

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

*[Handwritten squiggle]*

VEH ACCIDENT

Approved \$15,000

72-2  
12-Feb-08

(b)(6)

08-T1221

Standard Form 1034 (EO) Revised October 1987 Department of the Treasury 11754-4-2000 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          24th FMC          Camp Liberty, Iraq          APO-AE 09344          DSSN: 5579</b>				10 DATE VOUCHER PREPARED <b>07-Aug-08</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T1221 (b)(6) <b>Baghdad</b>				CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC          Camp Liberty, Iraq          APO AE 09344          DSSN: 5579</b>	
				REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
						DISCOUNT TERMS	
						PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM		TO		WEIGHT		GOVERNMENT BAL 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 AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$15,000.00	
TOTAL						\$15,000.00	
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)(6), (b)(3)	EXCHANGE RATE = \$1.00	DIFFERENCES		00.00	
TITLE: SFC, US Pay Agt Pursuant to authority vested in me, I certify that:		(b)(3), (b)(6)		(b)(3), (b)(6)			
25 AUG 08 (Date)		(b)(3), (b)(6)		Foreign Claims Commission IK5 (Title)			
		(b)(2) High				\$15,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	-CASH	DATE		(b)(6)			
	\$15,000.00	25 Aug 08					
<small>           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; otherwise the approving officer will sign in the space provided, over his official title.            3 When a voucher is received 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.         </small>						TITLE	

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.

NSN 7540-00-900-2234

CENTCOM 016631

29137

08-1K5-T1221-00002



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

07-Aug-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T1221 / 72-2

1. Facts.

The claimant alleges that a CF convoy ran into his vehicle, killing his brother and mother.

Claimant has requested \$16,500.00.

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 \$15,000.00

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

CFI, JA  
Claim Attorney IK5

CENTCOM 016632

08-IK5-T1221-00003

**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 recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 25 Aug 08

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

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

\_\_\_\_\_  
Print given name, father's name, grandfather's name, tribal name

Serial Number:

(b)(6) \_\_\_\_\_ through (b)(6) \_\_\_\_\_ and,  
\_\_\_\_\_  
\_\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_\_  
\_\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_\_  
\_\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_\_  
\_\_\_\_\_ through \_\_\_\_\_.

\* Use additional forms if needed.



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

6 August 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1221 / 72-2

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage to your vehicle and loss of your brother and mother. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA) Title 10, USC §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Your damages are of great concern to the United States. In accordance with the cited references and the facts our investigation into your claim, I find your claim is **compensable**. **The United States will compensate you for your losses in the amount of \$15,000.00.**

If you are dissatisfied with this decision and wish to present additional evidence, you have thirty (30) days submit and appeal in accordance with AR 27-20.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالامتلاكات الشخصية الخاصة بك , تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طبعك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 , الجيش 162-27 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة, وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 15,000.00.

اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية, لديك ثلاثين يوما ( 30 ) و يقدم الطعن وفقا للمادة ( 20-27 ) من قانون الجيش. AR

(b)(6)

Sincerely,

Claimant

Date

25 Aug 08

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

(b)(6)

Date

25 Aug 08

Captain, US Army  
Claims Attorney, IK5

CENTCOM 016634

08-IK5-T1221-00005

29140

**GIC OPINION ABOUT CLAIMS**

(b)(6)

**Case No.** (b)(6)

1. The claimant presented claim card confirmed that the US Army hits his vehicle which led to kill the claimant's mother and his brother in ABU-GHRAIB's highway.
2. The claimant presented one picture shows the damages into his car type OPEL omega model 1994 blue color plate no (b)(6) Dyalah.
3. The claimant asks amount of \$ 6,500.00 for his vehicle and amount of \$10,000.00 for his brother and mother which they were killed in this accident.
4. The claimant will receive the compensation because he is the owner of the damaged vehicle and he is the inheritor for his brother and mother after his father died.
5. The claimant presented death certificate for his father which proved that he is the only inheritor.
6. We suggest compensate him amount of \$ 15000.00.

