

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

Vehicle Accident

- Terp
- Approve \$15,000 -

144-3
12-Nov-08

(b)(6)

08-T1575

CENTCOM 016770

29291

08-1K5-T1575-00001

CLAIMS LOG

AMOUNT CLAIMED: 16,000.00
CLAIMANTS NAME: _____ (b)(6) _____
DATE CLAIM SUBMITTED: 25 Mar 08
DATE OF INCIDENT: 20 Jun 07

PARALEGAL RECOMMENDATION: _____ (b)(5) _____

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:

claims a convoy hit his car & killed his father.

- No death certificate.

- Claim card looks shady.

- Only one death cert. States cause of death from car accident of course w/us forces.

~~the~~ cert. States cause of death was high blood pressure.



CENTCOM 016771

08-IK5-T1575-00002

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 11FAM 4-2000 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 02-Nov-08		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579		
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
CLAIM #: 08-1K5-T1575				DISCOUNT TERMS		
PAYEE'S NAME AND ADDRESS (b)(6) Baghdad				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>	QUAN- TITY	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
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$15,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		RV: \$	=\$1.00			
<input checked="" type="checkbox"/> COMPLETE		(b)(3),(b)(6)				5,000.00
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE: SFC, US		(b)(3),(b)(6)		
<input type="checkbox"/> ADVANCE		Pay A				
Pursuant to authority vested in me, I certify the		(b)(3),(b)(6)		Foreign Claims Commission IK5		
(Date)				(Title)		
ACCOUNTING CLASSIFICATION						
(b)(2)High						\$15,000.00
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE			
	\$15,000.00		(b)(6)	(b)(6)		
<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>				PER		
				TITLE		

Previous edition usable

NSN 7540-00-900-2234

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.

CENTCOM 016772

29293

08-1K5-T1575-00003



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

2 November 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1575 / 144-3

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 \$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.

عزيمي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالمتلكات 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)

5 NOV 08

Date

Claimant

Sincerely,

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

(b)(6)

5 NOV 08

Date

Witness

Captain, US Army
Claims Attorney, IK5

CENTCOM 016773

08-IK5-T1575-00004

29294



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

02-Nov-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T1575 / 144-3

1. Facts.

The claimant alleges that a CF convoy hit his father's car, destroying the vehicle and causing his father to die.

Claimant has requested \$16,000.00

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 \$15,000.00

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

Claim Attorney IK5

CENTCOM 016774

08-IK5-T1575-00005

GIG OPINION ABOUT A CLAIM

(b)(6)

CASE NO. (b)(6)

1. The claimants presented claim card from the US Army supported that they did the damages into the claimant's father car and killed him.
2. The claimant proved the ownership of the car which belong to his father and also presented a death certificate for his mother.
3. the claimant proved that he is the only inheritor in his family.
4. The claimant asks amount of \$ **16000.00**.
5. We suggest compensate him amount of \$ **15000.00**.

With our respects,

(b)(6)

THE LAWYER,

(b)(6)

25 March 08

Information Centre
Australia

(b)(6)

(b)(6)

CENTCOM 016775

08-IK5-T1575-00006



GENERAL INFORMATION CENTAR,
AL-RADHWANYA, BAGHDAD, IRAQ.



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- Claim card
- One picture for damages of vehicle
- Death certificate
- Investigation report by Iraqi police station
- Buying contract and vehicle ID
- Iraqi documents

SIGN; _____ (b)(6)

NAME; _____

DATE: 12-Mar-08
CENTCOM 016776



Claims Form



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

Address: Baghdad. (b)(6)

Iraqi ID No. (b)(6)

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad - Iraq
- 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 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.) (b)(6)

My claim arose at Abo Ghraib Baghdad Iraq
(Town) (City) (Country)

My claim arose on June 20 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 date 20-June-07 while my father was driving
My vehicle type (Chevrolet) model (b)(6) golden color
Plate No: (b)(6) the U.S convoy hit
Car resulted to turnover it and died instantly
For that am asking for compensation.

