

(b) Foreign Language

(b)(6)

2-040-5

08.02.11

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0405

JSARCS NUMBER: 08-0211

Date Received: 6/15/2008 12:00:00 AM

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

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

25016
26006

Name: (b)(6)

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

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

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

Amount Requested: \$30000.00

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

Notes:

Valid claims card inside

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

Nov 17, 08

file coming

in Tuesday

CERP CONDOLENCE CONSIDERATION

(b)(2)High

Foreign Language Text, (b)(6)

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

تسليم طلبكم لرجعة الضرر

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضراراً جسدية من إصابات أو جرح، أو موت لا سمح الله لأحد من الأقارب، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض. للتقدم بسبب ذلك والمطالبة بحقوقك الرجاء احضار الآتي: هذه البطاقة وهويتك الشخصية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، ووسائل الإعلام أو التسليم، وثائق الملكية لما حمله أو تسور، وما تحاول أن تحصل على تعويض عنه، ورجعة المسألة إن كنت تحمل رجعة).

الرجاء إحضار هذه المستندات إلى مركز المساعدة العراقي في معسكر التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، الجمودية في معسكر قلب معسكر هوك، معسكر كالمر، معسكر دوك.

أو أحد المراكز الحكومية، الثورة أو مدينة الصفر، نيمان الرشيد، الجمودية، الرضا، الأمانات الكرخ الأعظمية، الكرادة أو سبع البيوت.

الرجاء، بكتابة هذا كارت (المستند) ليهي للرفع المعزك.

و شكرًا 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 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 ECO9TH EN

DATE 12 DEC 07

LI (b)(2)High

TYPE OF INCIDENT Car Accident/Death Baghdad and Sons

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 11 November 2008 CONTRACT NUMBER AND DATE REQUISITION NUMBER AND DATE	SCHEDULE NO. PAID BY 13 th Finance Group Camp Liberty, Iraq APO AE 09352 DSSN: 5579
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CLAIM #: 116/08-0211 PAYEE'S NAME: (b)(6) (b)(2) High Baghdad, Iraq. (b)(6) AND ADDRESS	DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER
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SHIPPED FROM	TO	WEIGHT
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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.				\$10000.00
TOTAL						\$10000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

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: = \$1.00	DIFFERENCES: _____	Amount verified, correct for: (Signature or initials)
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Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

NOV 12 2008 <i>(Date)</i>	(b)(3), (b)(6) <i>(Authorized Signatory Officer)</i>	(b)(3), (b)(6) CPT, JA Claims Judge Advocate <i>(Title)</i>
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ACCOUNTING CLASSIFICATION

2192020 22-0204 P135198.00-4200 VIRQ F1202 S99999 APC: 0232(RA)

(b)(3), (b)(6)
SSG, U.S. Army
Foreign Claims Pa

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	(b)(6)
	CASH	DATE	
	\$ 10000.00		

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.

(b)(6)

Claims Form

Claim#: 20405

Date: 27 May 2008

GICof / 9 NISSAN

To: United States / Foreign Claims Commission

(b)(6)

Claimant Name: (b)(6)

Relationship: The victim's wife's mother

National of: Iraqi Claimant's Address: Neighborhood

(b)(2)High

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 camp Loyalty Town: Baladiah

City: Baghdad Country: Iraq

Date of incident: Time 5:00 PM Day: 12th Month: Dec Year: 2007

Give a brief statement of the accident or incident.

Her husband was driving his car when an American patrol came wrong side but his and flipped it over caused death to her husband, her son, caused full damage to the car.

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

Her husband was working in Yes No

(b)(2)High

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

Item	Amount: \$	Amount: ID
Death 2 Persons	24,000.00	
Full damage	6,000.00	

Total 30,000.00 U.S.D

List of attached document:

Identity 3	<input checked="" type="checkbox"/>	House document	<input type="checkbox"/>
Certificate of Nationality	<input checked="" type="checkbox"/>	Car document	<input checked="" type="checkbox"/>
Passport	<input checked="" type="checkbox"/>	Claim card	<input checked="" type="checkbox"/>
Residence card	<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>
Picture	<input type="checkbox"/>		
IP Report	<input type="checkbox"/>		
Certificate of	<input checked="" type="checkbox"/>		

(b)(6)

(b)(6)

Date 27 May, 2008

FOR THE POLICE DAMAGE
PROPERTY CLAIMS

INSTRUCTIONS: Please read carefully the instructions on the reverse side of this form. Information requested
on this form is for the use of the FBI and is not to be released to the public without the written instructions.