With our respect,

(b)(6)

The lawyer,  
(b)(6)

12 Feb. 2008

(b)(6)

(b)(6)

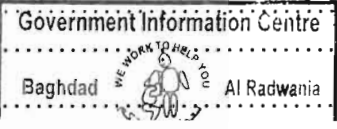
13-Feb-2008

# Claim Department

## "THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- Claim card
- One picture shows the damages
- Two death of certification
- The vehicle document
- Personal documents
-  Government Information Centre  
Baghdad Al Radwania  
Foreign Language Text

SIGN; (b)(6) -----

NAME -----

DATE: Feb-12-08 -----

CENTCOM 016636

08-1K5-T1221-00007



# Claims Form



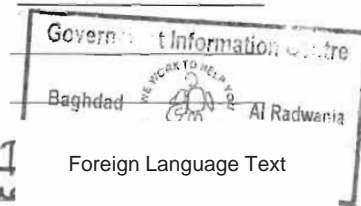
To: United States  
From: Name (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No. \_\_\_\_\_

I am

- a. A citizen and national of: \_\_\_\_\_
- b. A permanent resident of: \_\_\_\_\_
- c. Employed by: \_\_\_\_\_ (b)(6)
- d. Check one ( ) an insurer (X) NOT an insurer
- e. Check one (X) A subrogee ( ) Not a subrogee



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

Against M.N.F

The property damaged had 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.) Wafi-Mohammed-Sharif

My claim arose at Abu-Ghraib way Baghdad Iraq  
(Town) (City) (Country)

My claim arose on Sep 9 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 Sep-9-07 while my brother was driving my  
Vehicle type (Opel) omega model (b)(6) blue color  
Plate No: (b)(6) Dyalah. The U.S convey came  
Fastly towards him, and that led to hit my car  
And killed my brother (b)(6) and my  
Mother (b)(6) for that am asking for  
Compensation



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

Damage my vehicle and Killed my brother and Mother by the U.S. convoy

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- For value the car	\$ 6500,00
2- For value my brother	\$ 5000,00
3- For value my mother	\$ 5000,00
4-	
5-	
6-	

Total: \$ 16,500,00

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)

\$ 16,500,00 local 20,625,000 ID

(Signature of Claimant)

Subscribed before me this 12 day of Feb, 2008.



(b)(6)

(SI) (b)(6)

(PI)

CENTCOM 016638

08-1K5-T1221-00009

29144

claim for the claimant:

(b)(6)

address - Baghdad -

(b)(6)

On the date of 09.07.2007 while my brother who called (b)(6) driving my car type OPEL model (b)(6) blue colour plate # (b)(6)

Diala on the Road of Albo Ghazib, an American convoy came at the wrong direction and hit my car which led to the death of my brother (b)(6) and

my mother (b)(6)

(b)(6)

So I am asking

compensation for their death and the damages to car asking 6500.00 dollar for the car damage 5000.00 for the death of my death of my brother and 5000.00 for the death of my mother. total of \$16,500.00

