



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

## Claims Coversheet

Claim #: 108

Date Submitted: 01-21-08

### Claimant Information

Last Name: \_\_\_\_\_

Claimant Address: (b)(6) \_\_\_\_\_

Middle Name: (b)(6)

Claimant Contact Number: \_\_\_\_\_

First Name: \_\_\_\_\_

### Incident Information

- Vehicle Accident
- Loss of Property
- Raids/Cordon/Seizures
- Accident/Negligent Fires
- Real Property Damage
- Other

Incident Date: 11 March 2005

Incident Location: Tan

Amount Claimed: \$ 25,000

Estimates Included? YES NO

Claim Card or Note? YES NO

### Denial Reasons

(b)(2)High

### Investigation Notes:

11 PASSENGER BUS (KOREAN / DAEWOO)  
(b)(6) 12 OLD SON, NO WIFE / CHILDREN

*Have they been paid before?  
It's been 2 years since incident*

### Adjudication Notes:

PAID  
\$ 12,500 (10,000 BUS; 2,500 SON)  
16 FEB 08

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



DEPARTMENT OF THE ARMY  
HEADQUARTERS  
2ND STRYKER BRIGADE COMBAT TEAM  
CAMP TAJI, IRAQ APO AE 09378

Foreign Claims Commission IK4

16 February 2008

SUBJECT: Claim # 0108

Baghdad, Iraq

Dear Sir:

I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 2nd Stryker Brigade Combat Team claims office will compensate you for your losses in the amount of \$ 12500.00.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

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

CPT, JA  
Foreign Claims Commission

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1794-4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY HQ, 2nd Stryker Brigade Combat Team Office of the Command Judge Advocate  APO AE 09378</b>		10 DATE VOUCHER PREPARED <b>16 February 2008</b>		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE <b>P135198.00-4200</b>		PAID BY <b>24 Finance Management Company APO AE 09344 TAJI DSSN: 5579</b>		
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
PAYEE'S <b>CLAIM #: 0108</b>  <b>(b)(6)</b>  NAME AND ADDRESS <b>BAGHDAD, IRAQ</b>				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				<b>\$ 12500</b>
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						<b>\$ 12500</b>
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 * <b>SFC (b)(3),(b)(6)</b>  TITLE <b>2SBCT, 25ID FOREIGN CLAIMS PAY AGENT</b>	EXCHANGE RATE  -\$1.00	DIFFERENC		
		Amount verified, correct for <i>(Signature or initials)</i>				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
<b>16 Feb 08</b> <i>(Date)</i>		<b>(b)(3),(b)(6)</b>		<b>(b)(3),(b)(6) CPT, JA</b> <i>(Title)</i>		
		<b>(b)(2)High</b>				
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		IN (Name of bank)		
PAID BY <b>CASH</b> <b>\$ 12500</b>		DATE <b>16 February 2008</b>		<b>(b)(6)</b>		
				<b>(b)(6)</b>		
				TITLE		

Previous edition usable

NSN 7540-00-900-22

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 52b and 52c, 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.



Office of the U.S. Treasury Department Financial Attaché  
Embassy of the United States of America - Baghdad, Iraq



### 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 Iraqi recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this form with their original reconciliation file, and provide a scanned copy to

(b)(6)

DATE OF TRANSFER: 16 February 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 0108

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:  
(b)(6)

*Print given name, father's first name, grandfather's first name, tribal name*

\$100 note serial numbers:

<u>(b)(6)</u>	through	<u>(b)(6)</u>	and,
_____	through	_____	and,
_____	through	_____	and,
_____	through	_____	and,
_____	through	_____	and,
_____	through	_____	

\* Use additional forms if needed.  
SNAR Report

**2ND STRYKER BRIGADE COMBAT TEAM**  
**FOREIGN CLAIMS OFFICE**  
16 February 2008

**Claim Settlement/Witness Agreement**  
Claim # 0108

I hereby agree to accept the sum of \$ 12500<sup>(0000)</sup> .00 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred involving U.S. Forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from the said incident. This release / settlement specifically includes all current or potential claims including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents and employees.

