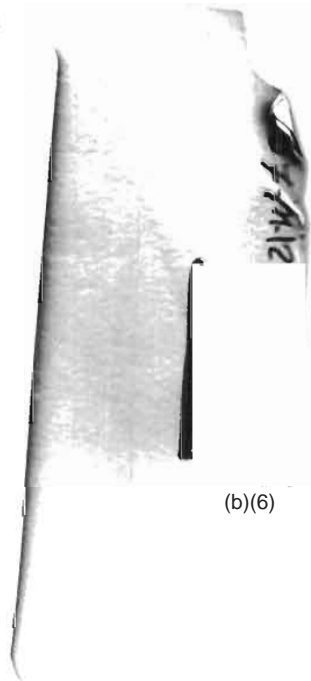




(b)(3)(b)(6)



(b)(6)

SAF Inj/Dam

- contact unit

- Terp

\$5000 — Approve

SAF Inj/Dam

- contact unit
- Temp
- \$5000 — Approve

FOREIGN LANGUAGE

CENTCOM 016458

29005

08-1K5-T063-00002

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 5754-6-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			10 DATE VOUCHER PREPARED <b>06-Jun-08</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS  <b>CLAIM #: 08-1K5-T063</b>  (b)(6)			CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC</b> Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE			
			SHIPPED FROM		TO	
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 AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$5,000.00 2,500.00
<b>TOTAL</b>						\$5,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		(b)(3), (b)(6)				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify that		TITLE: SFC, US Pay A		(b)(3), (b)(6)		
6 AUG 08 <i>(Date)</i>		(b)(3), (b)(6)		Foreign Claims Commission IK5 <i>(Title)</i>		
ACCOUNTING CLASSIFICATION						
(b)(2)High				\$5,000.00 2,500.00		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON	
	CASH	2,500.00 \$5,000.00	DATE 6 Aug 08	PAYEE	(b)(6)	
When stated in foreign currency, insert name of currency.				PER		
If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.				TITLE		
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

NSN 7540-00-900-9234

**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.



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

06-Jun-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T063 / 167m-12

1. Facts.

The claimant alleges that while her husband was walking to work, CF shot and killed him.

Claimant has requested \$2,500.00

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 ~~\$5,000.00~~<sup>2,500.00</sup>

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

CPI, JA  
Claim Attorney IK5

CENTCOM 016460

08-IK5-T063-00004

29007





REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**

Headquarters, 3d Brigade Combat Team

101st Airborne Division (AASLT)

Camp Striker, Iraq, APO-AE 09322

06-Jun-08

Foreign Claims Commission IK5

RE: Claim # 08-IK5-T063 / 167m-12

(b)(6)

Mahmudiyah

Dear Claimant:

You have submitted a claim seeking compensation for the damage to your personal property. 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 damage to your personal property. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 3rd Infantry Division Claims Office will compensate you for your losses in the amount of ~~\$5,000.00~~

2,500.00

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.

(b)(6)

Sincerely,

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

Captain, US Army  
Claims Attorney IK5

X  
\_\_\_\_\_  
Claimant

(b)(6)

>

CENTCOM 016462

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08-IK5-T063-00006





**AL\_Mahmodia Claim Department**



167-M-12

**"THE CLAIM'S CONTAINS"**

**The Claimant name:**

(b)(6)

- copy of the investigation paper work from  
AlMahmadiyah court
- copy of death certificate for the claimant's  
husband
- copy of the diagram for the accident's place
- copy of Iraqi ID for the claimant
- 
- 

(b)(6)

**AL Mahmodiah Claim Department**

**Date:** Dec-17<sup>th</sup>-2007





167-M-12

Claims Form

To: United S  
 From: Name (b)(6)  
 Address  
 I.D. num (b)(6)  
 I am  
 a. A citizen and national c (b)(6)  
 b. A permanent resident of  
 c. Employed by: Same address above  
 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)  
 Multi National Forces

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: NMD (Town) Baghdad (City) Iraq (Country)  
 My claim arose on: Dec (Month) 17 (Day) 2007 (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 18/Nov/2006 My husband was heading to his work in Baghdad while he is walking on the street. The MNF open fire and shot him dead. I want you to know that he is the only supporter to this family (me and (b)(6) children) and we don't have any other income. I ask for compensation with all My respect.

