



TO
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Need to ~~make~~
adjudicate

08192-1021

(b)(6)

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

Claim Number: 08-IJ6-T057

Name: (b)(6)

Date of Incident: 3-Mar-07

Date Received: 3-Apr-08

Summary:

Claimant's wife and brother killed as a result of a vehicle accident with A/1-14 CAV

Circle Decision, Fill-in Date, and initial

DENY	INVESTIGATE	PAY - \$ _____
DATE	DATE	DATE
INIT	INIT	INIT

- Insufficient Evidence
- Combat Exception
- US Involvement
- Lack of Causation
- Statute of Limitations
- Not a Proper Claimant
- Non-Cognizable Claim

NOTES:

CERP

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
HQ, 1st Brigade Combat Team, 4th Infantry Division
Office of the Command Judge Advocate
APO AE 09361

10 DATE VOUCHER PREPARED
5 Apr 08
CONTRACT NUMBER AND DATE
REQUISITION NUMBER AND DATE

SCHEDULE NO.
PAID BY
24th Finance Company
APO AE 09352
CAMP LIBERTY
DSSN: 5579

PAYEE'S CLAIM #: **08-IJ6-T057**
(b)(6)
NAME AND ADDRESS
Baghdad, Iraq

DATE INVOICE RECEIVED
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>	QUANTITY	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 the loss of life of your family members and the personal suffering endured.				\$12,000
TOTAL						\$12,000

(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	EXCHANGE RATE	DIFFERENCES
	= \$	= \$1.00	
	BY: SFC. (b)(3), (b)(6)		
	TITLE: 1BCT, 4ID FOREIGN CLAIMS PAY AGENT	(Sig)	(b)(3), (b)(6)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

5 Apr 08 (Date) (b)(3), (b)(6) (Authorized Certifying Officer)
 (b)(3), (b)(6) CPT. JA Foreign Claims Officer (Title)

ACCOUNTING CLASSIFICATION
(b)(2) High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	SN (Name of bank)
	CASH	DATE	PAID	
	\$ 12,000	5 Apr 08	(b)(3), (b)(6)	

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 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.

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.

CENTCOM 011186
08-IJ6-T057-00003



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM
4TH INFANTRY DIVISION
FOB FALCON, IRAQ APO AE 09361

5 April 2008

Foreign Claims Commission IJ6

SUBJECT: Claim # 08-IJ6-T057

(b)(6)

Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the loss of your loved one. 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.

Allow me to express my sympathy for the loss of your loved one. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 4th Infantry Division Claims Office will compensate you for your losses in the amount of **\$12,000.00**.

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

CENTCOM 011187

08-IJ6-T057-00004



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

DATE OF TRANSFER: 5 April 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 08-IJ6-T057

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

tribal name

\$100 note serial numbers:

_____	through	(b)(2)High	and,
(b)(2)High	through	_____	and,
_____	through	(b)(2)High	and,
_____	through	_____	and,
_____	through	_____	and,
_____	through	_____	.

* Use additional forms if needed.
SNAR Report

1ST BRIGADE COMBAT TEAM
4TH INFANTRY DIVISION
FOREIGN CLAIMS OFFICE

Claim Settlement/Witness Agreement
Claim # 08-IJ6-T057

I, (b)(6) of Baghdad, Iraq, hereby agree to accept the sum of \$12,000.00 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 occurring on or about March 3, 2007 at Baghdad, Iraq, 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)

ire

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

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

Witness: Print and Sign

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

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

Claims Form

طلب تعظم

Name (b)(6) _____: الأسم:

Address: _____: العنوان:
(b)(6)

I am

a. A national citizen of: Iraqi _____: أنا
أحمل جنسية:

b. A permanent resident of: above address _____: ب. عنواني الدائم:

c. Employed by: / _____: ت: أعمل 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)

A-1-14 CAV

أنني أتقدم بطلب تعظم لدي حكومة 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.)

Two person death

الممتلكات المتضررة مملوكة من: (إذا كان عذا 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 بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose at (b)(2)High Baqubah Iraq
(Town) (City) (Country)

تظلمي قدم في: القرية المدينة البلد أو المحافظة

CENTCOM 011190

08-IJ6-T057-00007

My claim arose on: 3 3 2007
Month Day Year

تظلمى قدم فى: 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.)

While the victim driving his Mother sitting be side him they going to visit their relatives when they reached Aldura

بإختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر المتكفي)

near the D.A.C they exposed to an accident by American patrol both of them were died -

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
Two person were death Car damage	3 1530 000

Total: 1530 000

أشرح بالتفصيل متي تضرر والكافة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والممتلكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة:

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

No Insurance

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$130,000

I.D.

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية

\$

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

سابقاً (تمت) (لم أتم) 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.

لحسن علمي طلب تظلم (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 كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(b)(6)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 10 day of Nov, 2003.

(Signature of Witness)

(Printed Name)

CENTCOM 011192

08-IJ6-T057-00009

The story -

On 3/3/2007 afternoon his brother and his mother coming out of the home. They going to visit their relatives while when they reached D.A.C. they exposed to the an accident crashing by American patrol his brother died immediately and his mother too.

