

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

VEHICLE ACCIDENT

Temp - verify death cert date

(b)(5)

115-3
6-Mar-08

(b)(6)

08-T1239

CENTCOM 016666

08-1K5-T1239-00001



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-T1239/115-3

1. Facts.

The claimant alleges that a CF convoy ran into his vehicle while he was driving and killed his son.

Claimant has requested \$13,000.00

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 \$13,000.00

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

Claim Attorney IK5

CENTCOM 016667

08-IK5-T1239-00002

Standard Form 1034 (8-0) Revised October 1997 Department of the Treasury 11934-0-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			10 DATE VOUCHER PREPARED 07-Aug-08		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T1239 (b)(6) Baghdad					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 AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$13,000.00
TOTAL						\$13,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		(b)(3),(b)(6)	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE						
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL				Amount validated correct for \$13,000.00		
<input type="checkbox"/> PROGRESS		TITLE: SFC, US		(b)(3),(b)(6)		
<input type="checkbox"/> ADVANCE		Pa		Foreign Claims Commission 1K5		
Purchaser to authority vested in me, I certify						
(Date) (b)(3),(b)(6)						
ACCOUNTING CLASSIFICATION						
(b)(2)High						\$13,000.00
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE			(b)(6)	
	\$13,000.00					
When stated in foreign currency, insert name of currency. 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. 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.						TITLE
Previous edition usable						NSN 7540-00-900-2234

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 51 U.S.C. 520 and 526; 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 the information will hinder discharge of the payment obligation.

CENTCOM 016668

08-1K5-T1239-00003



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 [REDACTED] (b)(6) 08-IK5-T1239 / 115-3

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your son. 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 \$13,000.00.**

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 الأضرار المزعومة والتي لحقت بالمتلكات الشخصية الخاصة بك، تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طبيك و بدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 162-27 من اجراءات المطالبة.

ان الأضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة، وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 13,000:00.

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

Sincerely,

[REDACTED]
(b)(3),(b)(6)

Captain, US Army
Claims Attorney, IK5

[REDACTED]
(b)(6)

[REDACTED]
(b)(6)

Witness

Date

CENTCOM 016669

08-IK5-T1239-00004

GIC OPINION ABOUT A CLAIM

CASE NO.

(b)(6)

(b)(6)

(b)(6)

1. The claimant presented claim card from the US Army proved that they killed his son (b)(6) and destroyed the claimant vehicle.
2. The claimant proved the ownership of the car type Opel Astra 1995 No. (b)(6)
3. The claimant ask amount of \$ 13000.00.
4. We suggest letting his son compensation go to you, notifying that the vehicle price now at the local market is \$ 7500.00.

With our respects

(b)(6)

LAWYER

(b)(6)

13 March 2008

(b)(6)

(b)(6)

(b)(6)

CENTCOM 016671

08-1K5-T1239-00006

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- claim card
- 1 Picture shows the damaged car
- Investigation document from Abogred Police station
- Death Certificate
- The cars document ~~is~~ shows the ownership slip
- Personal document

SIGN; _____

NAME; _____

(b)(6)

DATE: 4 Nov 08

CENTCOM 016672

08-1K5-T1239-00007



Claims Form



To: United States Army Foreign Claims Commission
 From: Name: [Redacted] (b)(6)
 Address: Baghdad [Redacted] (b)(6)
 Iraqi ID No: [Redacted] (b)(6)
 I am: A citizen and national of: Iraq
Permanent resident of: Baghdad Alwazeriya
 I am employed by:
 I am one () an insurer () Not an insurer
 I am one () A subrogee () Not a subrogee

I hereby file a claim against the United States Government for damages or injuries caused by [Redacted] Organization, Military Department, Address and Telephone Number

M.W.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 the person sustaining the damage or injuries.)

My claim is for [Redacted] (b)(6) Baghdad (City) Iraq (Country)

My claim is for Dec. (Month) 2nd (Day) 2007 (Year)

Give a brief description of the accident or incident on which the claim for damages to property or personal injury is based. (Use back of this sheet if necessary.)

On the 2nd of Dec. of we were driving our vehicle on [Redacted] (b)(6) suddenly we saw the US army convey were driving wrong side and they hit our vehicle which led to killed my son at once and they moved me to the hospital, an American officer gave me the claim card. For that I ask for compensation.

