's death

He couldn't ask for a claim card but he just took the number (A43) on the side door of MNF vehicle.

-----  
We leave the case to you to decide.

With all due respect

(b)(6)

MIMC Manager

(b)(6)

Sep-19<sup>th</sup> -2007

CENTCOM 015440

07-IH1-T009-00006





**AL\_Mahmodia Claim Department**



**"THE CLAIM'S CONTAINS"**

The Claimant name:-

(b)(6)

- Few photos for the car.....
- Copy of receipts for the fixing the car damaged.....
- A letter from Mr. (b)(6) explains the accident.....
- Copy of driving authorization document from the Traffic Department.....
- Copy of (b)(6) resident card and head staff card for the claimant and his mother.....
- Copy of death certificate for the claimant's mother showing the cause of death in a homicide bleeding caused by car hit her in head and body.....

(b)(6)

**AL\_Mahmodia Claim Department**

Date:- 17. Sep. 2007.....



Claims Form

To: United States Army Foreign Claims Commission  
From: Name: (b)(6)  
Address: Iraq - Baghdad (b)(6)  
Region:

- I am
- a. A citizen and national of: Iraq
  - b. A permanent resident of: Iraq - same address - above
  - c. Employed by: KBR company
  - d. Check one ( ) An insurer (x) Not an insurer
  - e. Check one ( ) A subrogee (x) Not a subrogee

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

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.)

My claim arose at: (b)(6) Baghdad Iraq  
(Town) (City) (Country)  
My claim arose on: Aug 15 2007  
(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 21/May 2007 I was parking my car on the side of the road in (b)(6) region after I finish my visit to Al Najaf to have some rest. M.I.F. Company pass ( (b)(6) ) They driving fast The fourth vehicle hit my car badly caused big damages in my car and death to my mother she was still inside the car one of the soldiers step out and apologized

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~~but he didn't give me any thing but I took the number on the door (A43). I ask for compensation.~~

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

M/F Vehicle hit the claimant's car (april

Vectava dark blue license No.

(b)(6)

caused death to his mother and damages in his car.

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- the value of the car	\$ 5000, -
2- death of his mother	\$ 5000, -
3-	
4-	
5-	
6-	

Total: \$ 10000, -

I was insured to the following extent against the damager 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)

\$ 10000, - local 12,500,000, - ID

(Sig) (b)(6)

Subscribed before me this 15 day of Aug, 2007.

(Print Name)

(Signature)

(b)(6)

Page 10 redacted for the following reason:  
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(b)(6), Foreign Language Text

To: Whom it may concern,

From:

(b)(6)

Sir,

I can not recall the dates. I can however give you a sequence of events. (b)(5) came to me with the help of an interpreter and explained that his auto had been hit by an American military vehicle. What do I do. We went to the embassy TOC, and asked where (b)(6) needed to file a report. The TOC directed us to camp victory or if he could wait for two weeks there was an office opening up in the convention center in the IZ. After three weeks, (b)(6) and I went to the convention center. We were directed to the right side of the building to a desk operated by an Iraqi person who spoke to (b)(6) gave him all of his pictures and a report was made. Some time after this we were installing the exhaust system at ocean cliff. (b)(6) took me to one of the offices in the complex. I explained the advents of above to the lady for (b)(6). She asked us to return later. Upon our return she explained to us that she was unable to locate any report and (b)(6) would have to start over.

(b)(6)

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07-IH1-T009-00011

## SETTLEMENT AGREEMENT

### إتفاقية تسوية وإعفاء

طلب # 07-IH1-T009  
113m-9

أنني (b)(6)  
من Baghdad  
أوافق هاهنا على قبول مبلغ مجموعه \$6,000.00

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية  
ضباطها ووكلائها وعاملها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ  
5/21/2007 أو نحوه والمرتب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعني ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعاملها  
من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا  
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة 'إن  
وجدت' أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملكات أو أية إصابات أو وفيات نتجت عن هذه  
الحادثة

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد  
تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10 'قانون الولايات المتحدة 2734' وعليه فيجب ألا يؤول  
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها  
وموظفيها .

(b)(6)  
DATE 14 Nov 07  
Foreign Language Te  
(b)(6)  
Foreign Language Te  
b(6), Foreign Language Tex  
4 Nov 07

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07-IH1-T009-00012

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Foreign Language Text


(b)(6)