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

Death my father and damage my vehicle
By the U.S army

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 my vehicle	\$ 11,000.00
2-	
3- For death my father	\$ 5,000.00
4-	
5-	
6-	

Total: \$ 16,000.00

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)
\$ 16,000.00 local 19,250,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 12 day of Mar, 2008.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)
CENTCO

Pages 10 through 13 redacted for the following reasons:

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

contract of buy - - - - -

The seller Name:-

(b)(7)(C)

The buyer Name:-

(b)(7)(C)

Make of the car:- Chevrolet Super V.V.O.

(b)(7)(C)

(b)(7)(C)

Colour golden Price \$ 13,500.00

Date:- 04-22-2005

sig of seller

sig. of Buyer

(b)(7)(C)

(b)(7)(C)

Page 15 redacted for the following reason:

(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 أضراراً جسدية من إصابات أو موت لا سمح الله لأحد من الأبناء، وتكن السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض. للتقدم ببلاغ والمطالبة بحقوق الرجاء إحضار الآتي: هذه البطاقة وهويتك الشخصية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للعائد، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو التسليم، وإثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورجاسة السيارة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمكات إلى مركز المساعدة العراقي في معسكر التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، الحمودية في معسكر هبي، معسكر هوك، معسكر كاسو، معسكر دوك، أو أحد المراكز الحكومية، التورثة أو مدينة الصلحة نيسان الرشيد الرضوية. الرسالة الأمارات الكرخ الأعظمية الكرادة أو سبع البور.

ملاحظة: إنك إذا فكرت (المستمدك) لإرضي الدفع 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 Cco I-87 IN