The American officer who was in charge of the unit closed the street, and he gave claim card to the witness (b)(6) who is officer in Iraq

Security guard. he submitted him claim card and now he ^{ask} compensation ~~about~~ ^{for} losing his mother and brother.

foreign language, (b)(6)

The claimant statement
He said that while his brother driving
was ~~there~~ sitting beside him. They going to
visit their relatives - when they reached Alabama
D.A.C. was area exposed to accident crashing to
American patrol. Both that them
The claimant about
The Iraq Security Guard told

(6), Foreign Language Tr (b)(6), foreign language

foreign language, (b)(6)

foreign language

foreign language

foreign language, (b)(6)

foreign language

Diagram of accident

foreign language

foreign Language Te

foreign language

to Aldura Area

in lang

Al-Rashed D.A.C

Language

American Patrol

foreign language

Language

in lang

foreign language

Language

Location of accident

CENTCOM 011195

08-IJ6-T057-00012

foreign language, (b)(6)

foreign language

Witness statement
The witness is officer
of Iraq Security Guard
his name

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

op

foreign language

(b)(6)

foreign language, (b)(6)

certificate death of mother.

CENTCOM 011197

08-IJ6-T057-00014

Certificate death of brother claimant

foreign language, (b)(6)

CENTCOM 011198

08-IJ6-T057-00015

foreign language, (b)(6)

foreign language, (b)(6)

Iran - Baahdad - Al-nahda Exhibition - Bank Branch

(b)(6)

E-mail:

(b)(6), foreign language

CLAIMS CHECKLIST

CLAIM NUMBER: 08I92T *0821* AMOUNT OF CLAIM: \$ 30,000.00
 CLAIMANT'S NAME: (b)(6)
 DATE OF INCIDENT: 3 Mar 07 DATE FILED: 4 Dec 07

CLAIM TYPE:
 Vehicle Damage Detainee Property Damage During Raids
 SAF Damage/Injury Real Estate Other
 CLAIM AROSE FROM:
 Combat Activities Non-combat Activities
 CLAIM IS:
 Payable Not Payable

BRIEF OVERVIEW: Claimant states that his mother and brother were going to visit family when they got into an accident with US Vehicles killing them both.

REMARKS:
 Recommend Approval / Denial
 Recommend payment of \$15,000.00

REVIEWED BY: SGT (b)(3), (b)(6) DATE REVIEWED: 4 Dec 07

FCC COMMENTS
Contact Division AdLaw - They should have a copy of this 15-6 on the portal offer \$12,000 settlement.

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

DATE APPROVED/DENIED: 26 MAR 08

- DENIED
- APPROVED
- Denial Memo
- Amount Approved: \$12,000
- Approval Memo
- Settlement Agreement
- SF 1034

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 A-1-14 CAV
DATE 3 MAR 2007
LOCATION DORA Road
TYPE OF INCIDENT CAR Accident/Death

(b)6 Foreign Language

(b)6 Foreign Language

Foreign Language Text, (b)(6)

Page 20 redacted for the following
reason:

(b)6 Foreign Language

MULTINATIONAL
DIVISION - BAGHDAD

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UNIT A-1-14 CAV (2) Hi

DATE 3 MAR 2007

LOCATION _____

TYPE OF INCIDENT CAV Accident/Death

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

سليم خضير ربيع العارضي

ألمي المواطن الكويتي، مقارب المصير التي أخطت بك، سواء كنت أسير جنسية من إصابات الأخرى، أو موت لا يصح لك أحد من القرباء، ولكن السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.

الآن قدم بلاغ وبالمجان، يمكنك الرجاء إخطار التي هذه الأمانة وذلك بأن اللجوء مع كل الوثائق الرسمية المتعلقة بهذا الأمر والتي تدعم الادعاء مثل (سور التأمين، شهادة التوظيف، تقرير الشرطة، ورسولك بالإستلام أو التعميم، وبيانات اللجوء لا حطام أو تلف أو لا تحاول أن تحصل على تعويض عظيم أو خصم السابقة إن كانت تحصل رخصاً).

الرجاء إحصاء هذه المستندات إلى مركز المساعدة العربي في معسكر النصارى بغوية كبر، الغوية هندية في معسكر فالكون السعودية في معسكر دلم، معسكر هرات، معسكر كاسو، معسكر دوك.

لو لم تكن قادر على توفير الأوراق مضافة المصير، إيمان الرشيد، أو لم تكن قادر على إرسال الوثائق الخاصة بالخدمة المرفقة أو سبع البور، الرجاء إرسال الرسالة البريدية المرفقة أو سبع البور.

معلومات وخدمات غير فورية (مستند) إرجعي للرجع لمؤدك.

رابطنا الإلكتروني معنا

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Already Reviewed and Redacted for Release, (b)(6) foreign text

CENTCOM 011206

08-IJ6-T057-00023

Foreign Language Text, (b)(6)

Already Reviewed and Redacted for Release, (b)(6) foreign language text

Already Reviewed and Redacted for Release, (b)(6) foreign language text

Foreign Language Text, (b)(6)

CENTCOM 011208

08-IJ6-T057-00025

[Redacted]

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Foreign Language Text, (b)(6)

[Redacted]

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[Redacted]



(b)(6)

CENTCOM 011210

08-IJ6-T057-00027

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