

2-032-5

(b)(6)

Foreign Language Text

8-0/55

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

FOREIGN CLAIMS COMMISSION COVER SHEET

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

Claim Number: 2.0325

USARCS NUMBER: 08-0153

Date Received: 4/4/2008 12:00:00 AM

HB 0828F
0887F

Name: (b)(6)

Address: (b)(6) Baghdad, Iraq. (b)(6)

Claim Summary: Claimant's son killed in a vehicular accident involving C.F.

Date of Incident: 6/1/2007 12:00:00 AM

Amount Requested: \$22000.00

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

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

Notes:

Valid Claims card. I try to call
\$6,000 for the car, but not
she not answer?
30 June 08

(b)(5)

CERP CONDOLENCE CONSIDERATION

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

Sep. 09. 08

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

Are well coming
in Thursday.

Form as of: 20 Aug 06

Date entered into USARCS Database: _____

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

(b)(6)

Foreign Language

Foreign Language

(b)(6)

Foreign Language Text

*The car type of
toyota sielam blue color
Nombor
Full Damay / below
Not running
we cant Repair*

*Bayheded
umur, Nombor
...*

Standard Form 1034 (25) Revised October 1987 Department of the Treasury 1 FPM 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 BDE, 10th MTN DIV Office of the Staff Judge Advocate APO AE 09352			10 DATE VOUCHER PREPARED 17 June 2008	SCHEDULE NO.		
PAYEE'S NAME Bahdad, Iraq. (b)(6)			CONTRACT NUMBER AND DATE	PAID BY 13th Finance Group Camp Liberty, Iraq APO AE 09352 DSSN: 5579		
AND ADDRESS (b)(6)			REQUISITION NUMBER AND DATE	DATE INVOICE RECEIVED		
CLAIM #: I15/08-0153			DISCOUNT TERMS			
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>	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.				\$6000.00
(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 BY: _____ TITLE _____	EXCHANGE RATE = \$ _____	DIFFERENCES		
Pursuant to authority vested in me, I certify that the above information is true and correct for payment.		Amount verified (Signature or initials)		(b)(3),(b)(6)		
<u>23 Jun 08</u> (Date)		(b)(3),(b)(6)		(b)(3),(b)(6) CPT, JA		
(b)(2)High		(b)(3),(b)(6)		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	(b)(6)			
	\$ \$6000.00			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

Claims For

(b)(6)

Claim# 2032-5

Date: 12th Mar 2008

GICof / 9 NISSAN

To: United Stat

(b)(6)

Claimant Name

ie victim's mother

National of: Iraqi Claimant's Address : Neighborhood

(b)(6)

(b)(6)

Have you filed a claim before? Yes NO

Damage type: Death Injury Car House Furniture Other

Place of incident: St. Near Al-Muthana Police station Town. Zeona

City. Baghdad Country. Iraq

Date of incident: Time 11:00 AM Day: 1st Month: June Year: 2007

Give a brief statement of the accident or incident.

An American Tank came wrong side crushed her son's car and caused death to him, full damage to his car.

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	f
full damage to the car	10,000.00	

Total 22,000.00 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 checked="" type="checkbox"/>
Ration card	<input checked="" type="checkbox"/>	Claim card	<input checked="" type="checkbox"/>
Residence card	<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>
Picture	<input checked="" type="checkbox"/>		
IP Report	<input type="checkbox"/>		
Certificate of death	<input checked="" type="checkbox"/>		

(b)(6)

Signature of claimant

Date: 12th March 2008

Print Name - (b)(6)



CLAIM FOR DAMAGE
CLAIMANT'S STATEMENT

REMARKS: Please indicate by check whether the claimant is a U.S. citizen or resident alien, and if so, provide the date of birth and the date of arrival in the United States. If the claimant is a U.S. citizen or resident alien, the claimant must be a U.S. citizen or resident alien at the time of the loss. The claimant must be a U.S. citizen or resident alien at the time of the loss. If the claimant is a U.S. citizen or resident alien, the claimant must be a U.S. citizen or resident alien at the time of the loss.

FORM 100-10
OCT 2003
1103-101

Name of Agency, State, Federal Agency: **32nd RCT Legal Office**
 Name, Address of claimant and claimant's personal representative, if any: **Camp Loyalty, Iraq**
PO AB 06390

(b)(6)

1. TYPE OF EMPLOYMENT: MILITARY CIVILIAN
 2. DATE OF LOSS: **15th June, 2007** 11:00 AM
 3. OCCASION: **M.**

4. Basis of Claim (State in detail the manner in which the loss occurred, the damage, injury, or death, identifying persons and property involved, the place of occurrence and the space thereof (Use additional pages if necessary).)
An American tank came wrong side crushed my son's car caused death to him, full damage to his car.

5. PROPERTY DAMAGE
 NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)
Same as above.

6. BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE RECOVERED. (Use instructions on reverse side.)
U.S Forces murdered my son, destroyed his car.

