

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

OTHER

Approve \$15,000

- Have (b)(6) interpret death certs

(b)(6)

Standard Form 1024 (2G) Revised October 1989 Department of the Treasury 1750-1000 1024-111		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.	
DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			19-Jul-08		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			CONTRACT NUMBER AND DATE			
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS	CLAIM #:	(b)(6)		DATE INVOICE RECEIVED		
		Baghdad		DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
				GOVERNMENT USE NUMBER		
SHIPPED FROM	TO	WEIGHT				
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		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.				\$15,000.00
TOTAL						\$15,000.00
<small>(Use continuation sheet(s) if necessary)</small>						
PAYMENT:		APPROVED FOR:	EXCHANGE RATE:	DIFFERENCES:		
<input type="checkbox"/> PROVISIONAL						
<input checked="" type="checkbox"/> COMPLETE	BY	(b)(3), (b)(6)				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL	TITLE:	SFC, US				15,000.00
<input type="checkbox"/> PROGRESS		Pay				
<input type="checkbox"/> ADVANCE	Pursuant to authority vested in me, I signify					
	28 July 08	(b)(3), (b)(6)		Foreign Claims Commission IK5		
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			(b)(6)	
	\$15,000.00	28 Jul 08				
<small>When stated in foreign currency, insert name of currency</small>						
<small>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.</small>						
<small>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>						
<small>Previous edition obsolete</small>						
PRIVACY ACT STATEMENT						
<small>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.</small>						

CENTCOM 017032

08-IK5-T506-00002



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

19-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T506 / 225-4

1. Facts.

Claimant alleges CF convoy hit his car killing his wife and child.

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 017033

08-IK5-T506-00003



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

19 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T506 / 225-4

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your wife and sons. 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 طبيك 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)

Claimant

Date

28 July 08

Sincerely,

(b)(6)

Witness

Date

28 July 08

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

Captain, US Army
Claims Attorney, IK5

CENTCOM 017034

08-IK5-T506-00004

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: 28 Jul 08

PAY AGENT NAME: SFC

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

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

Serial Number:

through and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____

* Use additional forms if needed.

CLAIMS LOG

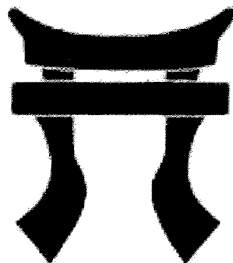
AMOUNT CLAIMED: \$13,000
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 14 Nov 08
DATE OF INCIDENT: 04 Sep 07

PARALEGAL RECOMMENDATION: Approve ~~Amount~~ 10k

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:

- Death certificates, pictures, and claims card present.
- two people died and car is clearly damaged.
- All death certificates state cause of death being head trauma because of a vehicle rollover from a convey. All certificates basically say CF convey is the cause of death. I strongly disagree.



CENTCOM 017036

08-1K5-T506-00006

THE GIC OPINION ABOUT A CLAIM

(b)(6)

Case No. (b)(6)

1. The claimant presented claim card from the US Army proved their responsibility for killing the claimant family and destroyed his car.
2. The claimant ask amount of \$ 15,000. For killing his sons and wife with destroying his car.
3. We suggest compensate him amount of 15,000.

With our respect,

(b)(6)

LAWYER

(b)(6)

19 April 08

(b)(6)

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name: (b)(6)

- Claim card.....
- Two pictures.....
- Vehicle ID. ~~Buying contract~~.....
- Three certifications of death.....
- Investigation report.....
- Personal document.....

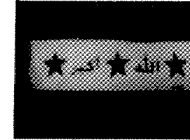
SIGN; (b)(6)

NAME; (b)(6)

DATE: 4/16/2008



Claims Form



To: United States Army Foreign Claims Commission

From: Name: [Redacted] (b)(6)

Address: [Redacted] (b)(6)

Iraqi ID No I am [Redacted] (b)(6)

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

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.)

