

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

Dam Home (Building)

App. 10K

7-114

(b)(6)

121M-10

CENTCOM 015587

07-IH1-T114-00001

27033

(b)(6)

121M-10

CENTCOM 015588

27034

07-IH1-T114-00002

Foreign Language Text

CENTCOM 015589

27035

07-IH1-T114-00003



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team  
101st Airborne Division (Air Assault)  
Camp Striker, Iraq, APO AE 09322

AFZB-KC-JA

06-Feb-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
07-IH1-T114 / 121m-10

1. Facts.

The claimant alleges that U.S. aircraft bombed his house destroying it, injuring his wife and daughter, and killed his son.

Claimant has requested \$15,000.00

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 \$10,000.00

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

CPT, JA  
(3)(b) Claim Attorney IH1

CENTCOM 015590

27036

07-IH1-T114-00004



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team

101st Airborne Division (AASLT)

Camp Striker, Iraq, APO-AE 09322

06-Feb-08

Foreign Claims Commission IH1

RE: Claim # 07-IH1-T114 / 121m-10

(b)(6)

Baghdad

Dear Claimant:

You have submitted a claim seeking compensation for the damage to your personal property. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for the damage to your personal property. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 3rd Infantry Division Claims Office will compensate you for your losses in the amount of \$10,000.00

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

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

Captain, US Army  
(b)(3)(b)(6) Claims Attorney IH1

CENTCOM 015591

27037

07-IH1-T114-00005

Standard Form 1034 (EG) Revised October 1997 Department of the Treasury 1 TFM 4-2000 1034-121		<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 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>			10 DATE VOUCHER PREPARED <b>06-Feb-08</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS <b>CLAIM #: 07-IH1-T114</b> (b)(6) <b>Baghdad</b>			CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE		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 <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
		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.				<b>\$10,000.00</b>
(Payee must NOT use the space below)						<b>TOTAL \$10,000.00</b>
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>(b)(3),(b)(6)</b>	EXCHANGE RATE  =\$1.00	DIFFERENCES		
		TITLE: <b>SFC, US Pay Agent</b>	Amount verified correct for <i>(Signature or initials)</i>		<b>\$10,000.00</b>	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment						
		<b>1LT</b> <b>(b)(3),(b)(6)</b>	<b>Disbursing Agent</b>			
		<i>(Date)</i>	<i>(Authorized Certifying Officer)</i>		<i>(Title)</i>	
ACCOUNTING CLASSIFICATION						
<b>(b)(2)High</b>				<b>\$10,000.00</b>		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE		
	<b>\$10,000.00</b>			<b>(b)(6)</b>		
					PER	
					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

CENTCOM 015502

27038

07-IH1-T114-00006

# SETTLEMENT AGREEMENT

## إتفاقية تسوية وإعفاء

07-IH1-T114 # n Languag

121m-10

(b)(6), Foreign Language Text

Baghdad .angu

أوافق ها هنا على قبول مبلغ مجموعه \$10,000.00

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  
6/15/2007 أو نحوه والمرتبب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي 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 بالممتلكات 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 .

DATE

توقيع الشاهد الأول WITNESS SIGNATURE

(b)(6)

Language Tex

DATE

توقيع الشاهد الأول WITNESS SIGNATURE

CENTCOM 015593

27039

07-IH1-T114-00007

T-114

# CLAIMS LOG

AMOUNT CLAIMED: 15k \_\_\_\_\_  
CLAIMANTS NAME: \_\_\_\_\_  
DATE CLAIM SUBMITTED: 1 NOV 07 <sup>(b)(6)</sup> \_\_\_\_\_  
DATE OF INCIDENT: 15 Jun 07 \_\_\_\_\_

PARALEGAL RECOMMENDATION: \_\_\_\_\_

FCC ACTION:     DENY             APPROVE             OTHER

\$15,000

COMMENTS / REMARKS:  
\_\_\_\_\_  
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"THE CLAIM'S CONTAINS"

The Claimant name: (b)(6)

(b)(6)

- Report from (b)(3)(b)(6) C.P.T. B. BAT. R. 2-15. FA/2  
 . BETA AMTN. airplane the accident details.....
- Copy of death certificate for the claimant's son.....
- Note: .....  
 we asked for copy of Iraqi ID from the claimant. But till now we did not receive it.....
- Copy of the photos for the claimant's dead son and his brother and documents of his brother and his daughter.....
- Copy of the claimant's documents Iraqi ID, Res. Card, resident card.....
- .....
- .....
- .....