DATE 20 Jun 2007

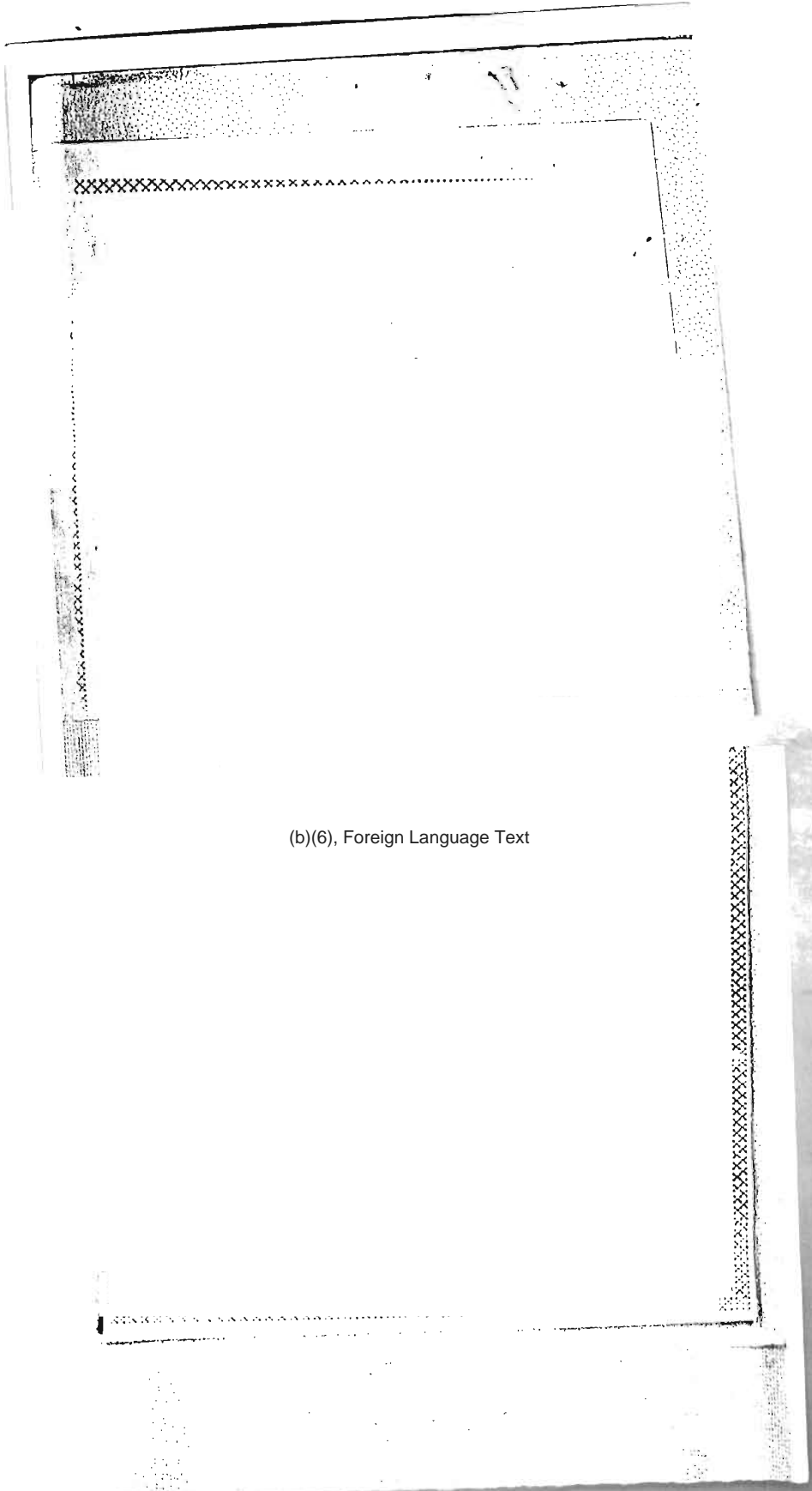
LOCATION 35

TYPE OF INCIDENT HEVROLET car Accident
Identifying (Death)

CENTCOM 016785

29303

08-IK5-T1575-00016

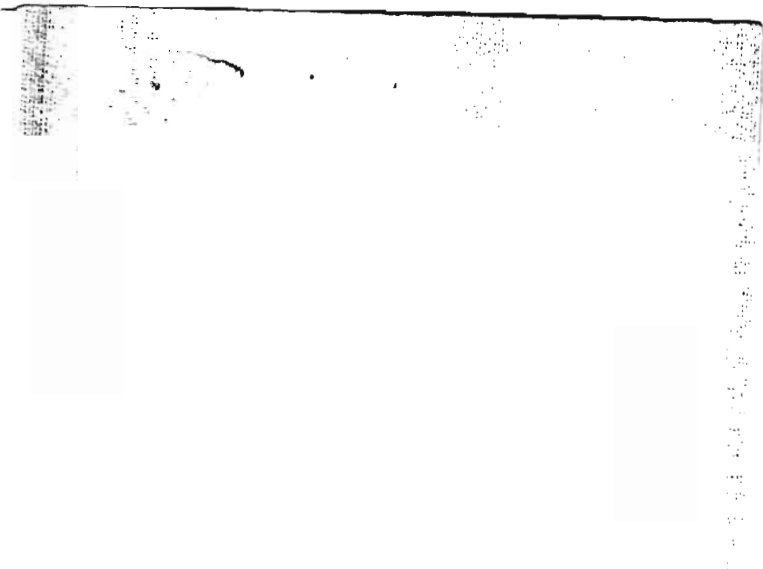


(b)(6), Foreign Language Text

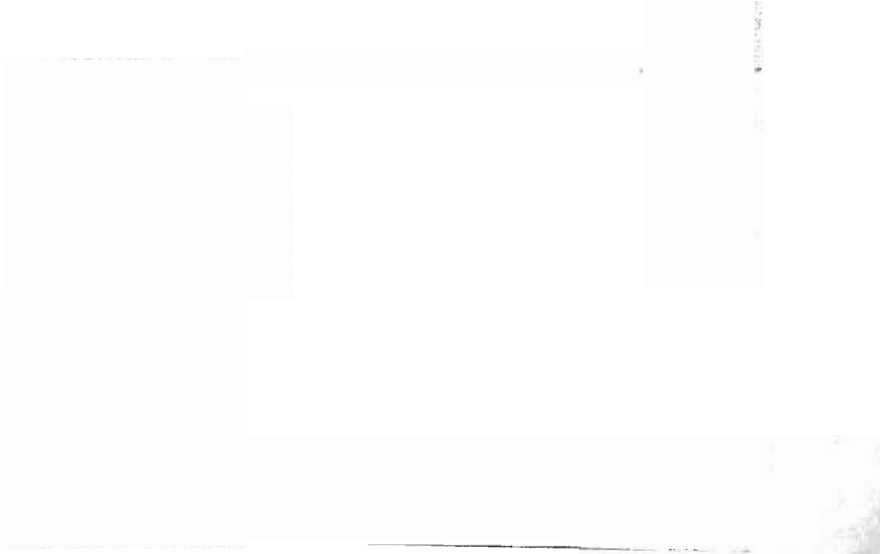
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08-IK5-T1575-00017