My claim arose at *Highway. Abo. Ghraib, Baghdad* *Iraq*
(Town) (City) (Country)

My claim arose on *Sep* *4* *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 4/sep/07 while I was driving my vehicle type

[Redacted] (b)(6)

*With my wife, children on Abo. Ghraib highway. surprised
The U.S convoy came wrong side toward me. which
Led to turnover my car. Killed my wife, sons. For
This action am asking for compensation.*

CENTCOM 017039

08-1K5-T506-00009

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

Turnover my car and Killed my wife, son
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 the damages	\$ 15,000,000
2-	
3	
4	
5	
6	

Total: \$ 15,000,000

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)

\$ 15,000,000 local 18,000,000 TD

(Signature of Claimant)

Subscribed before me this 16 day of Apr, 2008.

(SIGNATURE)	(b)(6)
(PRINT NAME)	(b)(6)

Pages 11 through 13 redacted for the following reasons:

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

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017044

08-1K5-T506-00014

Foreign Language Text, (b)(6)

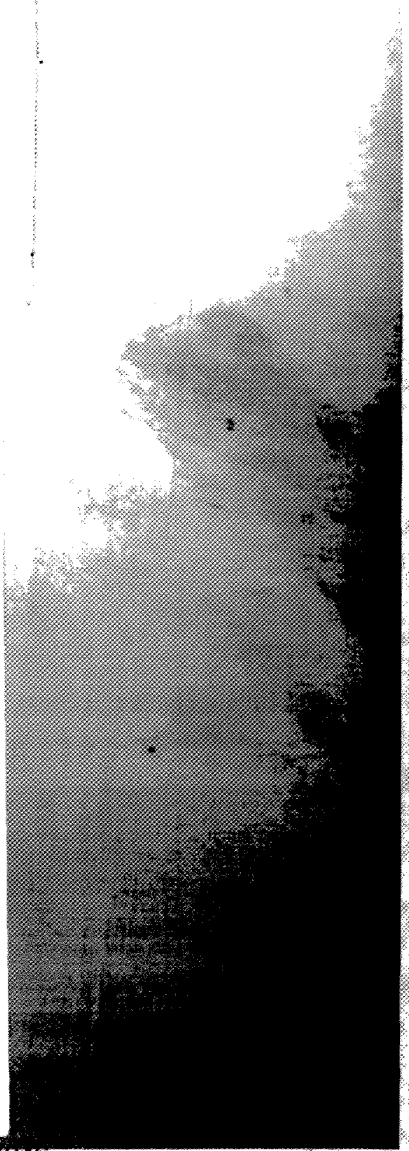
(b)(6), Foreign Language Text

CENTCOM 017045

08-IK5-T506-00015

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



CENTCOM 017046

08-1K5-T506-00016

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017047

08-IK5-T506-00017

Death certificate no

(b)(6)

Date issued: 09-04-2007

Name of the dead person:

(b)(6)

(b)(6)

Birth date:

(b)(6)

death date:- on the hour 6 day month of
September 2007
cause of death:- car accident turn over
with Patrol of U.S. army which
led to damage of the skull and head
~~plus~~ severe hemorrhage.

CENTCOM 017048

08-1K5-T506-00018

Foreign Language Text, (b)(6), Already Reviewed and Redacted for Release

CENTCOM 017049

08-1K5-1506-00019

Death certificate No. [redacted] (b)(6) Dated
09.04.2007

Name of the died Person: [redacted] (b)(6)
[redacted] (b)(6)

Birth date: [redacted] (b)(6) on the hour 6
of the fourth of September 2007 live in
Hay Atijal Bagdad.

Cause of death: car accident thrown over by
Patrol of U.S. Army which led to bruise on
the head led to hemorrhage in head and
death

Foreign Language Text, (b)(6)

CENTCOM 017051

08-IK5-T506-00021

Death certificate No [redacted] dated 09.04.07

Name of the dead Person [redacted]

[redacted]

Cause of accident: Brain hemorrhage due to car accident turn over by U.S. Army Patrol

CENTCOM 017052

08-1K5-T506-00022

Foreign Language Text, (b)(6)

CENTCOM 017053

08-IR5-1506-00023

Subject: conspiration
I complain that [redacted] belonging
to our clan. he got car accident he and
his wife car accident with the U.S. county
in [redacted] district which lead to the death
of his wife and two of his children [redacted]
and [redacted] on the date of 09.01.2007
at the hour 18.00 evening. Thank you with
respect. [redacted] sig & stamp of [redacted]

(b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017055

08-IK5-T506-00025

date: 09-04-2007 Abu Gharih Post office
claim for claimant (b)(6)

On the date: (b)(6) live in Iraq altogether
as follows.