CENTCOM 016673

08-1K5-T1239-00008

Description of extent of property damage or personal injury sustained as result of this incident.

killed my son and destroyed my vehicle

List itemized amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item	Amount
1- Killing my son and destroyed my	
2- Vehicle type Opel Astra	\$ 13,000.00
3-	
4-	
5-	
6-	

Total: \$ 13,000.00

I was sued to the following extent against the damager or injuries I have sustained:

The name of my insurer (if any) is:

(Name) (Address)

I claim the amount (indicate amount in U.S. dollars and local currency)

\$ 13,000.00 local 13,000.00 IDR

(Signature of Claimant)

Submitted on this 6 day of May, 2002

(SIGNATURE)

(PRINT NAME)

(b)(6)

Pages 10 through 12 redacted for the following reasons:

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

(b)(6), Foreign Language Text

Witness Statement

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text

CENTCOM 016678

08-1K5-T1239-00013

Page 14 redacted for the following reason:

(b)(6), Foreign Language Text

vehicle temporary certificate

Type of vehicle:

(b)(6)

owner's name:

(b)(6)

Manufacturer's No:

Model:

(b)(6)

Opel Astra colour blue
sig. of officer

Contract of selling and buying cars

Contract No:

(b)(6)

The seller name:

Amir Baghdad

(b)(6)

The buyer name:

Car No:

(b)(6)

Opel Astra Model 1995

Manufacturer's No:

(b)(6)

Price paid is: \$ 9 600.00 Cash

Date:

(b)(6)

sig. of Sell

sig. of Buyer

Page 16 redacted for the following reason:

(b)(6), Foreign Language Text

Death Certificate

No. (b)(6) date issued: 02-02-2007

Died person name: (b)(6)

Sex: male Birth date: (b)(6) place: (b)(6)

residency in: (b)(6) Baghdad

date of death: - at the hour nine on the day
02-02-2007

cause of death: - impact with U.S. Convoy
which led to the broken of
the skull bones and face bones, and to
hemorrhage of the brain.

Death Certificate

(b)(6), Foreign Language Text

Foreign Language T

CENTCOM 016683

08-IK5-T1239-00018

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 016684

08-1K5-T1239-00019

ABO Ghazib Police office!

Date :- 12.02.2007

accident location diagram

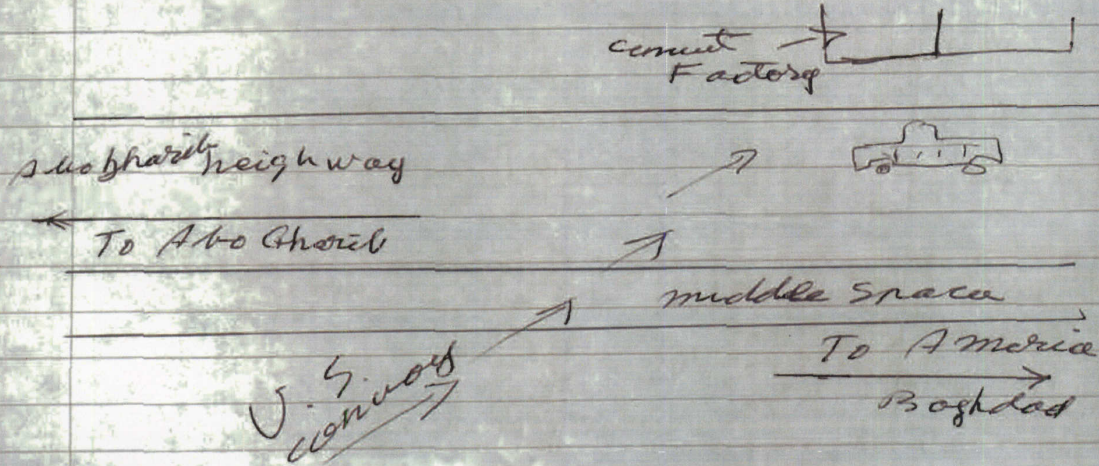
1- accident happened about (b)(6) far away from our office.

2- it's general road connecting america to ABO Ghazib district

3- I have watch in the place of the accident a vehicle type OPEL Astra No. (b)(6) Thrown on the right hand side of the road.

4- I have seen the traces of the blood the driver (b)(6) on the steering and on the desk pole and on the drivers door, and his father ~~was~~ had some simple Bruises in his body

5- I didn't seen any other thing help me in the investigation.