7. PERSONAL INJURY, PERSONAL DEATH
 STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEASED.

8. ENTITLEE
 NAME ADDRESS (Number, street, city, State, and Zip Code)

9. AMOUNT OF CLAIM (In dollars)
 12a. PROPERTY DAMAGE: **10,000.00**
 12b. PERSONAL INJURY: **12,000.00**
 12c. WIDOWHOLD DEATH: **22,000.00 U.S.D**
 12d. TOTAL (Failure to specify may cause forfeiture of your rights)

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND DAMAGES CAUSED BY THE ACCIDENT ABOVE AND I AGREE TO ACCEPT SAID AMOUNT AS FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side) (b)(6) (b)(6)
 14. DATE OF CLAIM: **12, Mar, 08**

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM: Any person who knowingly presents a fraudulent claim to the United States for the sum of \$2,000, also shall be liable to the United States for the sum of \$10,000 or imprisonment for not more than 5 years or both. (18 U.S.C. 875)
 FEDERAL PENALTY FOR PRESENTING FRAUDULENT CLAIM: Any person who knowingly presents a fraudulent claim to the United States for the sum of \$2,000, also shall be liable to the United States for the sum of \$10,000 or imprisonment for not more than 5 years or both. (18 U.S.C. 875)

STANDARD FORM NO. 100-10
 PREPARED BY DEPT. OF JUSTICE
 20 OCT 14.2



Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Death certificate

Certificate Number

(b)(6)

Republic of Iraq
Ministry of Health

original date: 1 June 07

1. The Dead Name and tripe.

(b)(6)

2. Sex: M

3. Nationality: Iraqi

4. Religion: Muslim

5. Occupation: free job

6. Marital Status: Single

7. Date of birth: (b)(6)

8. Place of birth: Baghdad

9. Residence: ? Side of (b)(6)

10. Date of death: Time 5:16 PM Jun 2007

11. Place of death: Hill

12. Dead Father's Name (b)(6)

13. Dead Mother's Name

14. Position of Death: crashing airplane with coalition forces

Dr address: Al-Anbari Rashid Tustic

Dr Name: (b)(6)

I am the Dr # Sign (b)(6)

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

قيداً عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الضرر التي لحقت بك، سواء كانت بشرية
جماعية من إصابات أو أضرار، أو موت لا سمح الله لأحد من الأقرباء، وكان
السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
للتقدم ببلاغ والمطالبة بحقوقك الرجاء إحضار الآتي، هذه البطاقة وهويتك
للخبرة مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل
(صور للعائد، شهادة الشهود، تقرير الشرطة، ورسائل بالإستلام أو
التسليم، وإثبات الملكية لما حطم أو تضرر وما تحاول أن تحصل على تعويض
عنده، ورفضة الميلافة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستندات إلى مركز المساعدة العربي في معسكر
التحري بولاية كتر، البوابة الهندية في معسكر فالكون، العمودية في معسكر
فاب، معسكر هوك، معسكر كالسو، معسكر دوك.
أو إرسالها إلى الحكومة العراقية أو مدينة السليمان الرشيد.
الرسالة المرسلة الأمثلة الكونغ العظيمية الكرادة أو سبع البور.

ملاحظة: هذا الكرت (لمستند) لإبني لشفع المركز.
وشكراً لتعاونكم معنا.

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 93 or SA 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 1st PHT cte 2-325

DATE 1 June 2007

LOCATION (b)(2)High

TYPE OF INCIDENT ACCIDENT

(b)(6)

7-158 FORCE
30000000

IRAQI CLAIM CARD

سلام عليكم ورحمة الله وبركاته

نحن القوات الأمريكية نطالب الأضرار التي لحقت بك - سواء كانت
أضرار جسدية من إصابات في لفرء - أو موت - لا سمح الله لأحد
الجنود - وكان سبب وراء ذلك قواتنا الأمريكية - فلا يكون لك الحق
في التعويض.

للكثير بلاغ والمطالبة بذلك فريضة بمسار الأثر. هذه المنطقة هي
المعنية مع كل الأورق الرسمية لمنطقة بهذا الأمر والتي تسمى المنطقة
مثل (مسور للعقد، شيداء الشيوء، توير بتروءة، ووصول بالإسكان
أو التسيء، وإليات الملكية لما خطر أو الضرر وأما الحق، أن تحصل
على التعويض هذه، ورخصة لمنطقة إن كنت تعمل في المنطقة.

فريضة بمسار هذه للمنطقة في مركز المساعدة العربي في مسكر
القاضي (Camp Taji) بوية كتر (Gunner Gate)، بوية الهدوء في
مسكر الفكون (Camp Falcon)، المحمدية في مسكر الفب (FDB
Mahmudiyah)

أو أحد أحد المركز المتكونة القوية - 9 نيسان - كاتلمية - الرشيد
- المنصور - الرضوانية الرحيلة - الأمانك - الكرخ - اعطية
كودنا أو سمع فور.

ملاحظة: يمتلك هذا القرب والمستمسك (لا يطى القاب فريضة
وشكر المتواضع منا

7-158 FORCE
30000000

IRAQI CLAIM CARD

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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 95 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 1-71 CAU

DATE 2 MAY 2006

LOCATION FOB JUSTICE

TYPE OF INCIDENT ACCIDENTAL DEATH

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



(b)(6)

08-0153-00017

27620



27621

08-0153-00018