(b)(6)

\_\_\_\_\_  
**Claimant's Signature**

Name:

Address: Baghdad, Iraq

I.D. Number: \_\_\_\_\_

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

\_\_\_\_\_  
Witness: Print and Sign

I.D. Number: \_\_\_\_\_

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

\_\_\_\_\_  
Witness: Print and Sign

I.D. Number: \_\_\_\_\_

**Title:** ESCALATION OF FORCE BY 25TH TC IVO BAGHDAD (b)(2)High 1X CIV WOUNDED

**Tracking Number:** IDLNO-52716278 **Report Precedence:** ROUTINE

**Classification:** SECRET **UNCLASSIFIED** REL TO USA, MCFI **UNCLASSIFIED**

**Reporting Unit Name:** Not Provided **Report Source:** Coalition

**Report URL:** (b)(2)High

**Unit Name Involved:** Not provided **Call Sign:** Not Reported

**Type of Involved Unit:** None Selected **Involved Unit Activity:** NONE SELECTED

**Incident Reported By:** Not Reported **Battlespace Lead:** Not Reported

**DTG of Incident (Local Time):** 2005-03-10 21:02:00.0 **DTG Posted (Local Time):** 2005-03-10 22:35:32.0

**DTG Updated (Local Time):** 2005-03-12 00:53:35.0

**MGRS:** (b)(2)High **Route:** UNKNOWN

**Province:** UNKNOWN **MSC:** 3 ID

**District:** Not Reported **AO:** Not Reported

**Event Type:** Friendly Action **Modes Of Attack:** Small Arms

**Event Category:** Other Defensive

(b)(2)High

**Summary:** AT 2102C, 3-156 IN REPORTS AN UNKOWN CONVOY WAS HEADED SOUTH ON (b)(2)High SHORTLY AFTER PASSING. B/3-156 MANNING CP57A REPORTED HEARING GUNSHOTS, UNIT AT (b)(2)High ALSO REPORTED HEARING GUNSHOTS AFTER THE CONVOY PASSED THEIR LOCATION. UNIT WENT TO INVESTIGATE AND DISCOVERED A CIV WITH A GSW TO THE NECK. 3-156 CALLED FOR A MEDEVAC. AT 2125C, MEDEVAC (b)(2)High OFF.

AT 110033CMAR05, THE CDR OF 3-156, REPORTED THAT WHILE ON THE SCENE AND ASSISTING IN THE MEDEVAC OF THE CIV, HE LEARNED THAT THE CONVOY THAT SHOT-UP THE CIV VEHICLE AND SHOT THE CIV IN THE NECK WAS FROM THE 13 CSB. THE CONVOY COMMANDER IS BASED AT CAMP SPEICHER AND WAS HEADING TO SCANIA ON THIS CONVOY. THE BN CDR OF 3-156IN ALSO REPORTED THAT A WITNESS REPORTED THAT VEHICLES WERE RAMMED BY US VEHS AND 5-6 OTHER VEHS WERE SHOT INTO FOR NO KNOWN REASON. UPDATE: AT 0343C, 25TH TC REPORTS THAT THEY CONDUCTED RAMP/ROE ESCALATION WHILE ON A CONVOY ENROUTE TO SCANIA IVC (b)(2)High AT APPROX 102120C, WHEN A VEHICLE PULLED IN FRONT OF THEIR CONVOY THEN SLOWED DOWN

AND FATED TO RESPOND TO (b)(2)High  
(b)(2)High THE UNIT CONTINUES TO GATHER SWORN STATEMENTS  
FROM THOSE INVOLVED AND WILL SEND THE STATEMENTS TO THE 31D  
ROC TODAY OR TOMORROW. SIR SENT IIP TO MNCT

Nonresponsive, (b)(2)High

Civilian

KIA	WIA	ABD
0	1	0

Nonresponsive, (b)(2)High

Nonresponsive, (b)(2)High



(b)(6)

طلب تظلم

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Foreign Language Text

I am

a. A national citizen of: Iraqi

Foreign Language Text أنا  
أحمل جنسية

b. A permanent resident of: \_\_\_\_\_

ب. عنواني الدائم:

c. Employed by: \_\_\_\_\_

ت. اعمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

أنتي انتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي تسببت من: (المنظمة، الوحدة العسكرية)

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.)

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إملأ التظلم بالاسم للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose on: \_\_\_\_\_  
Month Day Year

تظلمي قدم في:

شهر يوم السن

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.)

باختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسمية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

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

Total: \$ 25000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسمية وتكلفتها (الرجاء إضافة الشيكات والمتمسكات والفواتير الضرورية نكل شيء لوحد)

تكلفة

الشيء المتضرر

Vehicle = \$ 10,000  
My son = \$ 15000

اجمالي التكلفة

U-S Forces killed my son while he was driving his car, they were coming behind him and he did not pay attention and suddenly they shot him. he was medivacuated by Helicopter to the Hospital and after 10 day he passed away. So I am seeking Compensation

I was insured to the following extent against the damage or injury I have sustained:

\_\_\_\_\_

ندي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

I claim as damages: (Indicate amount in U.S. dollars and local currency)

S \_\_\_\_\_ I.D. \_\_\_\_\_

مطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية S \_\_\_\_\_

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قلت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

حسن ظمي طلب نظام (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كذب أو مختلق أو يزور النظام ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التظلم) اترجاء كتابة الاسم والتوقيع

Subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_

DATE: 11 May 05  
 TIME OF INJURY: 2230  
 TIME OF ARRIVAL: 2314  
 ATTENDING PHYSICIAN: (b)(3)(b)(6)  
 CHIEF COMPLAINT: Neck injury  
 TRIAGE CATEGORY: Immediate  Delayed  Minimal  Expectant   
 INJURY DESCRIPTION: (b)(3)(b)(6)  
 (b)(3)(b)(6)

L L R  
 (AB) Abrasion  
 (AMP) Amputation  
 (AV) Avulsion  
 (BL) Bleeding  
 (B) Burn  
 (C) Crepitus  
 (D) Deformity  
 (DG) Degloving  
 (E) Erythema  
 (FX) Fracture  
 (F) Foreign Body  
 (GSW) Gun Shot Wound  
 (H) Hematoma  
 (LAC) Laceration  
 (PW) Puncture Wound  
 (P) Pain

Pulses Present:  
 S= Strong  
 P= Palpable  
 D= Doppler  
 A= Absent

GSW/Juliet  
 Blunt trauma  
 Single fragment  
 Multi-fragment  
 MVC  
 Aircraft crash  
 Kettle/sledge (slab)  
 Mortar/RPG/Grenade  
 CCRHG  
 Blast  
 Burn  
 Crush  
 Fall  
 JED  
 Other

Transfer Baghdad for CT neck sup  
 neuro deficit & follow  
 penetrating neck trauma

HISTORY OF PRESENT ILLNESS:  
 Head & Neck: GSW posterior neck  
 Tym Membrana: R Clear  R Blood   
 C-Collar:  Intubate  Carotidotomy   
 Airway (oral/nasal):  Oral  Nasal  
 Chest: equal  
 Pulmonary Contusion  
 Pulmonary Hematoma  
 Chest tube  
 R  L  Air  Blood  Needle decompression  
 Abdomen: soft & rebound tenderness  
 FAST  
 DPL  
 NG/OG  
 Pelvic Binder  
 Foley  
 Pelvis: stable  
 Upper Extremities: nontender  
 Closed reduction  EXT Fixation  
 Splint  Long Bone Splint  
 Tourniquet Type \_\_\_\_\_ Time on: \_\_\_\_\_ Time off: \_\_\_\_\_  
 Lower extremities: nontender  
 Closed reduction  EXT Fixation  
 Splint  Long Bone Splint  
 Tourniquet Type \_\_\_\_\_ Time on: \_\_\_\_\_ Time off: \_\_\_\_\_  
 Neuro: weakness L UE  
 Vision: Pupils: R L  
 GCS: 15  
 Sphincter Tone: normal motor/sense  
 C-Spine Tender:  Yes  No  
 Skin: Burn: 1st 2nd 3rd %TBSA  
 ↓ tone  
 Light perception:  Yes  No  
 No light perception:  Yes  No  
 Size: \_\_\_\_\_ mm

DANGER:  Yes  No  Yes  No  Yes  No I  II  III  IV  Yes  No

DISEASES:  
 Cardiac  GI  Injury, MVA  Nephrology  Psychiatric Stress  
 Dermatologic  Head/Cold  Injury, Work/Training  Ob/Gyn  Pulmonary  
 Endocrine  Infectious Disease  Injury, Other  Ophthalmologic  STDs  
 Fever, Unexplained  Injury, Rec/Sports  Neurologic  Psychiatric, Mental  All Other Medical/Surgical

EVACUATION PRIORITY:  
 Routine  OR, ICU, ICW  
 Priority  Level III, Level IV, Host Nation, Coalition Facility  
 Urgent  RTD Unit  
 Deceased (see below)

Cause of Death:  
 Anatomic:  Airway  Head  Neck  Chest  Abdomen  Pelvis  Extremity(Upper/Lower)  Other, specify:  
 Physiologic:  Breathing  CNS  Hemorrhage  Total Body Disruption  Sepsis  Multi-organ

PATIENT NAME: (b)(6)  
 PHYSICIAN SIGNATURE: (b)(3),(b)(6)  
 PRINTED OR TYPED: (b)(3),(b)(6)