(b)(6), Foreign Language Text



CENTCOM 016787

29305

08-IK5-T1575-00018

Death certificate
 NO. (b)(6) - 21-2007
 Name (b)(6) (b)(6)
 (b)(6) (b)(6)
 date of death: at one hour 09.00 at the
 day dated 12-21-2006?
 cause of death: car accident with U.S.
 army. brain haemorrhage
 due to severe
 shock.
 To the doctor Date of death 06-21-2007

Page 20 redacted for the following reason:

(b)(6), Foreign Language Text

Death Certificate

No

(b)(6)

Dated: 08-06-2004

Name of died person:

(b)(6)

Date of Birth:

(b)(6)

Date of death: at the hour 17. of 08-06-04

cause of death: severe high blood pressure which led for sudden stop of the heart beat and the stop of the kidney as well.

CENTCOM 016790

08-1K5-T1575-00021

Foreign Language Text, (b)(6)

CENTCOM 016791

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08-IK5-T1575-00022

Foreign Language Text, (b)(6)

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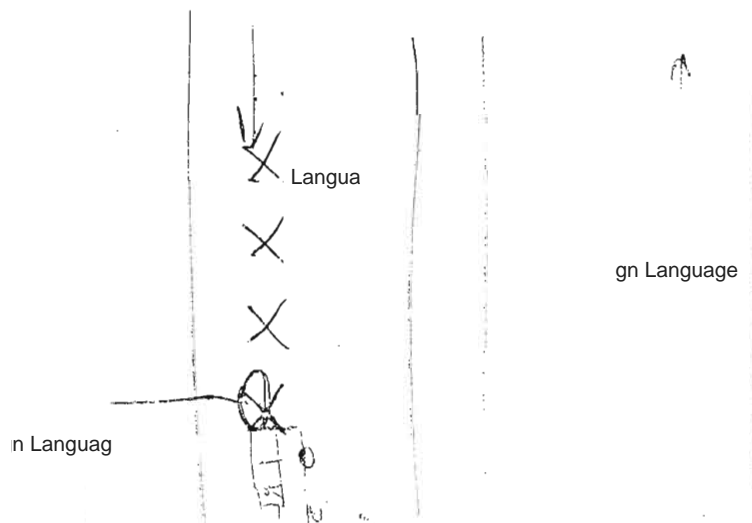
(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Handwritten marks on the right margin, including a checkmark, a squiggle, and a vertical line.

Foreign Language Text, (b)(6)

Foreign Language Text



*Diagram for
the accident location*

CENTCOM 016795

Foreign Language Text, (b)(6)

CENTCOM 016796

08-1K5-T1575-00027

Foreign Language Text, (b)(6)

CENTCOM 016797

08-1K5-T1575-00028

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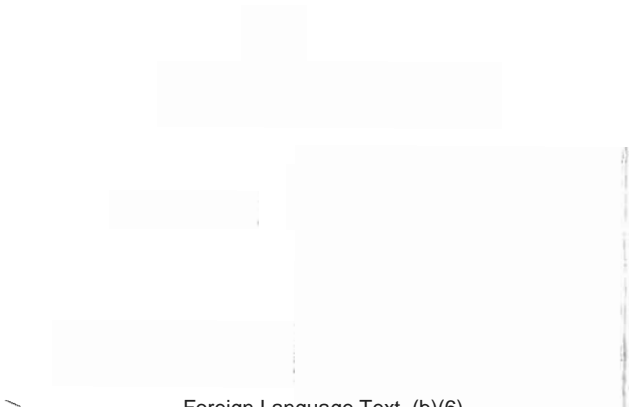
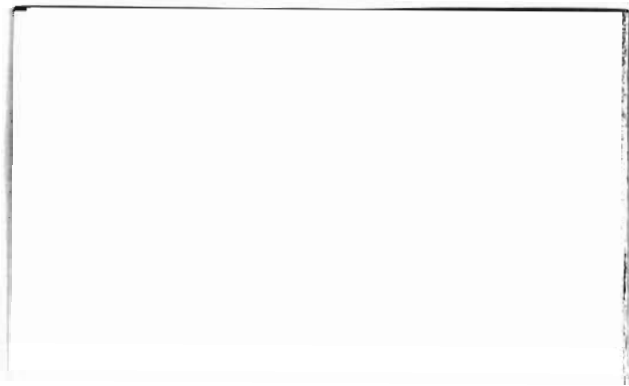
(b)(6), Foreign Language

