

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

(b)(6)

CENTCOM 016132

08-IH1-T060-00001

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

Vehicle Accident

- Claim \$10,000 -

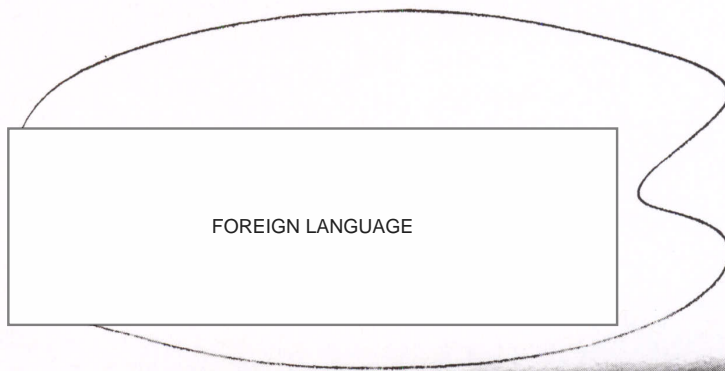
Foreign Language Text

1016133

08-IH1-T060-00002

Vehicle Accident

- Claim \$10,000 -



CENTCOM 016134

08-IH1-T060-00003

| | | | |
|---|--|---|---|
| DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN 5579 | | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | VOUCHER NO. DATE PREPARED 23-Apr-08 |
| CLAIM #: 08-IH1-T060 | | PAYEE'S NAME AND ADDRESS (b)(6) | PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579 |

| NUMBER AND DATE OR ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | 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. | | | \$10,000.00 |
| TOTAL | | | | | \$10,000.00 |

(Payee must NOT use the space below)

| | | | |
|--|-----------------------|----------------|-------------|
| PAYMENT | APPROVED FOR | EXCHANGE RATE | DIFFERENCES |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | \$5 (b)(3), (b)(6) | \$1.00 | \$10,000.00 |
| SFC, US Pay Agent (b)(3), (b)(6) | | (b)(3), (b)(6) | |

23 APR 08

Foreign Claims Commission IK5

(Authorized Certifying Officer)

(b)(2)High 10,000.00

| | | | |
|--------------|-----------------------------|--------------|-------------------|
| CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of Bank) |
| PAID BY | CASH | DATE | 23 Apr 08 |
| \$10,000.00 | | (b)(6) | |

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 51 U.S.C. 6304 and 5 U.S.C. 552, for the purpose of disbursing Federal money. The information requested is to identify the particular vendor and the amounts to be paid. Failure to furnish this information will hinder discharge of the government obligation.

CENTCOM 016135

08-IH1-T060-00004

Page 5 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

CLAIMS LOG

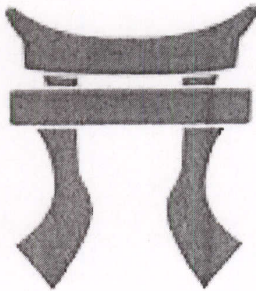
AMOUNT CLAIMED: 25000
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 1-3-08
DATE OF INCIDENT: 4-13-06

PARALEGAL RECOMMENDATION: _____

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:

CLAIMANT ALLEGES CF ~~SON~~ SET UP ROAD BLOCK
AND HER SON'S VEHICLE RAN INTO ONE OF THE
VEHICLES, RESULTING IN HIS DEATH.



CENTCOM 016137

08-IH1-T060-00006



AL Mahmudia Claim Department



189-N-1

"THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- Copy of death certificate for the claimant's son
- Copy of Iraqi I.D. for the claimant's son
- The car document
- Copy of the court reports from Babil court
- Copy of the diagram for the accident's place
- Copy of Iraqi I.D. for the claimant and his father. Cancel

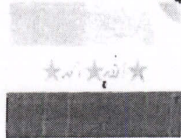
(b)(6)

AL Mahmudiah Claim Department

Date: 7/Jan/2008



189-N-1



Claims Form

To: United States Army Foreign Claims Commission
From: Name (b)(6)
Address: (b)(6)
I.D. number (b)(6)

- I am
a. A citizen and national of: Iraq
b. A permanent resident of: Same address above
c. Employed by:
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)
MNF

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: MMD (Town), Baghdad (City), Iraq (Country)
My claim arose on: Jan (Month), 3 (Day), 2008 (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 13/Apr/2008 My son died in car accident when the MNF closed the road from Baghdad to Babil, when his car hit one of the vehicles caused his death. I ask for compensation with all due respect.

