

08-IH1-T195

(b)(6)

SAF INJ/DAM

Deny, CORR, 2500

FOREIGN LANGUAGE

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

216-N-1

08IH1-T195

(b)(6)

SAF INJ/DAM
Deny, CRR, 2,500

CENTCOM 016283

28533

08-IH1-T195-00002

RAKKASAN CORRESPONDENCE CONTROL SHEET

Subject: CERP MEMO for (b)(6)	Date: 10 May 2008
From (Section): 3d BCT LEGAL	Suspense Date:

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

(b)(2)High, (b)(3)(b)(6), (b)(5)

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

(b)(6)

(b)(6)

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

(b)(6)

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

CPT, JA
Brigade Operational Law Attorney

Upon Completion Return to:

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08-IH1-T195-00003

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 3/21/2008 11:15:10 AM	ORDER NO.
--	-----------

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

PAYEE

(b)(6)

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00

AGENCY NAME AND BILLING ADDRESS* P 24th FMC A Camp Liberty, Iraq O APO AE 09344 R DSSN: 5579	TOTAL \$2,500.00 DISCOUNT TERMS DATE INVOICE RECEIVED
--	---

ORDERED BY (Signature and title)
 1LT (b)(3), (b)(6) PPO

PURPOSE AND ACCOUNTING DATA
 (b)(2)High

RECEIVED BY (b)(3), (b)(6) *for over-the-counter delivery of items*

TITLE CONDOLENCE PAY AGENT DATE 18 Jun 08

SELLER

PAYMENT RECEIVED \$2,500.00 PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6) (b)(6) DATE 18 Jun 08

Signature
 I certify that this account is correct and proper for payment in the amount of \$2,500.00

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

DIFFERENCES
 NONE
 ACCOUNT VERIFIED CORRECT FOR
 BY

PAID BY CASH DATE PAID 18 Jun 08 VOUCHER NO.

OR (Check No.)

*PLEASE INCLUDE STANDARD FORM 44A (Rev. 10-83)

(b)(6)

Page 5 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

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CLAIMS LOG

AMOUNT CLAIMED: \$3,500.00
 CLAIMANTS NAME: (b)(6)
 DATE CLAIM SUBMITTED: 27 DEC 07
 DATE OF INCIDENT: 7 SEP 05

PARALEGAL RECOMMENDATION: DENY - TOO OLD

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS: ^{clear slip}
Approve CER (b)(3)(b)(6)

CLAIMANT ALLEGES CF SHOT AT HIS BROTHER'S
VEHICLE, KILLING HIM & DAMAGING THE VEHICLE.
NO SIGACT
CLAIM IS OVER 2 YEARS OLD.





216-N-1



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 2 photos for the claimant's brother's case showing the shot's place in the ear
- copy of the death certificate shows the cause of death is a gun shot from the back
- copy of the death reservation for the claimant's brother
- copy of Iraqi ID card National Guard and residence card for the claimant
-
-

(b)(6)

Department

Date: 12.10.2008



216-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 Baghdad Iraq
(Town) (City) (Country)

My claim arose on: Dec 27 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 7/Sept/2005 at 5:00 PM My Brother was driving his car on the hagh way coming from Baghdad heading to Babil when MNF soldiers open fire forward his car caused death to him and damaged his car. I ask for compensation with respecte

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

MNF open fire and killed The claimant's
house at the high way from Baghdad to
Babil and damaged his car

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.)

<u>Item</u>	<u>Amount</u>
1- death of the claimant's brother	\$ 25.00
2-	
3- damages of his car	\$ 1000
4-	
5-	
6-	

Total: \$ 35.00

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)

\$ 35.00 local 5000000

(b)(6)

(Signature of Claimant)

Subscribed before me this 27 day of Dec, 2007.