FD-204 (Rev. 11-15-83)
OMB No. 4410-1040

Responsible Agency and Field Office:

10th ACF Legal Office
Camp Loyalty, Iraq
APO AE 09590

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

1. TYPE OF EMPLOYMENT EMPLOYEE <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> FOREIGN <input type="checkbox"/>	2. MARITAL STATUS Widow	3. DATE AND TIME OF ACCIDENT 12 Dec 2007	7. TIME (A.M. OR P.M.) 5:00 PM
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8. STATE IN DETAIL the known facts and circumstances attending the damage, injury, or death, including persons and property involved, the place of occurrence and the cause thereof (Use additional pages if necessary.)

My husband was driving his car when an American patrol came wrong side hit his car and flipped it over caused death to her husband and her son and caused full damage to the car.

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

Same as above.

10. 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, my son, caused full damage to his car.

11. 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.

11. WITNESSES	
NAME	ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse)

12a. PROPERTY DAMAGE: 61,000.00

12b. PERSONAL INJURY:

12c. WRONGFUL DEATH: 24,000.00

12d. TOTAL (Failure to specify may cause forfeiture of your rights.): 30,000.00 U.S.D.

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

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side): (b)(6)

14. DATE OF CLAIM: 27 May 08

15. CIVIL PENALTY FOR FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: (b)(6)

16. (b)(6)



STANDARD FORM 85 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 APR 14-2

Foreign Language Text, (b)(6)

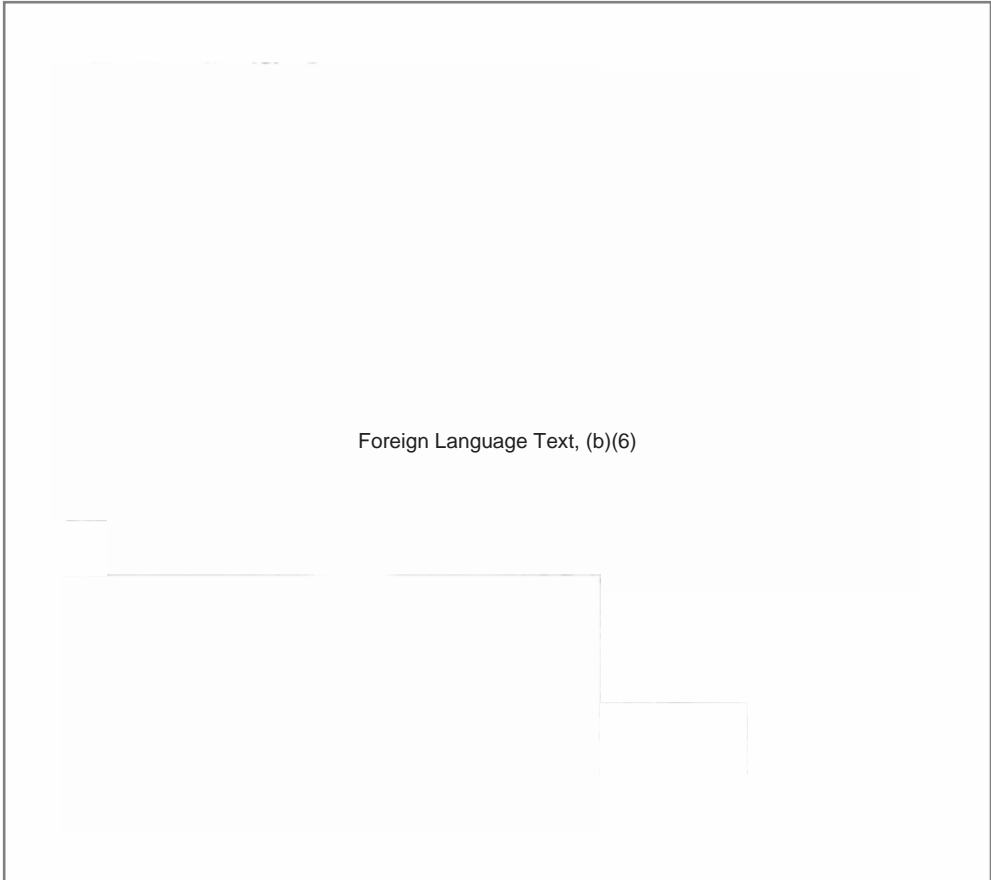
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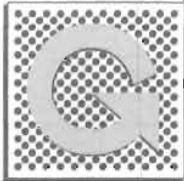
Page 12 redacted for the following reason:

(b)6 Foreign Language

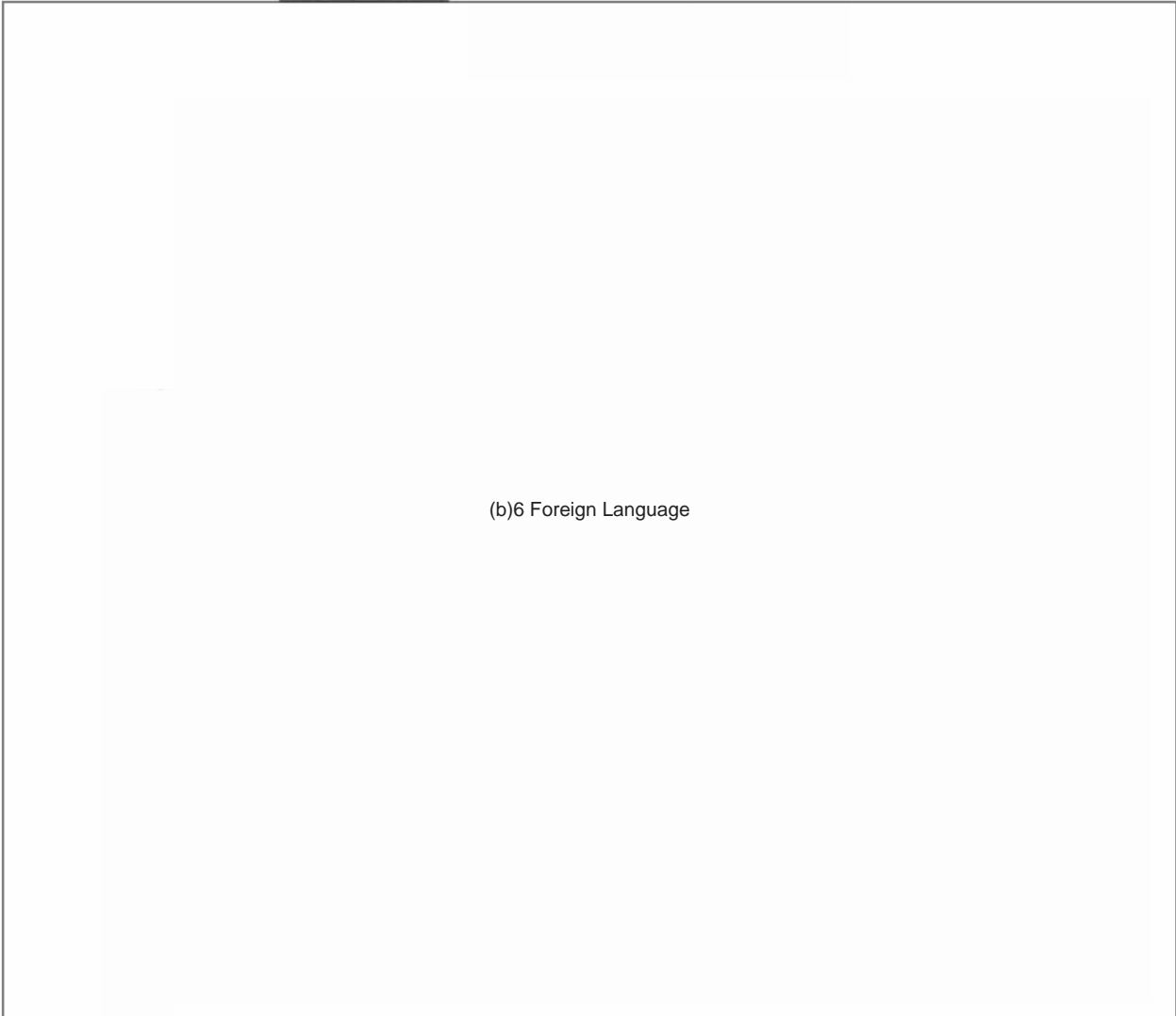


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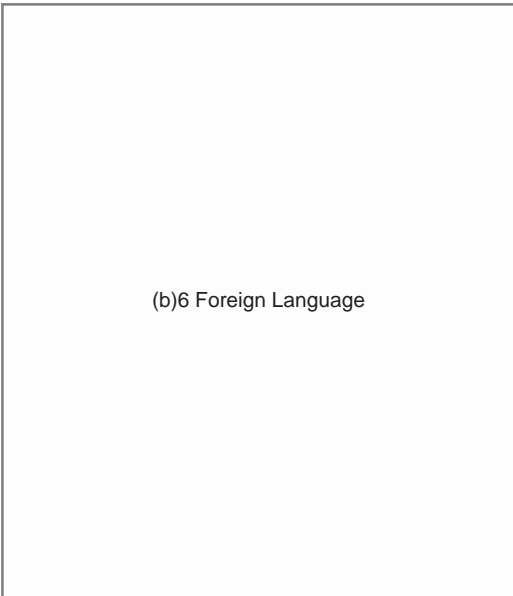
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(b)6 Foreign Language

Prince Al Saoud Building - 2nd Floor - Beirut - Lebanon