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CENTCOM 015474

07-IH1-T009-00040

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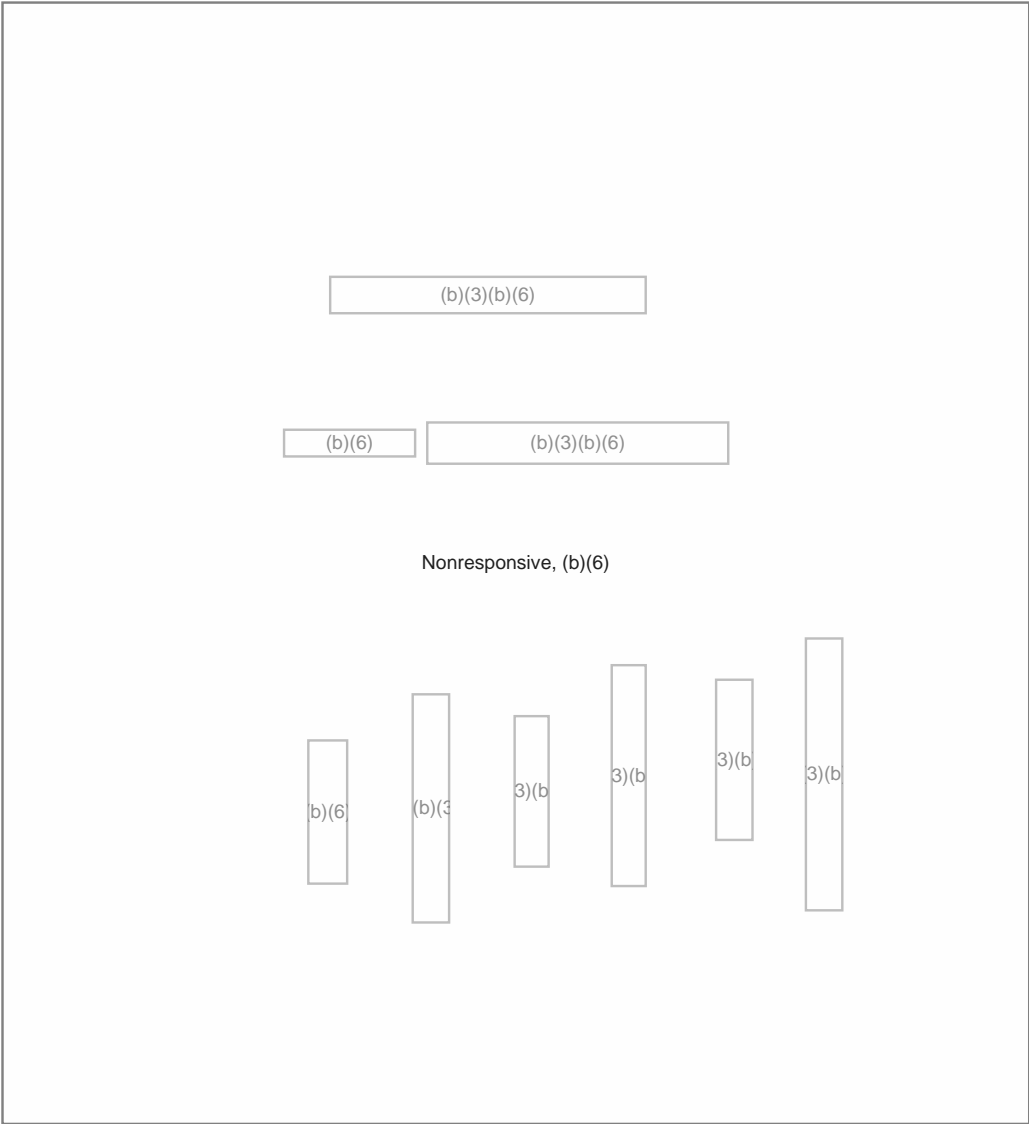
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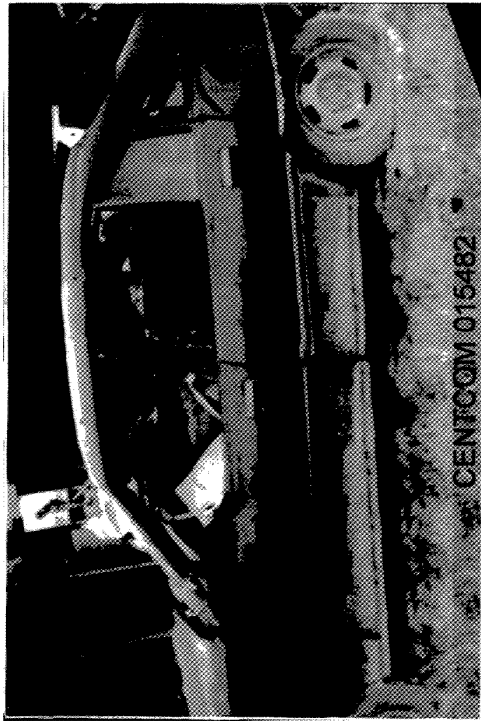
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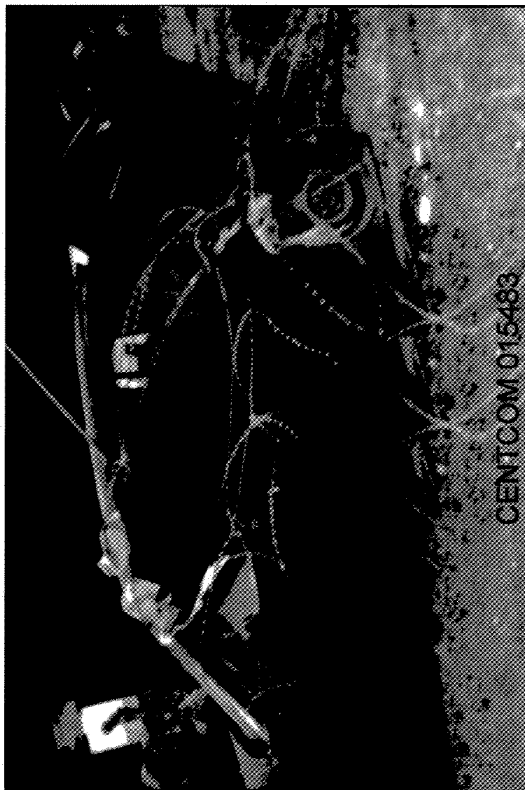