189-N-1

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

the claimant's son got killed because
accident when the M.V.F suddenly closed
the road between Baghdad and Babil

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- death of my son | \$ 2500 |
| 2- | |
| 3- | |
| 4- | |
| 5- | |
| 6- | |

Total: \$ 2500

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)

\$ 2500 local 3000000 - 20

(b)(6)

(Signature of Claimant)

Subscribed before me this 3 day of Jan, 2008.

(b)(6)

(Print Name)

(Signature)

Claim for [redacted]

(b)(6)

on the date of 04.13.2006 my son ~~driving~~
during his driving on the highway
between Babilon and Mahavil due to
The cars accident caused by the Am.
forces which suddenly change its driving
lane from one lane to another which
led to hit my other truck which lead
to his death, I am asking compensation
for ~~3~~ Three million \$ equidivors
here by the (1) death certificate (2)
copy of the investigation papers (3) Car
registration (4) Personal I.D. with
respect

CENTCOM 016141

08-IH1-T060-00010

Pages 11 through 13 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Death certificate

Name:-

(b)(6)

Birth date:-

(b)(6)

Death date:- 04-12-2006

Cause of Death:- many injuries and broken bones.

CENTCOM 016145

08-IH1-T060-00014

Foreign Language Text, (b)(6)

CENTCOM 016146

08-IH1-T060-00015

Page 16 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Car certificate

Car No. [redacted]

(b)(6)

Color green

Model [redacted]

(b)(6)

Make Sangyoung Bus

The owner of the car name [redacted]

(b)(6)

The person have the authorization to
use it and get advantage of it is

[redacted]

(b)(6)

CENTCOM 016148

08-IH1-T060-00017

Pages 18 through 22 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Claim of the witness

Name:-

(b)(6)

On the date of the accident, I was in my way traveling from Baghdad to Babylon and across the bridge No. (18). The American forces closed the way to Baghdad and all the cars using ~~on~~ on line and as a result of that the accident happened which lead to the death of (b)(6) who driving a car Kia (astna) which make accident by the other car (truck) which both of them died at the time.

CENTCOM 016154

08-IHT-1060-00023

Foreign Language Text

Witness

(b)(6)

Foreign Language Text, (b)(6)

COM 016155

08-IH1-T060-00024

Pages 25 through 26 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

Foreign Language

Diagram

Foreign Language

Foreign Language

Foreign Language

Foreign Language

Foreign Language

Foreign Language

Foreign Language

Foreign Language

This is the car

This car belongs from the wrong way who got by the M.F.



Foreign Language Text, (b)(6)

CENTCOM 016158

08-IH1-T060-00027

Foreign Language Text, (b)(6)

CENTCOM 016159

08-IH1-T060-00028

Foreign Language Text, (b)(6)

CENTCOM 016160

08-IH1-T060-00029

Pages 30 through 39 redacted for the following reasons:

Already Reviewed and Redacted for Release
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016171

08-IH1-T060-00040



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

23-Apr-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T060 / 189n-1

1. Facts.

The claimant alleges that when CF closed down the road, her son's car hit one of the U.S. vehicles and he died.

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 \$10,000.00

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

CPT, JA
Claim Attorney IK5

CENTCOM 016172

08-IH1-T060-00041

Serial Number Accountability Record

The purpose of this form is to record the serial numbers on USD \$100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 23 Apr 08

PAY AGENT NAME: SFC (b)(3), (b)(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)
Print given name, father's name, grandfather's name, tribal name

Serial Number:

(b)(6) through (b)(6) and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____.

* Use additional forms if needed.

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T060 # [Redacted] Language
189n-1

(b)(6)

Language

\$10,000.00

Foreign Language Text

Foreign Language Text

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

DATE 23 APR 08

WITNESS SIGNATURE

Foreign Language Text

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

DATE 23 Apr 08

WITNESS SIGNATURE

Foreign Language Text

(b)(6)

(b)(6)

* Representative picked up pymt.

CENTCOM 016174

08-IH1-T060-00043