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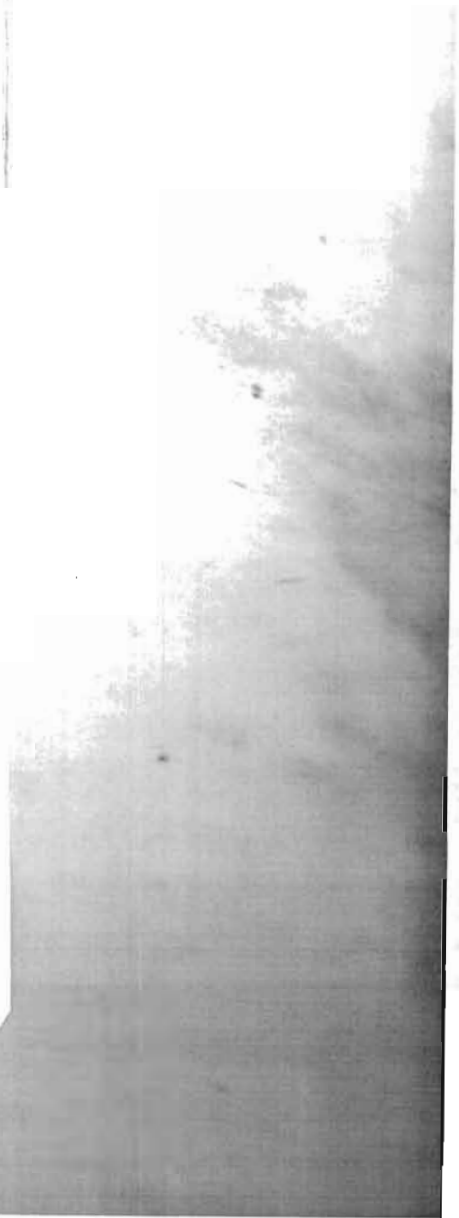
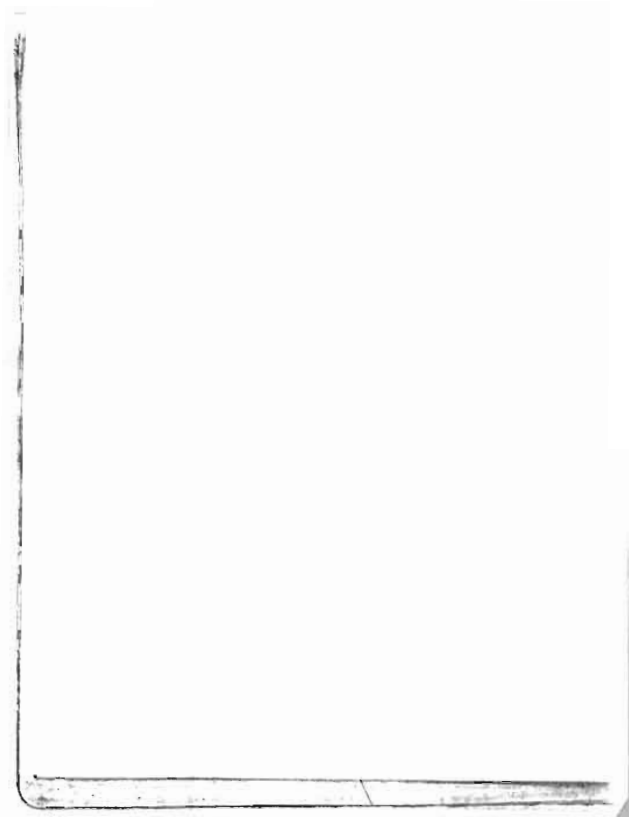
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08-IK5-T1575-00030



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