+(961-1) 345635 - 750640, Fax: +(961-1) 349552
E-mail: graphitel@cyberia.net.lb

CENTCOM 020153

27654

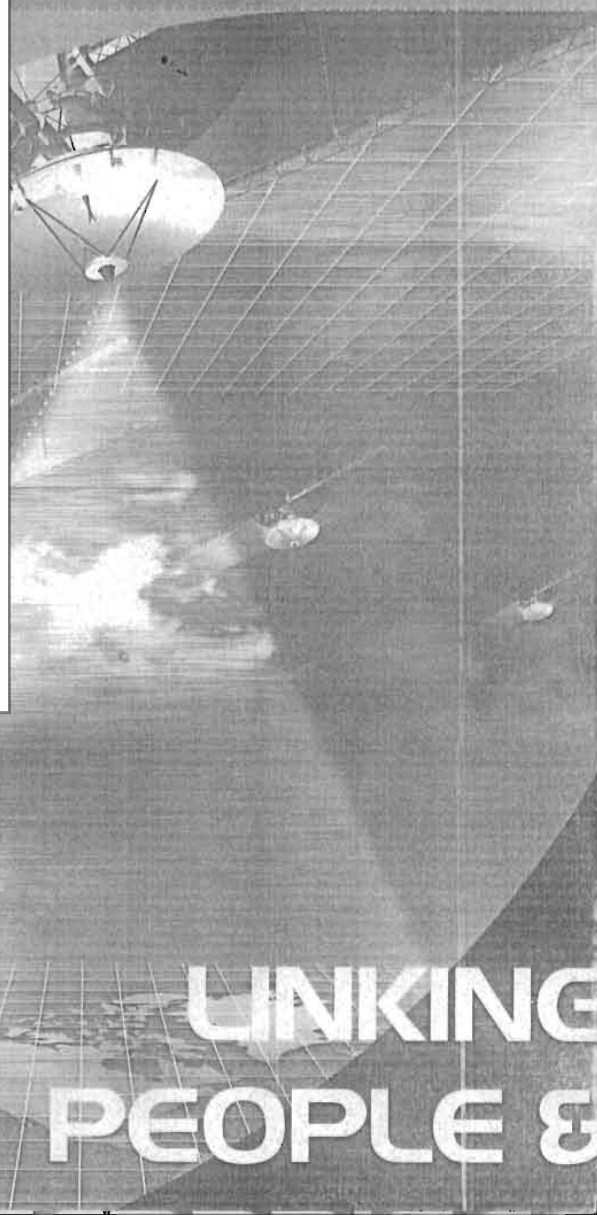
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(b)6 Foreign Language



LINKING
PEOPLE &

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