

CENTCOM 011184 08-IJ6-T057-00001



Name:

(b)(6)

Date of Incident: 3-Mar-07 Date Received: 3-Apr-08

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

Summary:

Circle Decision, Fill-in Date, and initial

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

| | 0.00 | PLANC 257 | William Property | |
|-----|-------|-----------|------------------|------|
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| | | | | |

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

NOTES:

CERP

| Standa | rd Form 1034 (E) | G) T | | | | | | | | VOUCHER NO |
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| | | | Team, 4th Infantry Divisio | n | CONTRACT NUMBER AND DATE | | | | | PAID BY |
| | | | udge Advocate | 11 | | | | | 24th Finance Company | |
| |) AE 09: | | dage Advocate | | REQUISITION | N NUMBER AND | DATE | | | APO AE 09352 |
| - Circ | 7 AL 03 | 301 | | | | | | | | CAMP LIBERTY |
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| 200 | | CLAIM #: | 08-IJ6-T057 | | | | | | | |
| P/ | AYEE'S | | | | | | | | | |
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| | AME AND | Baghdad, | Iraq | | | | | | | DATE INVOICE REGENELS |
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| A | ND DATE | DELIVERY | (Enter description, item | number of cont | tract or Federal | supply | TITY | COST | PER | |
| O | FORDER | OR SERVIC | | | | | | CUST | PER. | \$12,000 |
| | | | In full settlement of the | | | / tne | | | | \$12,000 |
| | | | Secretary of the Arm | | | e de c | | | | |
| | | | designated for such p | | | | | | | |
| | | | | of 31 U.S.C. 3721 and 10 U.S.C. 2734 upon the claim of the above named claimant for the loss | | | i | | ŀ | |
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| | | | of life of your family r suffering endured. | nembers a | and the per | sonai | | | | |
| | | | sullering endured. | | | | | | 1 | } |
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| if the at | oility to certify | and authority to ap | prove are combined in one person, one | signature only is | s necessary | | | | | |
| | | | rovided, over his official title. a of a company or corporation, the name | of the person v | writing the compa | Inv or corporate. | | TITLE | | |
| name, a | is well as the | capacity in which he | e signe, must appear. For example: "Jol | | | | | HILL | | |
| | rer", as the ca edition usable | | | | | | | | | NSN 7540-00-900-2234 |
| | | | State of Activity and the Control of | PRIVACY | ACT STATEME | ENT | | | | |
| | The info | rmation requested or | n this form is required under the provisions to identify the particular creditor and the a | of 31 U.S.C. 82 | b and 82c, for the | purpose of disbu | rsing Federal | money | D. Burne | obligation |
| | 1782 11710 | The state of the s | and the second decision and the second secon | and the parties of th | Tanas to turi | mer una amorinano | ar will till i gelf G | countrye or the | :FNT | COM 011186 |
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08-IJ6-T057-00003



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

3April 2008

Foreign Claims Commision 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



SNAR Report

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

| DATE OF TRANSFE | R: SApr | 1 2008 | |
|----------------------------|-----------------------------|----------------|------------------|
| PAY AGENT NAME | (b)(3 | B), (b)(6) | |
| | | | |
| NAME OF IRAQI FIF | RM BEING PAID: | Foreign Clai | m #: 08-IJ6-T057 |
| NAME OF PERSON | ACCEPTING PAYME | NT ON BEHALF O | F FIRM: |
| | (b)(6) | *) | |
| l 61.20.100.000.300.000.00 | manner of militarina, after | , tribal name | |
| \$100 note serial number | ers: | | |
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| * Use additional forms | if needed | | |