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

The claimant says that the "MNF" shot & killed her and killed her husband and she was from  
COMMISSION

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 husband	\$ 2500
2-	
3-	
4-	
5-	
6-	

Total: \$ 2500

I was insured to the following extent against the damage 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 300000000 Million Iraqi Denar

(b)(6)

(Signature of Claimant)

Subscribed before me this Dec day of 17, 2007.

(b)(6)

(Print Name)

(b)(6)

(Signature)

Pages 11 through 19 redacted for the following reasons:

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

Testimony of the witness

on the date of 11.18.2006 the didd man on his way to the

morning an open of pure by U.S. Patrol which killed him at the time. Thumb print of

sig. of the officer

(b)(6)

(b)(6)

(b)(6)

(b)(6)

CENTCOM 016476

08-1K5-T063-00020

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016477

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08-IK5-T063-00021

Page 22 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)







To the investigating judge  
"none from the claimant"

(b)(6)

On the date of 11-18-2006. The U.S. Forces

Killed my husband

(b)(6)

its proved by the claimant's affidavit, I am asking  
to go through all the legal steps after that  
stamp and sign  
of the court  
claimant

(b)(6)

Page 26 redacted for the following reason:  
-----  
FOREIGN LANGUAGE DOCUMENT, (b)(6)

claim in of the claimant at normal flight  
Name: (b)(6)  
Birth date: - Year live in (b)(6)  
On the date of 11-18-2006, My (b)(6)  
son, who killed his name is (b)(6)  
while he is going to work in his job (b)(6)  
in - Baghdad  
he killed by randomly fire shots of  
the U.S. Patrol while he was inside  
the car which got the shot which led  
to his death instantly, I am asking  
claim against the U.S. Forces this is  
my testimony!  
sig & stamp Fingers Print of  
of the Counsel the personal field (b)(6)

Pages 28 through 29 redacted for the following reasons:  
-----  
FOREIGN LANGUAGE DOCUMENT, (b)(6)

~~Re~~ Testimony for

Birth date year

(b)(6)

time in

(the father)

(b)(6)

On the date of 11-18-2006 my son  
left the house in his way to work in the

(b)(6)

Baghdad, and in

The general road of Baghdad - Fawsiya on  
U.S. Patrol opened fire while he was in the  
car, and the accident led to his death at  
the time and this is my testimony.

Sgt of Police Officer

Muhsin Baidar

(b)(6)

The claimant

Page 31 redacted for the following reason:  
-----  
FOREIGN LANGUAGE DOCUMENT, (b)(6)

testimony of the witness

(b)(6)

Name:--

(mother of killed Person)

work:-- home wife residency

(b)(6)

carrying I.I.D. No

on 09.06.05

The killed man

(b)(6)

during going to his work in the

(b)(6)

(b)(6)

he killed my

shooting by the U.S.A army during he riding one of the cars on the road of Yousefiah - Baghdad, my son have three boys and three girls, and after my testimony

sig & stamp of

sig of

The judge

The witness

(b)(6)

(b)(6)

Page 33 redacted for the following reason:  
-----  
FOREING LANGUAGE DOCUMENT, (b)(6)



2006

(b)(6)

(b)(6)

(b)(6)

11/18/06

Death certificate N.C.

Name of died Person: (b)(6)

Birth date: (b)(6)

Date of death: on the hour 05:00 on 11/18/06

Cause of death: fire shots by the American

Foreign Language Text, (b)(6)

*death certificat*

(b)(6)

CENTCOM 016491

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08-1K5-T063-00035



Foreign Language Text, (b)(6)



[Redacted]

[Redacted]

[Redacted]

Foreign Language Text, (b)(6)

[Redacted]

[Redacted]

Foreign Language Text, (b)(6)

[Redacted]

[Redacted]

CENTCOM

08-1K5-T063-00037

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Pages 38 through 51 redacted for the following reasons:

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

Foreign Language Text, (b)(6)

Pages 53 through 54 redacted for the following reasons:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)