On the morning of the day (b)(6)
we left me and my wife and two of
my children (b)(6) and (b)(6)
using my car Top Chevrolet Caprice white
in color license plate (b)(6) in our
way to visit my father in law because
he was sick and in our return back
to our house on the address mentioned
above and at the time of our reach
to Amoria highway near the cement
factory and at the hour 18:00 at evening
I got an impact accident with a
U.S. convoy which came against the
right side of the driving (he came using
again the wrong side) without stopping
which led the impact with our car
and turn it over at the time suddenly
it turns over twice on the general road
This accident led to the death of my
wife Elhano Saad Athia and my
two (b)(6) the the

youngest one (age (b)(6) years) which was
sit on his (b)(6) cared by
his mother. I am asking claim and
compensation from the U.S. army.

myself
the officer
The police Captain (b)(6)
Sig
claim

CENTCOM 017056

08-1K5-T508-00026

Page 27 redacted for the following reason:

Foreign Language Text, (b)(6)

Abu Gharih Police officer

Date 1-09-10-2007

- 1- The testimony of the claimant and of the witnesses and the info about the accident should be taken.
 2. a copy of the investigating papers should be given to the claimant for the purpose of compensation.
 - 3- The should be given to the legal heirs according to the ownership.
 - 4- to general Prosecutor to look at.
- To the office:

- 1- I wrote down the testimony of ~~myself~~ (b)(6) legally by me.
2. The car to be handed to him
3. To the general Prosecutor for information stay & sig
of the judge

(b)(6)

(b)(6)

Page 29 redacted for the following reason:

Foreign Language Text, (b)(6)

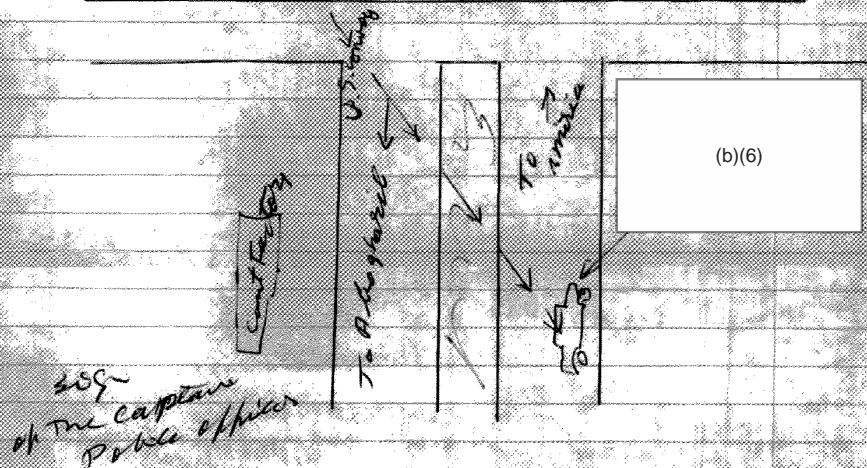
clearance and diagrams of the accident
ABO Ghazik Police Office center.

date: 09-04-2007

- 1- place of accident 1 Km far away from our office.
- 2- place of accident is Haight speed way connecting Abo Ghazik and Amoria.
- 3- I have seen the place of accident impact of and turning upside down of vehicle, with the U.S. Army convoy the convoy driving against the regular driving side with out sloping, which led to the vehicle to be thrown on the right hand side of the street and its with great damages and inside it traces of blood for the killed people the wife and her children on the steering wheel of the car and on the chairs, and I have seen the driver the husband of the victim and the father of the victims (the children)

(b)(6) had many bruises in many places in his body, we transfer them to the hospital. I did not see any thing else related to the accident.