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

Claim # 08-IJ6-T057

| commissioned and n | of Baghdad, Iraq, hereby agree to accept the sum of \$12,000.00 U.S. dollars as taction and final settlement of any and all claims against the United States of America, its concommissioned officers, agents, and employees which have been asserted or which may be a the incident occurring on or about March 3, 2007 at Baghdad, Iraq, involving U.S. Forces. |
|---|---|
| agents, and employe This release / settlen | reof, I hereby release and forever discharge the United States of America, including its officers, es from all liability, claims and demands of whatsoever nature arising from the said incident, nent specifically includes all current or potential claims including attorney fees, if any, arising operty damage, injury, and/or death resulting from this incident. |
| made pursuant to the | the amount tendered is accepted as full satisfaction and final statements and that the award is Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on elease of, the United States of America, its officers, agents and employees. |
| (b)(6) | |
| | ire |
| Name: Address: paguuau, | (b)(6) |
| | (b)(3), (b)(6) |
| Witness: Print and Si | gn (b)(3), (b)(6) |
| | (b)(3), (b)(6) |

| | C | laims Form طلب نظلم | | |
|--|-----------------------------|------------------------|-------------------------------|--------------------------|
| Name | (b)(6) | _ | الأميم: | |
| Address:_ | (b)(6) | | العنوان: | |
| | | | _ | |
| I am | | | til | |
| a. A national citizen of:_ | Tragi. | | اً احمل جنسية: | |
| b. A permanent resident | of: phove a | ddvess | ب عنواني الدانم: | |
| c. Employed by: | / | × | ت: اعمل لدي: | |
| | (المنظمة , الوحدة العسكرية) | صابت، التي نجمت من:(| الولايات المتحدة للأضرار والإ | ننى أتظلم لدي حكومى |
| The property damaged is attorney or other evidence injuries.) + الماد الله الله الله الله الله الله الله ال | ee of authority and fill i | in the form below f | or party sustaining the | damage or المتضورة مم |
| | بتَهم.) | ت او الأضرار التي أصا | اد المتقدمين بالشكوي للإصابد | ملأ التظلم بالأسفل للأفر |
| My claim arose at | (b)(2)High | (спу) | (Country) | |
| فظة | البلد أو المحا | المدينة | القرية | تظلمي قدم في: |

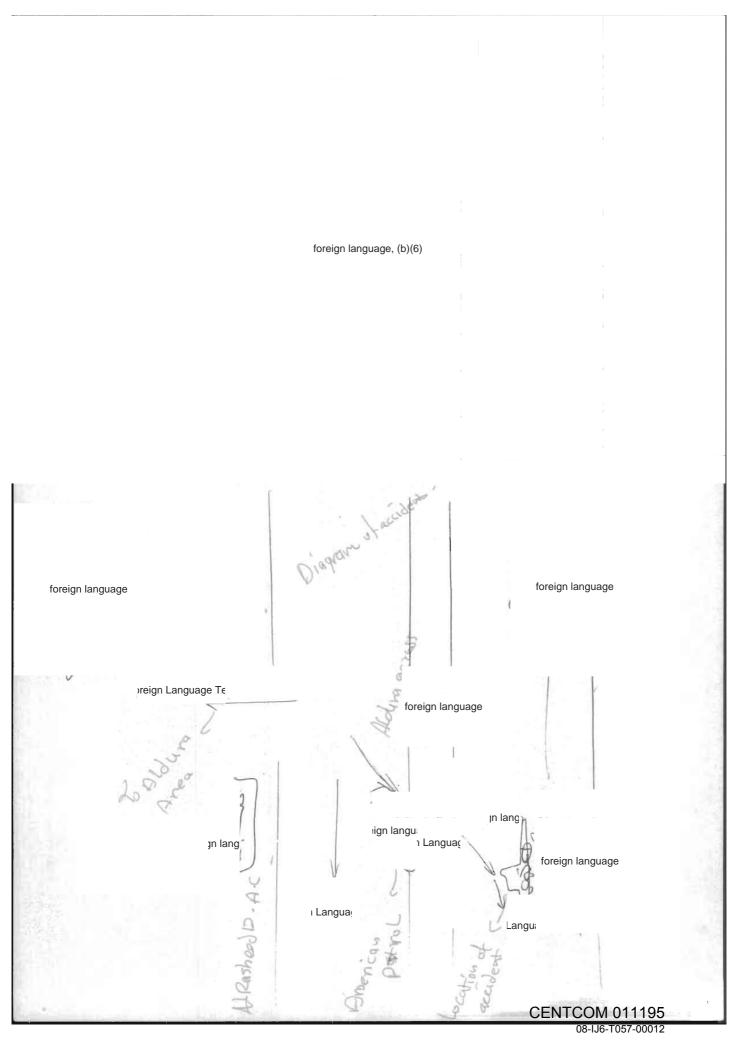
| My claim arose on: | 3 | 3 | | 2007 | |
|--|--------------------------|--|---|-----------------------|--------------------------------------|
| iviy ciaiiii arose oii. | Month | Day | | Year | |
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| personal injury is, by While Me Mey going Mey going in air air lects for the lear The lear | Ased (Use be UIC) TOUISI | Thies relation to what of this sheet if neces of the relation of the rela | SSAFY.). Mother 5 Or When Aclorial Manager Acronial Manager B An acronial | They reach | الع المار الشرح ما حدث |
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| Two pe | yson we | re death | | | |
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| Cor Join | | Tot | al: 1330 | 1.7 | J |
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| بره و الفواتير الضرورية | ات و الممتمسكات | | | 0.09 | سُرح بالتقصيل متى تض كل شئ لوحدة) |

