

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

Vehicle Accident

- Terp

- Approve \$15,000 -

287-5  
14. May. 08

(b)(6)

08-T1219

(b)(6)

708

- car accident killed the  
claimant's son and husband  
with destroying the car  
she asking \$1,500,000.  
we suggest give her \$1,500,000

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

سلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت لضرب  
جسدية 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  
المنجية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تسعم الموضوع مثل  
(صور للحادث، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو  
التسليم، وثائق الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض  
عنه، ورخصة السيارة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمكات إلى مركز المساعدة العراقي في معسكر  
التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، العمودية في معسكر  
فلبه معسكر هوك، معسكر كالسو، معسكر دوك.  
أو أحد المراكز الحكومية: الثورة أو مدينة الصدر - نيسان - الرشيد.  
الرضوية. الرصافة الأمانات الكرخ الأعظمية الكرادة أو سبع البور.

ملاحظة: إنك هذا القرب (المستمك) لا يضمن 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 ACC 1-12 IN

DATE 7/21/07

LOCATION (2) Hig

TYPE OF INCIDENT HE WAS NOT AT ACCIDENT DEATH HUSBAND AND SON

CENTCOM 016804

29321

08-IK5-T219-00003

Death certificate: No.

(b)(6)

Dated: - 08.08.07

Name: -

(b)(6)

Gender: - Male

Nationality: - Iraqi

Religious: - Muslim

Occupation: -

(b)(6)

Marriage status: - Not married

Birth date: - year

(b)(6)

Birth place: - Baghdad

Place of death: - General road leading to  
Al-Khazirah

Date of death: - at the show tree on the  
day of 08-07-2007

The person who informed the police station  
on the death was

(b)(6)

she is a

soldier in Iraqi army - National Guard

cause of death: - Sever broken bones  
of skull and the chest ribs, with  
sever hemorrhage internally.

physician who checked him Dr. (b)(6)

(b)(6)

alwan

in the judicial hospital on the date of  
08-07-2007

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08-1K5-T219-00004

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 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.		
		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		
PAYEE'S NAME AND ADDRESS <b>CLAIM #: 08-IK5-T1219</b>  <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 <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
(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		= \$	* \$1.00			
<input checked="" type="checkbox"/> COMPLETE		(b)(3), (b)(6)				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE: <b>SFC, US Pay Acct</b>		(b)(3), (b)(6)		
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify that						
<b>Sept 1 '08</b> <i>(Date)</i>		(b)(3), (b)(6)		<b>Foreign Claims Commission IK5</b> <i>(Title)</i>		
ACCOUNTING CLASSIFICATION						
		(b)(2)High		\$15,000.00		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	(b)(6)		
	CASH	DATE	PAYEE			
	\$15,000.00	<b>1 Sep 08</b>	(b)(6)			
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 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.				PE		TITLE
Previous edition usable				PRIVACY ACT STATEMENT		NSN 7540-00-900-2234
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 016806

29323

08-IK5-T219-00005



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-T1219/287-5

1. Facts.

The claimant alleges that a CF convoy hit the car that her husband was driving, killing him and her son and destroying the car.

Claimant has requested \$15,000.00

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)

CPT, JA  
Claim Attorney IK5

CENTCOM 016807

08-IK5-T1219-00006

**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: 1 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) \_\_\_\_\_ name \_\_\_\_\_  
Print given name, family name, business 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-T1219 / 287-5

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage to your vehicle and loss of your husband and 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 \$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 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 ( 27-20 ) من قانون الجيش. AR

(b)(6)

Sincerely,

(b)(6)

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

Witness

Date

Captain, US Army  
Claims Attorney, IK5

1st sep 2008

CENTCOM 016809

08-IK5-T219-0008

29326



# CLAIMS LOG

AMOUNT CLAIMED: 15,000  
CLAIMANTS NAME: (b)(6)  
DATE CLAIM SUBMITTED: 23 May 08  
DATE OF INCIDENT: 7 Aug 07

PARALEGAL RECOMMENDATION: (b)(5)

FCC ACTION:  DENY  APPROVE  OTHER

## COMMENTS / REMARKS:

Claims a Convoy hit her husband's car while he was driving.  
Killing her son + husband.