(b)(6)

AL Mahmodiah Claim Department

Date: 30/06/2007



**Claims Form**

To: United States Army Foreign Claims Commission

From: Name (b)(6)  
Address (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Iraq - same address above
- c. Employed by: \_\_\_\_\_
- 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 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: Mahmadiyah Baghdad Iraq  
 (Town) (City) (Country)

My claim arose on: Oct 27<sup>th</sup> 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 15/Jan/2007 MNF attacked my  
house by Air strike and destroyed my  
house and injured my wife and daughter  
and siblings and burned and killed my  
son (b)(6) I ask for compensation with  
all due respect.

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

MNF attacked the claimant's house by Air strike and destroyed his house and killed his son and injured his wife and daughter

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- damages of the house	\$ 15,000
2-	
3-	
4-	
5-	
6-	

Total: \$ 15,000

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)

\$ 15,000 local 19,000,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this \_\_\_ day of \_\_\_, 200\_\_.

(Print Name)

(b)(6)

(Signature)

Pages 12 through 13 redacted for the following reasons:

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

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

(b)(3),(b)(6) **MSG CAT TM LDR A/478 CA/2BCT, 10MTN**

**From:** (b)(3),(b)(6) CPT B BAT BC 2-15 FA/2BCT, 10MTN  
**Sent:** Thursday, October 11, 2007 2:20 PM  
**To:** (b)(3),(b)(6) MSG CAT TM LDR A/478 CA/2BCT, 10MTN; (b)(3),(b)(6) CPT Govt  
A/478 CA 2 BC Γ, 10 MTN  
**Subject:** Condolence Payment  
**Attachments**

(b)(6) (b)(6) (b)(2)High(b)(6) (b)(6)  
(b)(6) (b)(6)

MSG,

I had a gentlemen come in today with his kids to talk to me about a condolence payment from a big firefight of ours on the 15JUN. I have attached all the information that I had and that he gave me concerning the matter. The facts are:

1. The oldest boy sustained shrapnel wounds and had to have exploratory surgery to look for more damage. He still has some shrapnel in his arm...I felt it.
2. The middle boy was killed.
3. The youngest girl was burned. The pictures of her are a little emotional.
4. The wife sustained wounds as well but he didn't have pictures of her because she's a woman.
5. Their home was pretty much destroyed.
6. The picture of their car doesn't look that bad, but he says it doesn't work anymore.

AQI had taken refuge in their home, with their weapons when (b)(2)High engaged the house. Unfortunately, the family was in the home when this happened.

COL (b)(3)(b)(6) said he would escort them up to MMD for their payment.

Let me know when or if we can take care of this.

Thanks.

3)(b)

(b)(3),(b)(6)  
CPT, FA  
Commander B/2-15  
PB Lutifyah, Iraq  
VOIP 674-7501

1 claim for house

1 claim for car

1 claim for condolence payment

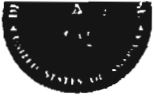
10/16/2007

CENTCOM 015600

27045

07-IH1-T114-00014

Foreign Language Text, (b)(6)



# AMBULANCE DIRECTION/PATIENT SUMMARY



Foreign Language Text, (b)(6)

Name of Patient:

Patient Number:

(b)(6)

Plan/Recommendations:

- 1) General Surgery
- 2) See DC Summary

Hospital Location: Baghdad Teaching  
Medical City

Hospital Directions: \_\_\_\_\_

Foreign Language Text

On behalf of the 28<sup>th</sup> Combat Support Hospital, special thanks for assistance in the transfer of Iraqi patients to host nation facility for further care. We highly appreciate your support and further management of this case.

CENTCOM 015602

27047

07-IH1-T114-00016

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Pages 18 through 24 redacted for the following reasons:  
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Already Reviewed and Redacted for Release

# Benefit Inquiry

## 11 1200 OCT 07

➤ Father:

(b)(6)

(b)(6)

➤ Noted that is daughter & son received burns, shrapnel and injuries which were sustained while being in between CF & AIF firefight on 15 JUNE 07.

(b)(6)

- Noted that a second son was killed.
- They are requesting condolence payment from CF for death of child, injuries to the children and to the mother, and for the home and vehicle.

Page 26 redacted for the following reason:  
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Already Reviewed and Redacted for Release

(b)(3),(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 to substantiate a claim against the US Army.

UNIT Bravo 2-15 FA

DATE 19 Oct 07

LOCATION (b)(2)High

TYPE OF INCIDENT Loss of House

**MULTINATIONAL  
DIVISION - BAGHDAD**

**IRAQI CLAIM CARD**

السلام عليكم ورحمة الله وبركاته

أخى العواطين الكريمة مقبل الأضرار التي لحقت بك ، سواء كانت اضرار جسدية من اصابته الى اضره ، أو موت لا سمح الله لأحد من الأقرباء ، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.