CENTCOM 011191 08-IJ6-T057-00008

| | No Insumand | e_ |
|---|--|--|
| · | ما يوازي: | دي تأمين على الممتلكات أو الضرر الجسدى المتضرر به |
| | | |
| | mount in U.S. dollars and local c | currency) |
| s12330 000 | LD, | |
| | ى أو العملة المحلية) | طالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريك |
| | العملة المحلية | |
| | | |
| | | |
| I (have/ have not) previously fi | led a claim relating to the incider | nt described above. |
| | بالأعلى | مابقًا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة |
| | another claim (has/ has not) been | filed relating to the incident described |
| above. | رة بالأعلى | صن علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكو |
| THIS CLAIM IS ACCURATE CONSPIRES TO FILE, A DUI | AND TRUTHFUL. ANYONE | T THE INFORMATION PROVIDED IN WHO ATTEMPTS TO FILE, OR CLAIM AGAINST THE UNITED STATES |
| حة وحقيقية . أي شخص يحاول تقديم نائية حادة ويحاكم من قبل السلطات . | المعلومات المقدمة في هذا انظام هي صحيا لمتحدة الأمريكية سوف يواجه عقوبات جا | للحظة: بالتوقيع أسفل هذا النظلم فأن تقسم على أن كل ظلم كاذب أو مختلق أو يزور النظلم ضدحكومة الوالامات |
| | (b)(6) | |
| | | (توقيع التظلم) الرجاء كتابة الأسم والتوقيع |
| Subscribed to me this | O day of Nov | ,2003 |
| | | (Signature of Witness |
| | | (Printed Name |

The story on 3/3/2009 afternoon his brother and his Hother Coming out of the home. Bey going to cisit their relatives while when they reached D. A. C. they exposed To The an accident Crashing by American patrol His brother Died imputatly and his Mother Too. The American afficer who was incharge of the unit closed the street, and he gave claim card to The outness who is officer In Erag (b)(6) Security guard he submitted him claim card he compensation about lossing his Mother And brother-

foreign language, (b)(6) (6), Foreign Language Tt (b)(6), foreign language foreign language, (b)(6) foreign language **CENTCOM 011194** 08-IJ6-T057-00011



foreign language, (b)(6) (b)(6) (b)(6)foreign language foreign language (b)(6)

foreign language, (b)(6) 08-IJ6-T057-00014

foreign language, (b)(6)

CENTCOM 011198 08-IJ6-T057-00015

foreign language, (b)(6) foreign language, (b)(6) Irag - Baghdad - Al-nahda Exhibition - Bank Branch (b)(6), foreign language (b)(6) E-mail: the distributed be distributed by the distributed by the distributed by the control of the distributed by the distribute 08-IJ6-T057-00016