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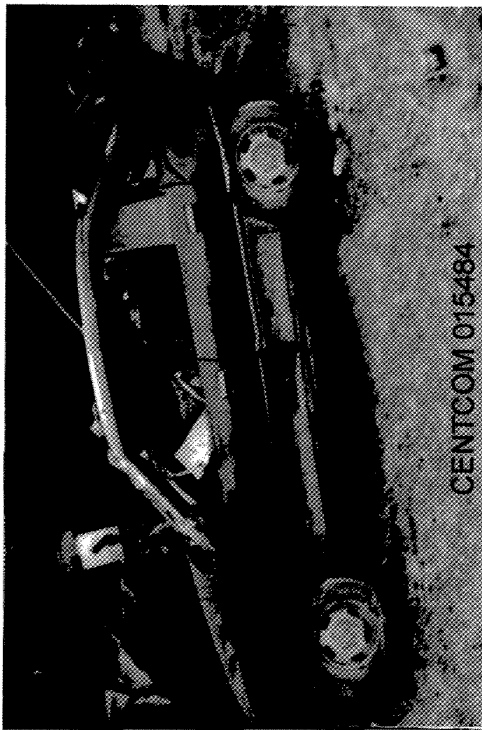


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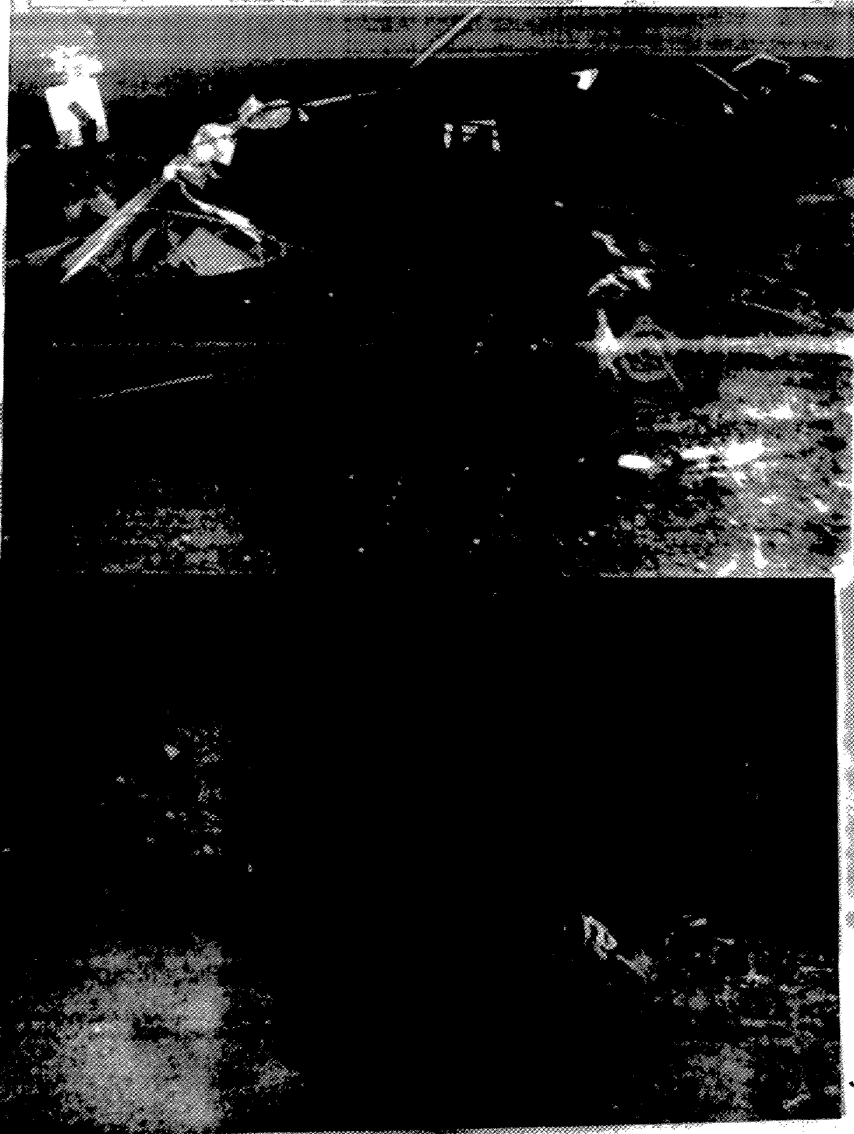
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CENTCOM 015484

07-IH1-T009-00050



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