**PHYSICIAN TRAUMA ADMITTING RECORD**

DATE: \_\_\_\_\_ CHIEF COMPLAINT: \_\_\_\_\_ TRIAGE CATEGORY  
 Immediate  Minimal  
 Delayed  Expectant

TIME OF INJURY: \_\_\_\_\_ VS: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ Oz Sat \_\_\_\_\_  
 ATTENDING PHYSICIAN: \_\_\_\_\_  
 HISTORY & PHYSICAL

**INJURY DESCRIPTION:**

(A) Abrasion (AMP) Amputation (AV) Avulsion (BL) Bleeding (B) Burn (C) Crepitus (D) Deformity (DG) Degloving (E) Ecchymosis (FX) Fracture (F) Foreign Body (GSW) Gun Shot Wound (H) Hematoma (LAC) Laceration (PW) Puncture Wound (P) Pain

R L L R

**Pulses Present:**  
 S= Strong P= Palpable D= Doppler A= Absent

**MECHANISM OF INJURY:**  
 GSW/Bullet  CSB/E  Blunt trauma  Blast  Single fragment  Burn  Multi-fragment  Crush  MVC  Fall  Aircraft crash  IED  Knife/edge (stab)  Other \_\_\_\_\_  Mortar/RPG/Grenade

*single GSW to C4 level espere to bleeding*

**HISTORY & PHYSICAL:**

**Head & Neck:** *as above, in line stabilized & c-collar placed* Tym Membranes  R Clear   R Blood

**Chest:** *clear L/R RRR*  Pulmonary Contusion  Pulmonary Hematoma

**Abdomen:** *SPTA*

**Pelvis:** *stable back: lesion of TP*

**Upper Extremities:** *lesions & movement L/E & R/E arm*

**Lower extremities:** *normal movement & hand grip @ R. hip flex*

**Neuro:** *IS* Vision: Pupils R L    
 Bink    
 Sluggish    
 NR    
 Hand motion    
 Light perception    
 No light perception    
 Size mm \_\_\_\_\_ mm \_\_\_\_\_

**Damage Control Procedures:**  Yes  No Hypothermia:  Yes  No Coagulopathy:  Yes  No Class of Hemorrhage: I  II  III  IV  Shock:  Yes  No

**DNB CATEGORY**

Cardiac  GI  Injury, MVA  Nephrology  Psychiatric, Stress  
 Dermatologic  Heat/Cold  Injury, Work/Training  Ob/Gyn  Pulmonary  
 Endocrine  Infectious Disease  Injury, Other  Ophthalmologic  STDs  
 Fever, Unexplained  Injury, Rec./Sports  Neurologic  Psychiatric, Mental  All Other Medical/Surgical

**Evacuation Priority:**  Routine  Priority  Urgent **Evacuated/Dispositioned to:**  OR, ICU, ICW  Level III, Level IV, Host Nation, Coalition Facility  RTD Unit  Deceased (see below)

**Time of Disposition:** (hr, dd, mm, yy) \_\_\_\_\_

**Cause of Death:**  
**Anatomic:**  Airway  Head  Neck  Chest  Abdomen  Pelvis  Extremity (Upper/Lower)  Other, specify: \_\_\_\_\_  
**Physiologic:**  Breathing  CNS  Hemorrhage  Total Body Disruption  Sepsis  Multi-organ Failure  Other, specify: \_\_\_\_\_

PATIENT NAME: (b)(6) Physician Signature: (b)(3), (b)(6)  
 SSNID: \_\_\_\_\_ Printed or typed name: \_\_\_\_\_

#

(b)(6)

PROGRESS NOTES

DATE  
11 MARCH 05  
0245 hrs

ICU Admission

# CNS GSW back of neck tonight.

Via interpreter :-

S- Driving bus near Balad tonight when shot - does not know by whom.

General health good. No allergies.

O- Conscious, oriented, cooperative. Pupils  $\text{E} \approx \text{R} < \text{L} < \text{C}$   
Vital signs stable.

Small, 1 cm entrance wound at base of neck posteriorly - some bleeding.

Weakness & numbness in  $\text{L}$  arm.

$\downarrow$  Power  $\text{L}$  leg, but not completely flaccid.

No dissociated anesthesia (SOS, pain)

Reflexes  $\downarrow$  both arms, present both legs? L > R

CT scan  $\rightarrow$  bullet to  $\text{C}$  of spinal cord; likely nerve root damage.

Plantar  $\downarrow \downarrow$

A- State A, B, C.

P- Neuro obs - Maintain Cx collar

Flexion/extension Cx spine views in AM (per Dr Abel)

Other orders as charted.

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

(b)(6), Foreign Language Text

FD

(b)(6)