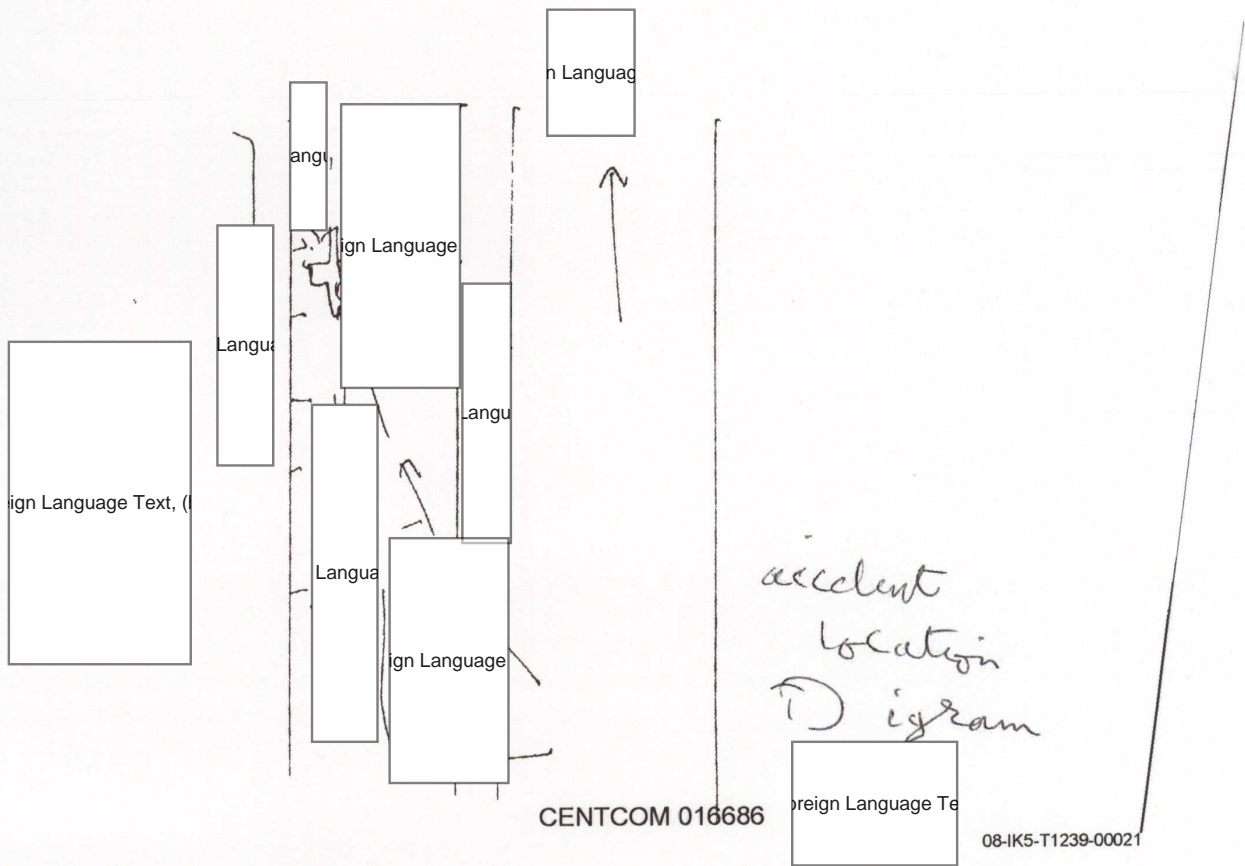


accident location diagram

CENTCOM 016685

08-1K5-T1239-00020

Foreign Language Text, (b)(6)



Page 22 redacted for the following reason:

(b)(6), Foreign Language

Personal Iraq Id. issued on = Rusafa Bqhad

(b)(6)

Pass No

(b)(6)

id. No

(b)(6)

Name:

Sex: - male

date issued: 06-14-2007

Birth date:

(b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

08-IK5-T1239-00024

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 016690

08-IK5-T1239-00025

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 016691

08-IK5-T1239-00026

Personal Iraqi Id. card issued on Baghdad
Folder No: (b)(6) Page No: (b)(6)
id. No: (b)(6)
Name: (b)(6)
Sex: male
date issued: 06-16-2006
Birth date: (b)(6) Baghdad

Page 28 redacted for the following reason:

(b)(6), Foreign Language Text, Illegible Text

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

باسمكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضرار جسدية من إصابات أو موت لا يسمح للأحد من الأعداء، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التماس التعويض. للتقدم ببلاغ والمطالبة بحقوقك الرجاء إخبار الآتي، هذه البطاقة وهويتك الشخصية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور الحادث، شهادة الشهود، تقرير الشرطة، ورسولات بالإستلام أو التسجيل، وإثبات الملكية لا تحلم أو تضرر ولا تحاول أن تحصل على تعويض عام، ورحمة السائلة إن كنت تحمل رخصة الرجاء إخبار هذه المستشفيات إلى مركز المساعدة العراقي في معسكر الناجي بولاية كربلاء البوابة الهندية في معسكر فالكون، العمودية في معسكر قلب معسكر هوتك، معسكر كاسو، معسكر دوك. أو أحد المراكز الحكومية، الثورة أو مدينة الصدر - نيسان الرشيد الرشيدية. الرسالة الأمثلة الكرخ الأعظمية الكوفة أو سبع دور.

