

T1371

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

Foreign Language Text, (b)(6)

Foreign Language Text

511-N.8

511-N.8

~~OTHER~~ vehicle Acc.  
- translate

- Approve \$10,000-

(b)(6)

511-N.8



Foreign Language Text, (b)(6)

CENTCOM 016720

08-IK5-T1371-00002

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

**السلام عليكم ورحمة الله وبركاته**

الذي المواطن الكريم مقابل الضرر التي لحقت بكم. سواء كانت خسائر  
جسدية من اصابات الى اخره، او موت لا تمنح الله لآحد من القوميساء،  
وكان السبب وراء ذلك القوات الامريكية فقد يكون ذلك لاحق في التوقيين  
التقديم بمبلغ والمطالبة بحقوق الرجاء. احضروا اثبات هذه الخسارة ووثقوا  
التيهية مع كسب الاوراق الرسمية المتعلقة بهذه الامر والتي تتضمن  
الوضوح مثل (صور للضحايا، شهادة الشهود، تقرير الشرطة،  
ويصالات الاستلام او التسليم، اثبات الملكية لنا حطيم او تمسروا ولسا  
الحاول ان نحصل على توقيين عنده. ورحمة الله سبحانه ان كنت تجعل  
بغية.)

الرجاء احضروا هذه التسميات الى مركز المساعدة العراقي في معسكر  
الامريكي بولاية كوتير. بولاية الفلجسية في معسكر فالكون، العمودية في  
معسكر جيب معسكر هولممعسكر كاسو، معسكر بولك.  
او بولاية كوتير الحكومية، السورة او مدينة الصدر 4 بيمان الرشيد  
او بولاية الفلجسية بولاية الفلجسية الكسرخ الاعلانية الكسرخة او بولاية

التوقيع:   
التاريخ:   
الرجاء التوقيع باليد المكتوبة.

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 Iraq civilian or other appropriate person in the case of death
3. Direct claimant to the nearest Government Information Center or the Iraq Assistance Center. Do not promise them anything
4. Upon return to your FOB, complete a SF 91 or DA Form 2023. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldier's involved and will be used only to substantiate a claim against the US Army.

UNIT B 2169

DATE 14 JAN 08

LOCATION (b)(2)High

TYPE OF INCIDENT Vehicle was crushed and the man is dead by US Army

CENTCOM 016721

08-1K5-T1371-00003

| Standard Form 1034 (G)<br>Revised October 1987<br>Department of the Treasury<br>1 FPMR 4-2000<br>1024-121   |                             | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL   |               |   |                   | VOUCHER NO.          |
|---|-----------------------------|---|---------------|---|-------------------|----------------------|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br><b>DEPARTMENT OF THE ARMY<br/>24th FMC<br/>Camp Liberty, Iraq<br/>APO-AE 09344<br/>DSSN: 5579</b>   |                             | 10 DATE VOUCHER PREPARED<br><b>26-Aug-08</b>  |               | SCHEDULE NO.  |                   |                      |
|   |                             | CONTRACT NUMBER AND DATE  |               | PAID BY<br><b>24th FMC<br/>Camp Liberty, Iraq<br/>APO AE 09344<br/>DSSN: 5579</b> |                   |                      |
|   |                             | REQUISITION NUMBER AND DATE   |               | DATE INVOICE RECEIVED   |                   |                      |
| PAYEE'S NAME AND ADDRESS<br><b>CLAIM #: 08-1K5-T1371</b><br><b>(b)(6)</b>   |                             |   |               | 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<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>  | QUANTITY      | UNIT PRICE<br>COST PER  |                   | AMOUNT               |
|   |                             | 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. |               |   |                   | \$10,000.00          |
| (Payee must NOT use the space below)  |                             |   |               |   |                   | TOTAL                |
|   |                             |   |               |   |                   | \$10,000.00          |
| (Use continuation sheet(s) if necessary)  |                             |   |               |   |                   |                      |
| PAYMENT:  |                             | APPROVED FOR  | EXCHANGE RATE | DIFFERENCES   |                   |                      |
| <input type="checkbox"/> PROVISIONAL  |                             | = \$  | = \$1.00      |   |                   |                      |
| <input checked="" type="checkbox"/> COMPLETE  |                             | <b>(b)(6), (b)(3)</b>   |               |   |                   |                      |
| <input type="checkbox"/> PARTIAL  |                             |   |               |   |                   |                      |
| <input type="checkbox"/> FINAL  |                             |   |               | 0.00  |                   |                      |
| <input type="checkbox"/> PROGRESS   |                             | TITLE: <b>SFC, US<br/>Pay Agent</b>   |               | <b>(b)(3), (b)(6)</b>   |                   |                      |
| <input type="checkbox"/> ADVANCE  |                             |   |               |   |                   |                      |
| Pursuant to authority vested in me, I certify that  |                             |   | payment       |   |                   |                      |
| <b>3 SEP 08</b><br><i>(Date)</i>  |                             | <b>(b)(3), (b)(6)</b>   |               | <b>Foreign Claims Commission IK5</b><br><i>(Title)</i>                            |                   |                      |
| ACCOUNTING CLASSIFICATION   |                             |   |               |   |                   |                      |
| <b>(b)(2) High</b>  |                             |   |               |   |                   | \$10,000.00          |
| PAID BY   | CHECK NUMBER                | ON ACCOUNT OF U.S. TREASURY   |               | CHECK NUMBER  | ON (Name of bank) |                      |
|   | CASH                        | DATE  |               |   | <b>(b)(6)</b>     |                      |
|   | \$10,000.00                 | <b>3 SEP 08</b>   |               |   |                   |                      |
| When stated in foreign currency, insert name of currency.<br>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.<br>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. |                             |   |               |   |                   | PEN<br>TITLE         |
| Previous edition usable   |                             |   |               |   |                   | NSN 7540-00-900-2234 |
| <p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>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.</p>  |                             |   |               |   |                   |                      |

CENTCOM 016722

08-1K5-T1371-00004



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

26-Aug-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T1371 / 511n-8

1. Facts.

The claimant alleges that her husband was hit by a CF convoy while he was driving. The claimants husband died on the scene.

