

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

[Redacted]

(b)6 Foreign Language

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(b)(6)

2-017-15
080000

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0175

USARCS NUMBER: 08-0100

Date Received: 3/25/2008 12:00:00 AM

FL 4627C
FL 4686C

Name: (b)(6)

Address: (b)(2)High Iraq, (b)(6)

Claim Summary: Claimant's husband killed by vehicle accident involving C.F.

Date of Incident: 10/18/2007 12:00:00 AM

Amount Requested: \$12000.00

(b)(5), (b)(2)High

Notes:

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

she is coming
in Saturday
2/11/08

(b)(3)(b)(6)
(b)(2)High

Standard Form 1034 (EG) Revised October 1997 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 HQ, 4th Infantry Division Office of the Staff Judge Advocate APO AE 09352			10 DATE VOUCHER PREPARED 16 April 2008		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY 13th Finance Group Camp Liberty, Iraq APO AE 09352 DSSN: 5579	
			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
CLAIM #: 116/08-0100					DISCOUNT TERMS	
PAYEE'S NAME (b)(6) (b)(2)High Baghdad, Iraq (b)(6) (b)(6)					PAYEE'S ACCOUNT NUMBER	
AND ADDRESS						
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.				\$6000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$6000.00
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	EXCHANGE RATE	DIFFERENCES		
		= \$	= \$1.00			
		BY:			Amount verified correct for	\$6000.00
		TITLE			(Signature or initial)	(b)(3)(b)(6)
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
APR 19 2008		(b)(3), (b)(6)	(b)(3), (b)(6)	CPT, JA		
(Date)		(Authorized Signatory/Signer)			(Title)	
ACCOUNTING CLASSIFICATION						
(b)(2)High						
SSG, U.S. Army Foreign Claims Pay Agent						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE	PAY	(b)(6)		
	\$ \$6000.00					
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.					PER	
					TITLE	

Previous edition usable

NSN 7540-00-900-2234

(b)(6)

(b)6 Foreign Language

Claim# 2-017-5

Date: 7th Feb 2008

GICof / (b)(6)

To: United States Army Foreign Claims Commission.

Claimant Name: (b)(6) Relationship: The Victims wife

National of: Iraqi Claimant's Address: Neighborhood: (b)(6)

Q: (b)(6) St#: (b)(6) H#: (b)(6) Ph: (b)(6)

Have you filed a claim before? Yes NO

Damage type: Death Injury Car House Furniture Other

Place of incident: St. Near Baquba Bus-station Town: Al-Mastal

City: Baghdad Country: Iraq

Date of incident: Time: 3:30 PM Day: 18th Month: Oct. Year: 2007

Give a brief statement of the accident or incident.

Her husband was crossing the road when an American vehicle ran him over and caused death to him. The American vehicle was coming wrongside.

Did you receive a claims card from the military unit that caused the incident?

Yes No They didn't stop

List in detail the value of the property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills)

Item	Amount: \$	Amount: ID
Death	12,000.00	/
	/	/

Total: 12,000.00 U.S.D

List of attached document.

Identity	<input checked="" type="checkbox"/>	House document	<input type="checkbox"/>
Certificate of Nationality	<input checked="" type="checkbox"/>	Car document	<input type="checkbox"/>
Ration card	<input checked="" type="checkbox"/>	Claim card	<input checked="" type="checkbox"/>
Residence card	<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>
Picture	<input type="checkbox"/>		
IP Report	<input type="checkbox"/>		
Certificate of death	<input checked="" type="checkbox"/>		

Signature of claimant: (b)(6)

Date: 7th Feb 2008

Print Name: (b)(6)

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheets if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0000

1. Submit To Appropriate Federal Agency:

306th RCT Legal Office
Camp Loyalty, Iraq
APO AE 09390

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse) (Number, street, city, State and Zip Code)

(b)(6)

(b)(6)

3. TYPE OF EMPLOYMENT

MILITARY CIVILIAN

4. STATE THE BASIS

(b)(6)

5. MARITAL STATUS

Widow

6. DATE AND DAY OF ACCIDENT

18th Oct., 2007

7. TIME (A.M. OR P.M.)

3:30 PM

8. Basis of Claim. (State in detail the amount, extent and nature of damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

My husband was crossing the road when an American vehicle was coming wrong side ran him over and caused death to him

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

Same as above.

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

U.S. Forces murdered my husband.

10. STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, THOUGH PERTAINING TO THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

11. NAME

ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

12,000.00

12,000.00 U.S.D

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGE TO PROPERTY AND PERSONAL INJURY OR DEATH FROM THE ACCIDENT ABOVE AND I AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)

(b)(6)

13b. Phone number of signatory

14. DATE OF CLAIM

7th Feb 08

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3720.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 292, 1001.)

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-05)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

USAFF-VI 00

Foreign Language Text, (b)(6)

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Page 9 redacted for the following reason:

(b)6 Foreign Language

Foreign Language Text, (b)(6)

(b)6 Foreign Language

Report :

Brain CT without contrast:

Evidence of 2 small intracranial parenchymal
hematoma in the anterior part of left parietal lobe.

Evidence of hemorrhage in the frontal and Rt.

Ethmoidal sinuses.

Normal ventricles, no mass effect or n

No definite fracture could be detected.

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nanks.

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Dr:

(b)(6)

(b)6 Foreign Language

Foreign Language Text

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

UNCLASSIFIED//FOUO

قوة معام بوسيا مخسة المطالبية



يحق لك المطالبة وتلقي بعض من الأضرار المالية
الإصابة - شأن الحوادث التي تقع في الأراضي العراقية
على التسمية وتلقي مبلغا من الأضرار المالية
التي تحصلها وتلقي حيازة الأوراق المالية وغيرها
التي تحصلها وتلقي حيازة الأوراق المالية وغيرها
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UNCLASSIFIED//FOUO

IRAQI CIVILIANS POCKET CARD

IF YOU ARE INVOLVED IN AN INCIDENT RESULTING IN PROPERTY DAMAGE, INJURY AND/OR DEATH, YOU MAY BE ELIGIBLE FOR A CLAIM. CONTACT THE FOLLOWING FOR MORE INFORMATION:

1. Fill out the required information below.
2. Give this card to the first witness or the appropriate person in the case of death.
3. Direct claimant to the nearest Government of Iraq office or to the nearest Iraqi Consulate in the area of the incident.
4. Upon return to your CO, complete and submit the claimant completely and forward it to your nearest Iraqi Consulate or to the nearest Iraqi Consulate in the area of the incident. The claimant should be used only to substantiate a claim and not as evidence.

DATE 18 Oct 01

LOCATION (2) Hig

UNIT 31st MP CO/159th MP BN

TYPE OF INCIDENT Hit by Convoy Vehicle

Page 13 redacted for the following reason:

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Foreign Language Text, (b)(6)