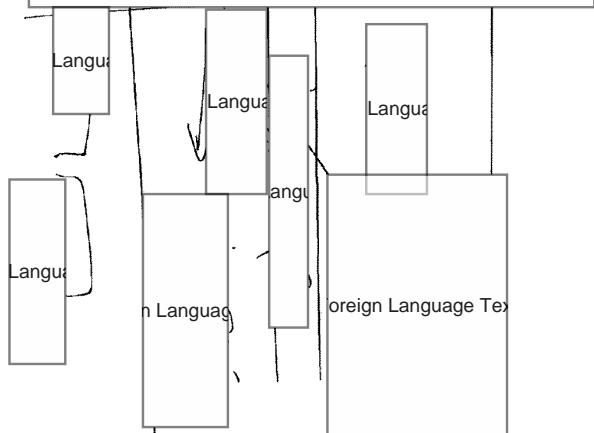
Amoria Haight way



Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)



CENTCOM 017061

08-IK5-T506-00031

Temporary car's certificate
Vehicle No: [redacted] Registered
owner's name: [redacted]
who have the authority to use it: [redacted]
[redacted] (b)(6)
Motorcycle No: [redacted] (b)(6)
Type and Model: Showmax Caprice
color is white
date issued: 09.02.2004
[redacted] (b)(6)
[redacted] (b)(6)
[redacted] (b)(6)

Foreign Language Text, (b)(6)

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

CENTCOM 017063

08-1K5-T506-00033

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017064

08-IK5-T506-00034

contract of buying & selling vehicles

contract No: (b)(6) Dated :- 01.01.2004

The seller Name: (b)(6)

address: - Baghdad - (b)(6)

(b)(6)

issued by: (b)(6)

The Buyer's Name: (b)(6)

in the district of May A-L-Tajar

certificate No of the vehicle is: (b)(6)

Type of the vehicle: - private car Chevrolet

Caporis model (b)(6) white colour, made

U.S.A. size: - 8 cylinders.

Price \$ 7000.00 paid cash

sig
seller

sig.
Buyer

(b)(6)

(b)(6)

Pages 36 through 37 redacted for the following reasons:

Foreign Language Text, (b)(6)

**MULTINATIONAL
DIYARAN - RAJHAD**

IRAQI CLAIM CARD

بطاقة مطالبة ورجعة على الولايات المتحدة

أخي المواطن الكريم، مخاض الضرر التي لحقت بك، سواء أكانت إضراراً
جسدية من إصابات أو أضرار، أو موت لا سمح الله لأحد من أفرادك، أو
السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
لنقدم بلاغاً وخطاباً بحقتك الرجاء إحضار الآتي، هذه البطاقة وطويتك
المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تشمل الموضوع مثل
(صور للحادث، شهادة الشهود، تقرير الشرطة، ورسائل بالإستلام أو
التسليم، وثبات للملكية أو حياض أو أضرار وما تحاول أن تحصل على تعويض
عنه، ورجعة السببية إن كنت تحمل رجعة).

الرجاء إحضار هذه المستندات إلى مركز المساعدة العراقي في معسكر
القوات الجوية كثر، البوابة الهندية في معسكر فالكون، العمودية في معسكر
البحر، معسكر هوك، معسكر كاسو، معسكر بولك.
أو أحد القنصليات الحكومية، القنوة أو مدينة المنصور - نيمان الرشيد
في البوابة السببية، المانك الكرخ، المعظمة الكرخة أو سبع البور.

الرجاء إيصال هذا القرد (المستند) إلىي الدفع الدوك.

وثقاً للمعلومات منا

**MULTINATIONAL
DIYARAN - RAJHAD**

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.

UNIT: **CO 1-87 IN**

DATE: **4 SEP 2002**

LOCAT: **(b)(2)High**

TYPE OF INCIDENT: **Accident/Death**

CENTCOM 017068

08-1K5-T506-00038



08-IK5-T506-00039

Page 40 redacted for the following reason:

(b)(6)