Sign and date

02-12-2008

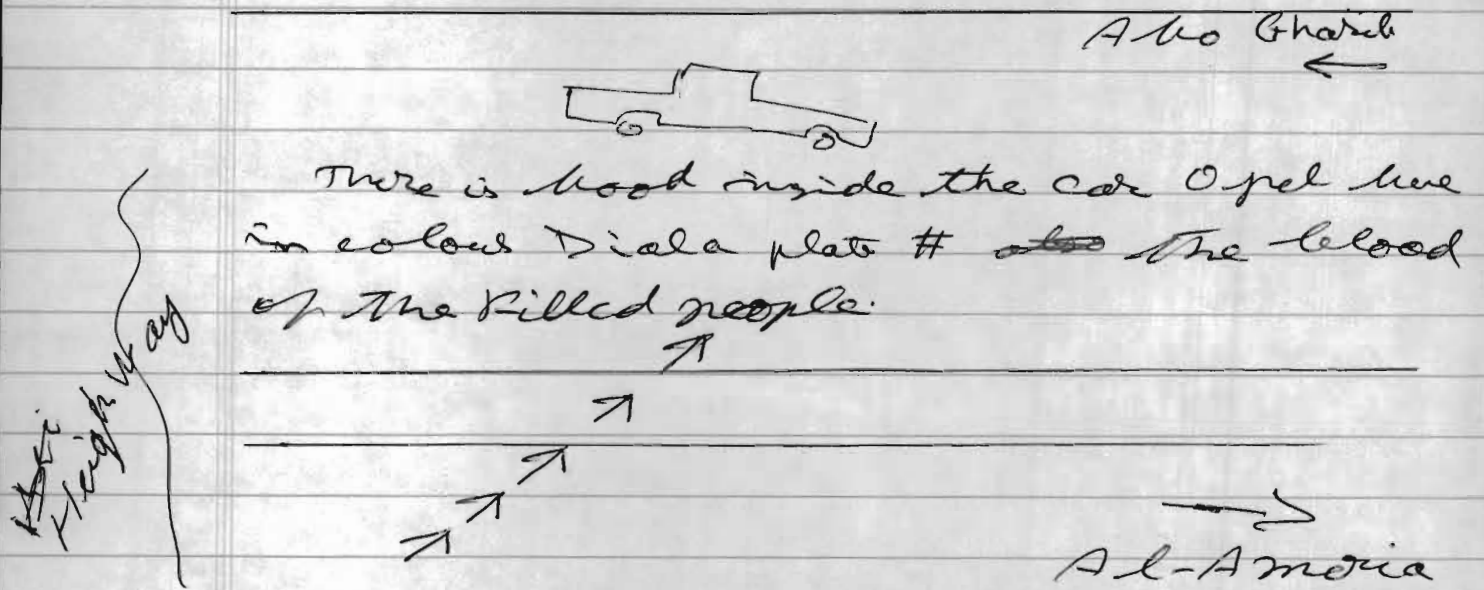
CENTCOM 016639

08-1K5-T1221-00010

Pages 11 through 13 redacted for the following reasons:

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(b)(6), Foreign Language  
Foreign Language, (b)(6)

Diagram of the investigation of accident



- (1) The accident happened (b)(6) away from my (b)(6).
- (2) place of accident is highway connecting Amoria and Abo Gharih
- (3) I have seen the car of the accident which is one Omega of blue license plate # (b)(6) it was damaged from the front side due to the huge hit, and inside it the bodies of two persons one of the driver and the other of an old woman and was killed by the wind glass, and the car was at the right side of the street. This is my claim as I saw it by myself.

Foreign Language Text, (b)(6)

Language

Language

Language

Foreign Language Text, (b)(6)

n Language

Foreign Language Tex

Langu.

ign Language

n Language

NTCOM 016644

29148

08-1K5-T1221-00015

Abo Gharih Police Office

Date 09-07-2006

Subj: opening for claim

Mr. (b)(6) came to our office and told us that there is an accident between the American forces convoy and an Omega vehicle blue in colour which led to the death of the driver and his mother at the time, and this is his claim.

On the afternoon of the same day and at the hour 13.00 while I am in my job in (b)(6)

(b)(6), I have seen the accident completely and that an American convoy came on the opposite direction which led to <sup>be</sup> hit by an Omega vehicle which led to the destruction of the car in the front and the killing of the driver and his mother at the time, and the American convoy stopped and took the bodies to the judgement hospital by the Police vehicle and gave the card of compensating, and then I came to the Police center to tell ~~to~~ every thing about the accident, and this is my claim.

sig. of

Police officer

sig. of claimant

(b)(6)

(b)(6)

Printed Date

(b)(6)

(b)(6)

Date: 09-07-2007

Pages 17 through 18 redacted for the following reasons:  
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(b)(6), Foreign Language

(b)(6), Foreign Language Text

Bill of \$6500 for fixing the  
car after the accident

CENTCOM 016648

08-1K5-T1221-00019

29151



Police office of Abo Gharib

Date: - 09-10-2007

claim of the inheritor Mr. (b)(6)

(b)(6)

live in the

(b)(6)

(b)(6) in Baghdad.

On the date of 09.07-2007 my brother took my car Omega blue in colour license plate (b)(6) on his way to the house of my sister in Abo Gharib area, and when he was on the past way in front of the (b)(6)

(b)(6)

an accident happened with the American convoy which led to the death of my brother and my mother at the time and the American officer give me the witness (b)(6)

(b)(6)

The confers card and the compensation card which hand it to me in the Police office of Abo Gharib and this my testimony.

Sig. of the  
Police officer

The inheritor

(b)(6)

date 09.07.2007

Stamp and sig.  
of the judge

Page 21 redacted for the following reason:  
-----  
(b)(6), Foreign Language Text

Contract of buying the car  
vehicle (b)(6) Dials - to

(b)(6)

live in Buffalo

vehicle Opel omega 1994 Plate (b)(6)  
Price \$ 7 000.00

sig. of the Buyer.

(b)(6)

sig. of the seller

(b)(6)

CENTCOM 016651

08-1K5-11221-00022

29154

Pages 23 through 24 redacted for the following reasons:  
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(b)(6), Foreign Language Text

Death certificate # 10  
Died person (b)(6)  
Date of Birth (b)(6)  
Date of death: 15.00 of the day 09.07.07  
Place of death: The road led to the also  
Gharib.  
Cause of death: car accident with an  
american convoy,  
led to broken of chest bones with  
severe bleeding.  
sig and slaps  
of the hospital  
Died 09.08-2007

Foreign Language Text, (b)(6)

CENTCOM 016655

29157

08-IK5-T1221-00026

Death Certificate

Died Person's

(b)(6)

Date of Birth:-

(b)(6)

Date of death:- on the hour 15.00 of 09.07.07

Place of death:- The road led to abo Ghazale

Cause of death:- Car accident with an  
american convey.

led to the broken bones and very hard  
shake to the brain, and ~~some~~ severe  
bleedings.