Claimant has requested \$12,500.00

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 \$10,000.00

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

CPT, JA  
Claim Attorney IK5

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08-IK5-T1371-00005

**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: 3 SEP 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 \_\_\_\_\_ 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

26 August 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1371 / 511n-8

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage caused by U.S. Forces. 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 \$10,000.00.**

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 بالممتلكات الشخصية الخاصة بك، تنظيم الجيش 20-27 و إدارة شؤون US وقد قمت بمراجعة طبيك وبدقة 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، 10,000.00،

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

(b)(6)

Date

Sincerely,

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

Captain, US Army  
Claims Attorney, IK5

(b)(6)

13 Sept 08  
Date

CENTCOM 016725

08-IK5-T1371-00007

# CLAIMS LOG

AMOUNT CLAIMED: \$12500  
CLAIMANTS NAME: [redacted] (b)(6)  
DATE CLAIM SUBMITTED: 14 Sep 10 Aug 08  
DATE OF INCIDENT: 14 Sep 08  
LOCATION OF INCIDENT: UMD  
IRAQI ID NUMBER: 396701  
PARALEGAL RECOMMENDATION: \_\_\_\_\_

FCC ACTION:     DENY             APPROVE             OTHER

**COMMENTS / REMARKS:**

The claimant alleges that her husband was hit by a CF Convoy while he was driving.

- Claims card is a little suspicious.
- ~~evidence~~ translate death cert.





AL Mahmodia Claim Department



"THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- *claim card*.....
- *one photo for the car damage*.....
- *copy of death certificate for the claimant's husband*.....
- *copy of the car registration card and the car buying contract*.....
- *copy of Iraqi ID and National card for the claimant*.....
- .....

(b)(6)

AL Mahmodiah Claim Department

Date: *11/3/2008*.....

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08-1K5-11371-00009



### Claims Form

To: United States Army Foreign Claims Commission

From: Name (b)(6)  
Address: Iraq Baghdad (b)(6)  
I.D. number (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address above
- c. Employed by: \_\_\_\_\_
- 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)

MAF

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: MMD Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: Aug 10 2008  
(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 14/Jan/2008 My husband (b)(6) was driving his car (Kia, Coris, car) (b)(6) at Al-Yousifiyah road near highway cross an American vehicle hit his car and destroyed it and killed him inside it, his brother was driving in another car saw the accident and stopped behind him then MAF soldier gave him a claim card ask for compensation with respect.

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08-1K5-T1371-00010

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

MVF vehicle hit the claimant's husband's car caused death to her husband and destroyed his car at the road (Yousifigah - Redhmaniyah)

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- The death of My husband | \$ 2500  |
| 2-                         |          |
| 3- The value of his car    | \$ 10000 |
| 4-                         |          |
| 5-                         |          |
| 6-                         |          |

Total: \$ 12500

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)

\$ 12500 local 15000000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 10 day of Aug, 2008

(Print Name)

(b)(6)

(Signature)

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08-1K5-T1371-00011

Pages 12 through 13 redacted for the following reasons:

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

(b)(6)

claim for

On the date of 01-11-2008 My  
husband left my his vehicle type  
Kia Kresidi white in colour model  
(b)(6)  
and when he reach the crossing part  
of Radhwania and Xorsipia he got  
hit by U.S. vehicle which led to be  
killed at the time. I am asking to get  
for the car \$ 10,000 and for the death  
of My Husband \$ 2500 total of \$ 12,500

Foreign Language

Page 15 redacted for the following reason:  
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(b)(6), Foreign Language Text

Contract #06 Machine and seller car  
The seller  
The buyer  
was vehicle: 1997 Kia K2000s make  
owner's license plate  
Registration N.O.  
extent: white  
date of the contract is 08.05-2005

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Page 17 redacted for the following reason:  
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(b)(6), Foreign Language Text



Personal id. Card NO. (b)(6)  
Name: (b)(6)  
Gender: male

Personal id. Card NO. (b)(6)  
Name: (b)(6)  
Gender: Female

Vehicle Certificate  
Vehicle NO: (b)(6) Baghdad.  
owner: (b)(6)  
Type: Kia Ridenor (b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

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08-IK5-T1371-00019

Death Certificate No.:-

(b)(6)

dated:- 01-14-2008

Name of the dead Person:-

(b)(6)

Birth date:-

(b)(6)

(b)(6)

death date:- at the hour ten in the morning  
on the day 01-14-2008

location:- high way between Yankin  
and Radkwanina

cause of accident:- car accident by  
The U.S. forces

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08-1K5-T1371-00020

Foreign Language Text, (b)(6)

CENTCOM 016739

08-IK5-T1371-00021



08-IK5-T1371-00022

CENTCOM 016740