ملاحظة: إن كان هذا الكرت (المستلم) لا يفي للرفع المؤكد.

وشكراً لتعاونكم معنا

MULTINATIONAL
DIVISION - BAGHDAD

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 0116 DAW 6, C-17

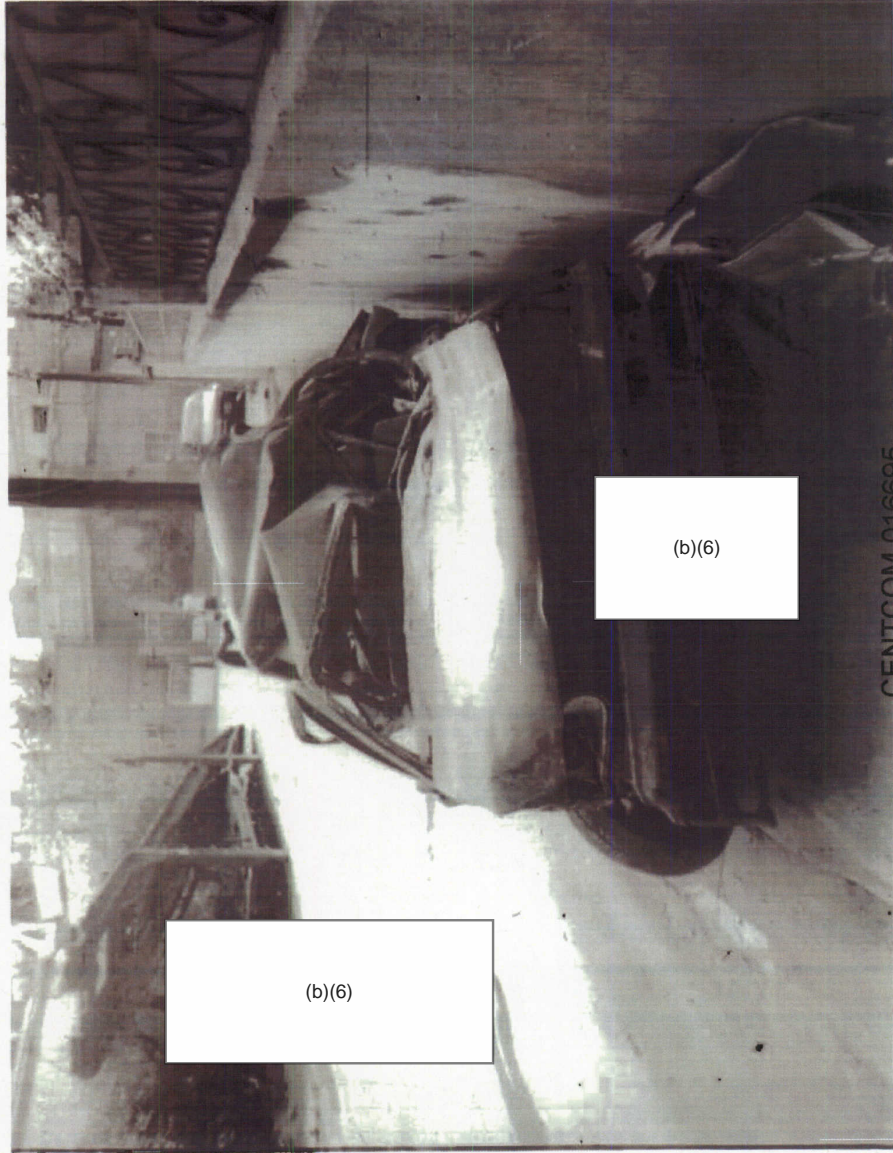
DATE 2 DEC 2007

LOCATN (b)(2) High

TYPE OF CLAIM PROPERTY DAMAGE, ACCIDENT, DEATH, HUMAN

CENTCOM 016694

08-1K5-T1239-00029



CENTCOM 016695

08-IK5-T1239-00030