| CLAIM NUMBER: 08192T | | AMOUNT OF CLAIM: \$ 30,000.00 |
|--|------------------|---|
| CLAIMANT'S NAME: | (b)(6) | |
| DATE OF INCIDENT:3 Mar 07 | DATE F | TILED: 4 Dec 07 |
| CLAIM TYPE: | | |
| 2 | Υ | |
| Vehicle Damage | Detainee Propert | Damage During Raids |
| ☐ SAF Damage/Injury | Real Estate | Other |
| CLAIM AROSE FROM: | | |
| Combat Activities | (0 | Non-combat Activities |
| CLAIM IS: | | |
| Payable | 1 | Not Payable |
| REMARKS: Recommend Approval / Den Recommend payment of \$15,000.00 | | |
| REVIEWED BY: SGT | (b)(3), (b)(6) | DATE REVIEWED: 4Dec 07 |
| Contact Division AdLaw - Offer #12,000 Settle | They Should ha | MENTS we a copy of this 15-6 on the portal |
| | | |
| (EV(0) (LV(0) | 1 | |
| DATE APPROVED/ DENIED. | 26MAROS | |
| DENIED | У | APPROVED # |
| □ Denial Memo | , y | Amount Approved 12,060 Approval Memo Settlement Agreement |

The Army may pay claims to Iraqi civilians for property damage, Injury and death caused by US Forces. 1. Fill cut 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 soldient involved and will be used only to substantiate a claim against the US Army. UNIT A - I - IH CAV DATE 3 MAR 2 U O 7 LOCATION DORD ROAD. TYPE OF INCIDENT COVACCIDENT/ Death

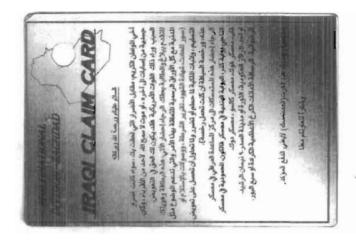
(b)6 Foreign Language

(b)6 Foreign Language



Page 20 redacted for the following reason:

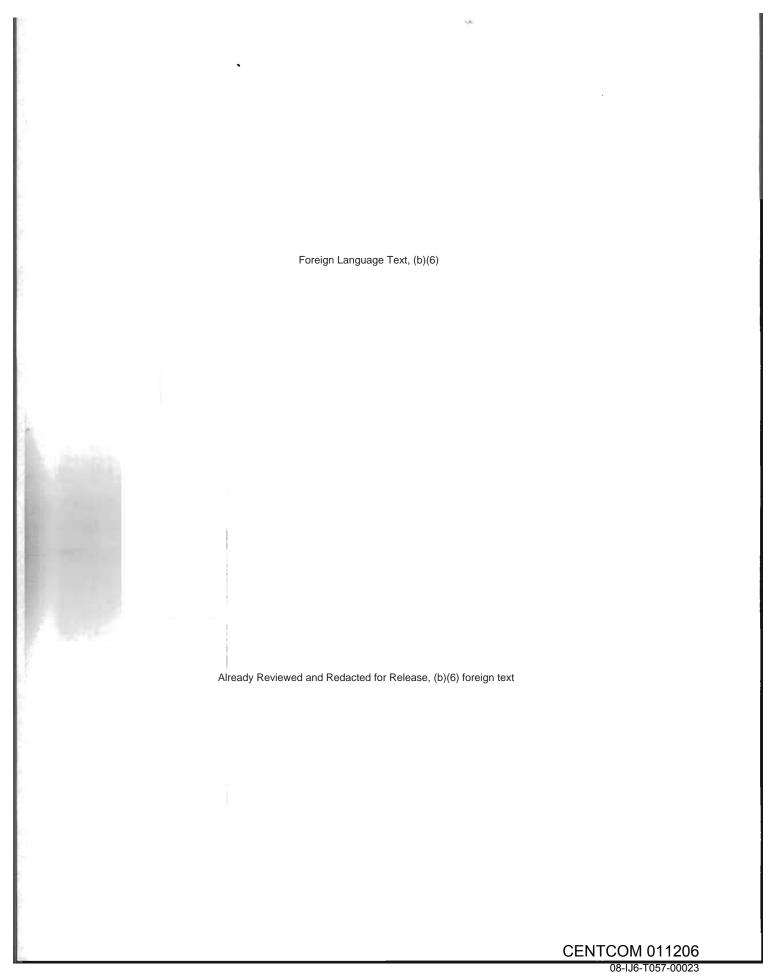
(b)6 Foreign Language

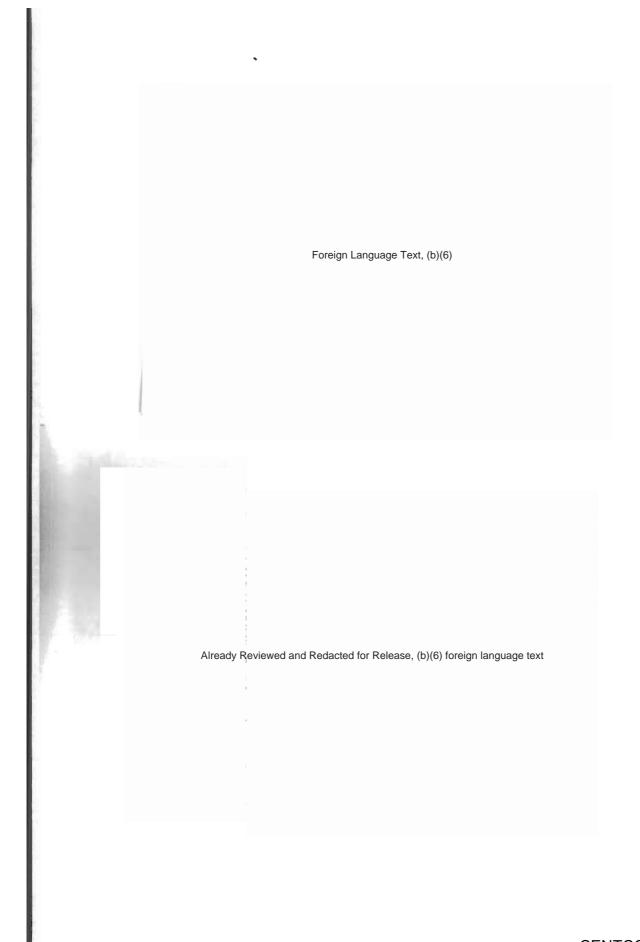


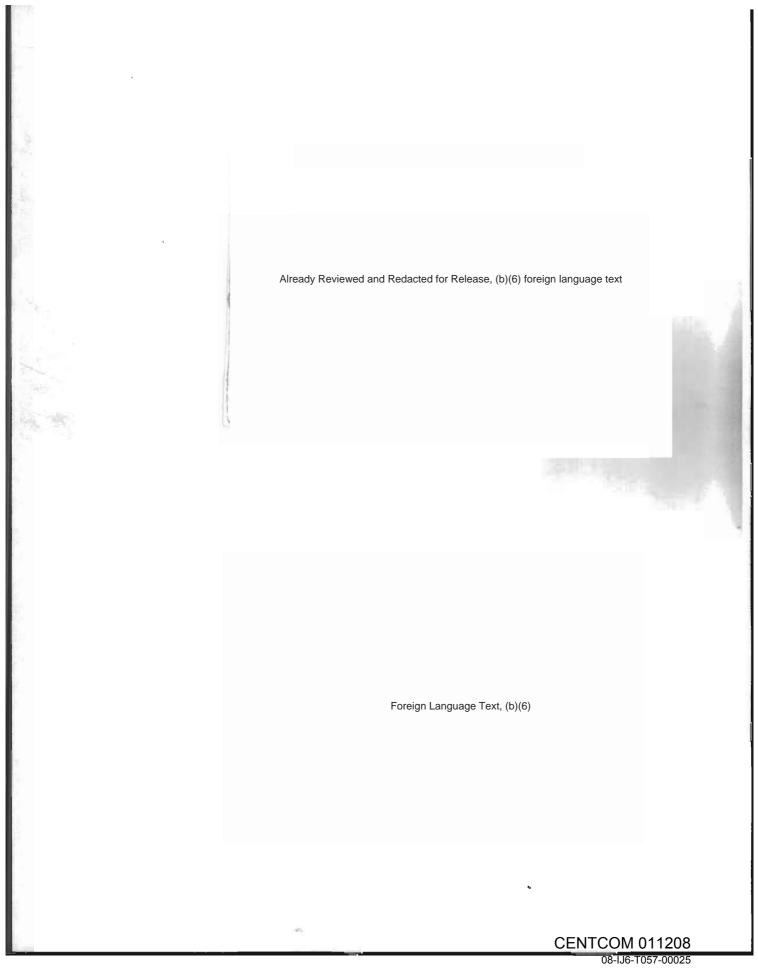


Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)











CENTCOM 011210 08-IJ6-T057-00027