(b)(5), (b)(6)

- If we did hit him, it was head on + very fast.





287-5



Foreign Language Text

To: United State

From: Name: (b)(6)

Address:

Iraqi ID No (b)(6)

I am

- a. A citizen and national of:
- b. A permanent resident of: *Iraq*
- c. Employed by:
- d. Check one ( ) an insurer ( ) Not an insurer
- e. Check one ( ) A subrogate ( ) Not a subrogate

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

*M. U. F.*

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 *Albo Ghraib* *Bag* *Iraq*  
(Town) (City) (Country)

My claim arose on *Aug* *7* *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 7 Aug 2007 when my husband was driving his car with my son. The US Army convoy hit their vehicle which led to destroyed it and killed them both, so that I ask for compensation.*

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08-IK5-T219-00010

29328

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

car accident + death

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.)

<u>Item</u>	<u>Amount</u>
1- For the value of the car	\$ 5000
2-	
3 For my son	\$ 5000
4	
5 For my husband	\$ 5000
6	

Total: \$ 15000

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)

\$ 15000 local 15000.000

(Signature of Claimant)

Subscribed before me this 15 day of May, 2008

(b)(6)

(SIGNATURE)

CENTRAL BANK

08-1K5-T219-00011

Pages 12 through 13 redacted for the following reasons:

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



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- \* claim card with information
- \* picture of the car which destroyed by the US
- \* certificate of death for the son and the husband
- \* ownership of the car
- \* investigation paper from Abo Ghraib police station
- \* Iraqi documents

SIGNATURE; -----

(b)(6)

NAME; -----

Date; -----

Claimant Name!-

Name in :-

(b)(6) - Bapdad

On the date of 08-07-2007

my husband (

left

together with his son by his car type

Bapdad

(b)(6)

Me:-

(b)(6)

celebrity model in aho ghosh street, suddenly an american

convooy hit his car which led to be killed

together with his son. so I ask compensation

I am asking \$ 5000.00

\$ 5000.00

\$ 5000.00

Total of \$ 15000.00

sig. of

the claimant

date:- 04.12.08

Page 16 redacted for the following reason:  
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Foreign Language Text, (b)(6)

Aba Gharib Police Officer date: 08-17-2007  
claim for the claimant of Personal right  
Name: (b)(6)

On the date of 08-07-2007 I left with  
my husband (b)(6)  
and my son using his car type celebrity  
white in colour. heading to my daughter  
house for a visit in aba gharib area and  
when we reached her house ~~by~~ by two  
hours, my husband left together with  
my son to visit his brother in the neighbor  
area to my daughter house. He got the  
car accident with the U.S.F. convoy  
and as in person was checking point, and  
with in coming of the U.S.F. convoy in  
the opposite direction with out stopping  
I am asking claim and compensation  
from the U.S. Forces. that is my  
testimony

sig. of  
sig. & stamp of the personal rights  
the judge (b)(6)

sig. of  
the police officer  
captain (b)(6)