(b)(6)

(Print Name)

(b)(6)

(Signature)

Pages 10 through 13 redacted for the following reasons:

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

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016297

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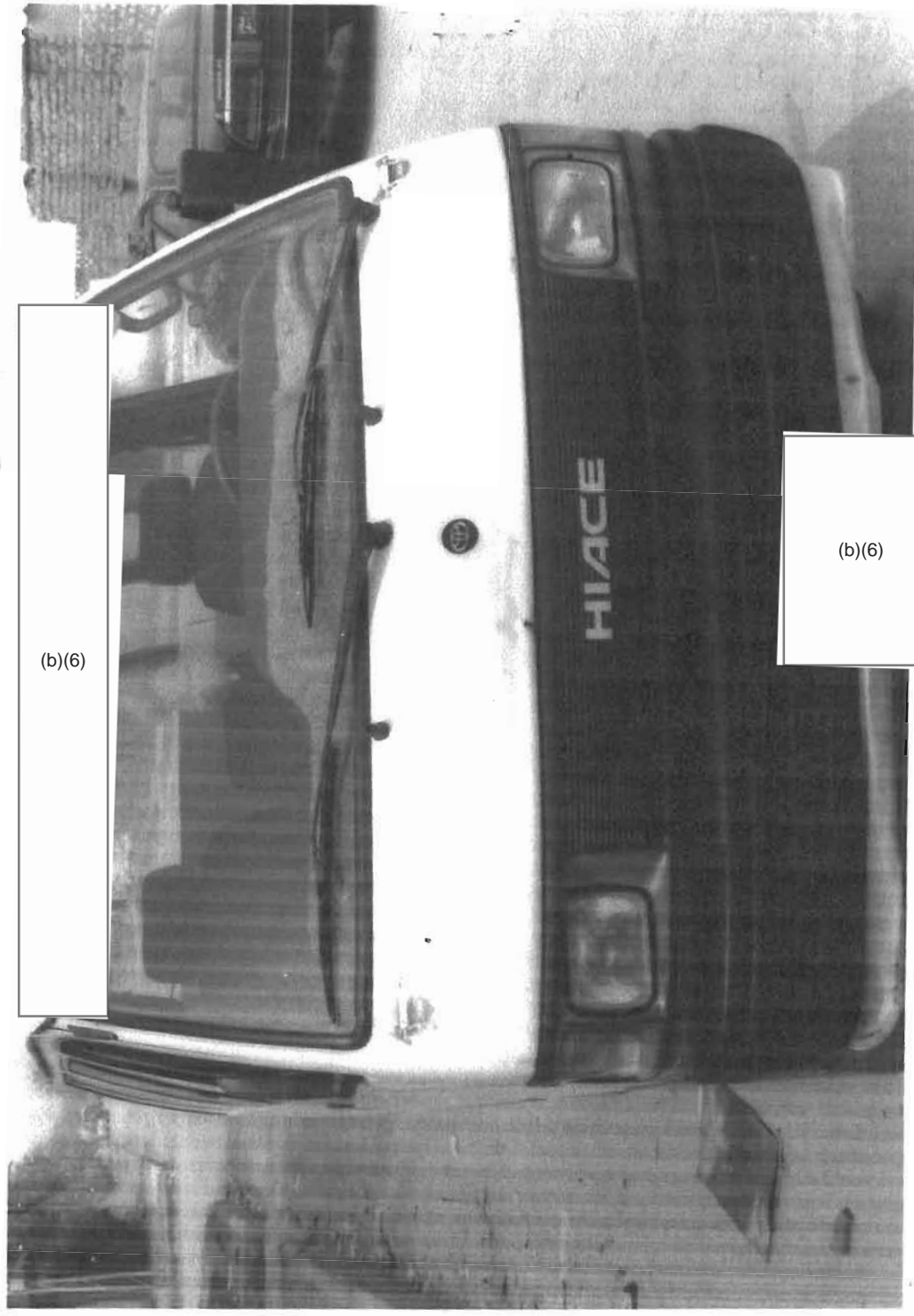
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08-IH1-T195-00017

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(b)(6)

(b)(6)



216-N-1

"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 2 photos for the claimant's brother's car showing the shots place in the car.
- copy of the death certificate shows the cause of death is a car shot from the back.
- Copy of the death reservation for the claimant's brother.
- Copy of Iraqi ID and National Guard card resident card for the claimant.
-
-

(b)(6)

Department

Date: 12/10/2008

Pages 20 through 25 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6)
Already Reviewed and Redacted for Release, Foreign Language Text
Already Reviewed and Redacted for Release, Foreign Language text
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016307

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Pages 27 through 28
redacted for the following
reasons:-----
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DOCUMENT, (b)(6)

(b)(6), Foreign Language Text

CENTCOM 016310

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08-IH1-T195-00029



(b)(6)

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08-IH1-T195-00030

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FOREIGN LANGUAGE

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(b)(6)

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