Sig. and Stamp of  
Hospital

dated 09.08.2007

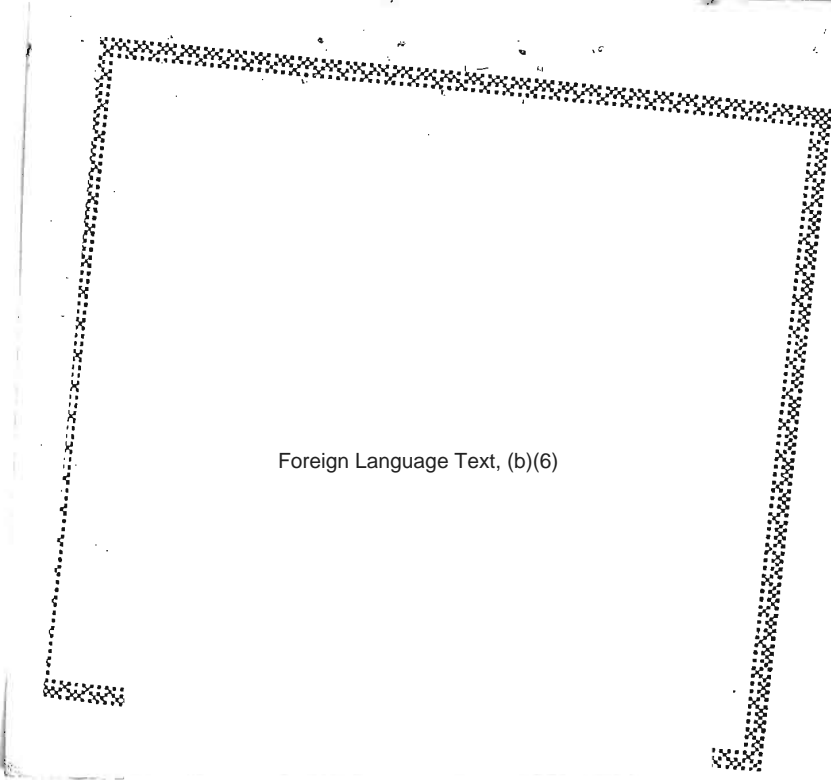
CENTCOM 016656

08-IK5-T1221-00027

29158

(b)(6), Foreign Language Text





Foreign Language Text, (b)(6)



(b)(6), Foreign Language Text

CENTCOM 016658

29160

08-1K5-T1221-00029

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 016659

29161

08-IK5-T1221-00030

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 016660

08-IK5-T1221-00031

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 016662

08-IK5-T1221-00033

Page 34 redacted for the following reason:  
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(b)(6), Foreign Language Text

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

سلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابل الأضرار التي لحقت بك، سواء كانت انهياراً  
جسدياً من إصابات إلى أضرار، أو موت لا سمح الله لأحد من الأقرباء، وكان  
السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.  
للتقدم ببلاغ والمطالبة بحقوقك الرجاء إحضار الآتي: هذه البطاقة وهويتك  
الخاصة مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل  
(صور للحادثة، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو  
التسليم، وإثبات للكلية لا حطلم أو تضرر ولا تحاول أن تحصل على تعويض  
عنه، ورحمة الصياغة أن كنت تحمل رخصة).  
الرجاء إحضار هذه المستندات إلى مركز المساعدة العراقي في معسكر  
التاجي بوابة كثر، البوابة الهندية في معسكر فالكورن، للحمودية في معسكر  
فقيه معسكر هوك، معسكر كالمو، معسكر دوك.  
أو أحد المراكز الحكومية، النورة أو مدينة الصدر - نيسان الرشيد.  
الرضويية. الرسالة الامانة الكرخ الأعظمية كرفادة أو سبع الدور.  
ملاحظة: إنك هذا الحدث (المتمسك) يعني الدفع المؤكد.  
وشكراً لتعاونكم معنا

MULTINATIONAL  
DIVISION - BAGHDAD  
1LT Halloran

**IRAQI CLAIM CARD**

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

- Fill out the required information below.
- Give this card to the Iraqi civilian, or other appropriate person in the case of death.
- Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
- 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 AC01-12 IN

DATE 7 Sep 2007

LOCATION Abu-Grib

TYPE OF INCIDENT Casualty, Death



n Languag

(b)(6)

CENTCOM 016665

08-1K5-T1221-00036

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