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08-1K5-T219-00017

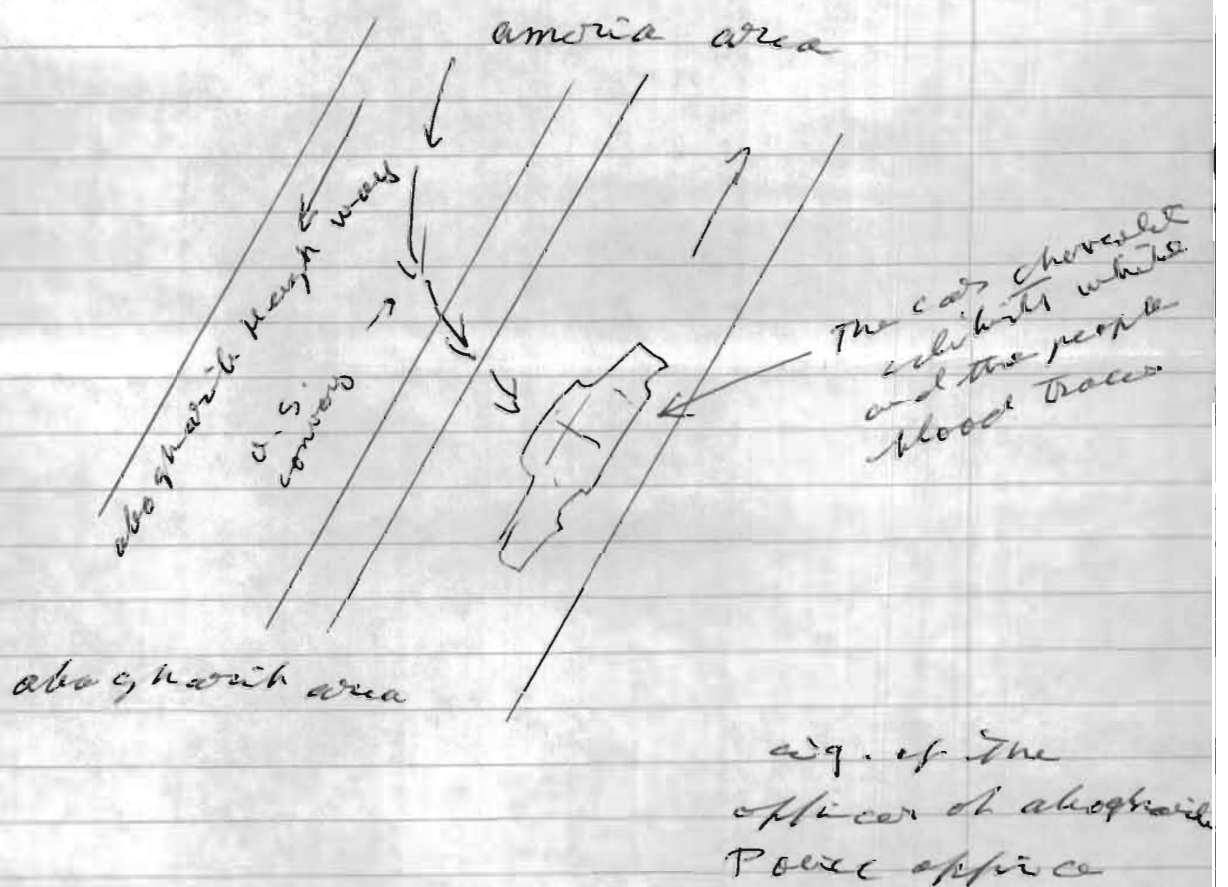


Page 18 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)

Investigation and Diagram of the accident  
Abu Gharih Police office center

Date: 08-07-2007

- 1- The place of accident is public high speed road in abu gharih far away from our office by 500 meters
- 2- I found the car Type Chevrolet celebrity white in colour carrying license plate No. (b)(6) Baghdad Thrown on the left hand side of the street, and I found inside it the remaining of blood on the steering of the vehicle and on the seats and on the doors and the vehicle was destroy completely due to the severe struck by the U.S. Force convoy.
- 3- I havenot seen anything else of advantage to the investigation.



Foreign Language Text, (b)(6)

(b)(6)

Foreign Language Text

ign Language

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Foreign Language Text

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08-IK5-T219-00020

Page 21 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)

contractor of selling and Buying cars  
certificate N.O. (b)(6) Date :- (b)(6)

The seller :- (b)(6)  
line n :- (b)(6)

The Buyer :- (b)(6)  
line n (b)(6)

for the selling of car N.O (b)(6) Baghdad  
type :- chevrolet celebrities white in colour  
model (b)(6)

manufacture N.O. (b)(6)

price of :- \$ 6850.00  
dated :- 12-08-2004  
sig. of the seller (b)(6)

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08-IK5-T219-00022

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

vehicle ownership certificate

vehicle No.:

Baghdad

owner :

The one have the right to use it and get advantage of it :-

manufacturer No.:-

Type and model :- Chevrolet celebrity

color :- white

reg. of the

data:-

offices

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Death Certificate, No. (b)(6) Dated: 2007-08-08

Name: (b)(6)

Gender: Male

Nationality: Iraqi

Religion: Muslim

Occupation: (b)(6)

Marriage Status: Married

Birth date: Year (b)(6) Place of Birth: (b)(6)

Place of death: General Street

Date of death: at the hour three on the month 08 - year 2007

Cause of death: car accident with the American forces, which led to broken of the skull and damage of the brain

checked by Dr. (b)(6) working in periodical hospital.

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08-1K5-T219-00025



Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)

Personal identification Card No.:-

Name:- (b)(6)

Gender:- Female

Issued on:- 02-18-2003 (b)(6)

Birth date:- (b)(6)

Place of Birth:- (b)(6)

REIGN LANGUAGE DOCUMENT, Foreign Language Text, (b

FOREIGN LANGUAGE DOCUMENT

Personal Identification Card Office: AL-KADUNA

Facets No: (b)(6)

Page (b)(6)

(b)(6)

Name: (b)(6)

Issued on: 02-08-70 (b)(6)

Date of Birth: (b)(6)

Place of Birth: (b)(6)

Gender: Male (b)(6)

FOREIGN LANGUAGE DOCUMENT

CENTCOM 016830

08-IK5-T219-00029

FOTFA=

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Handwritten scribbles

FOREIGN LANGUAGE DOCUMENT

FOREIGN LANGUAGE DOCUMENT

identification card

office of Al-Karima

Folder No: (b)(6)

pages (b)(6)

Name: (b)(6)

gender: male

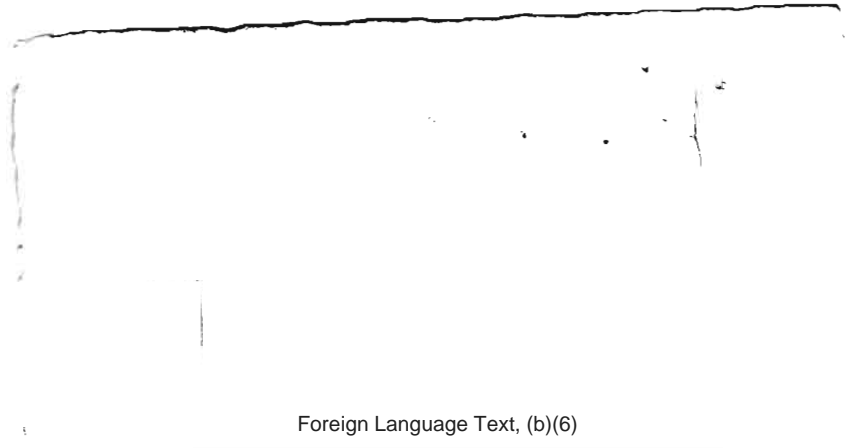
date of issued: 11-06-02

Birth date: (b)(6)

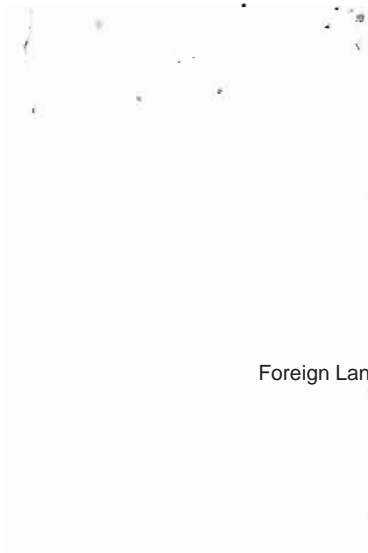
place of Birth: (b)(6)

Page 31 redacted for the following reason:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

Car accident  
Killing her son and husband,  
\$ 15000,00

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08-1K5-T219-00033

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Foreign Language Text, (b)(6)



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08-1K5-T219-00035

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