لتقديم ببلاغ و المطالبة بحقوق الرجاء احضار الآتي ، هذه البطاقة وهويتك المفدية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صوره للحادث، شهادة الشهود، تقرير الشرطة ، وإيصالات بالإستلام أو التسليم ، وثبات الملكية لما حطم أو تضرر ولما تحصل ان تحصل على تعويض عنه ، و رخصة السياقة ان كنت تحصل رخصة)

الرجاء احضار هذه المستندات الى مركز المساعدة العراقي في معسكر التاجي بولاية كركوك ، البوابة الهندية في معسكر فالكون ، المعصودية في معسكر فاب ، معسكر هوك ، معسكر كاسو ، معسكر دوك .

أو احد المراكز الحكومية الثورية - أو مدفعية الصدر - 9 نيسان - الرشيد الرضوانية - الرصافة - الأمات - الفرخ الاعظمية - الامردة - أو سبع البور.

ملاحظة : إمتلاك هذا الكرت (المستندات) لا يضمن النفع المؤكد.

وشكرا لتعاونكم معنا

CENTCOM 015613

07-IH1-T114-00027



CENTCOM 015614

07-IH1-T114-00028

27053



CENTCOM 015615

27054

07-IH1-T114-00029



CENTCOM 015616

07-IH1-T114-00030

27055



CENTCOM 015617

07-IH1-T114-00031

27056





CENTCOM 015618

07-IH1-T114-00032

27057



CENTCOM 015619

07-IH1-T114-00033

27058



CENTCOM 015620

07-IH1-T114-00034

27059

Page 35 redacted for the following reason:

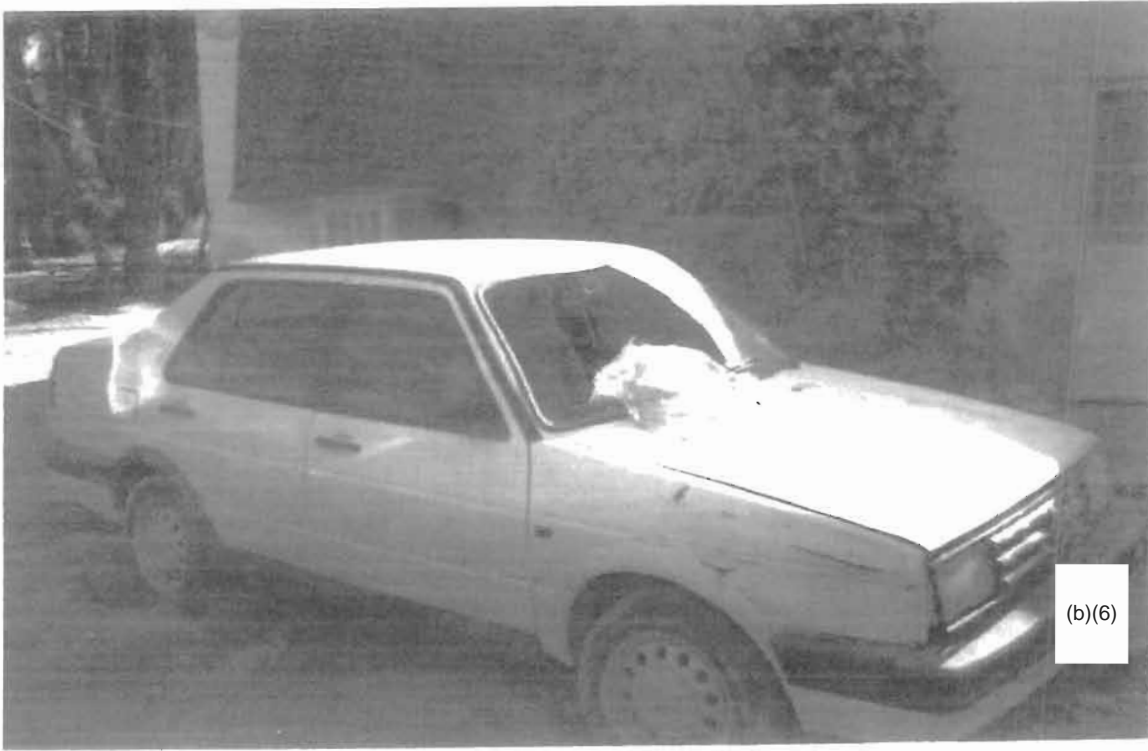
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(b)(6)

(b)(6)

CENTCOM 015622

27061

07-IH1-T114-00036



CENTCOM 015623

27062

07-IH1-T114-00037