

Other

- \$15,000 -

194-4  
7-Apr-08

(b)(6)

08-TK5-1706

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

سلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الضرر التي لحقت بك، سواء كانت أضرار  
جسدية من إصابات إلى آخره، أو موت لا سمح الله لأحد من الأقرباء، وكان  
السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.  
للتقدم ببلاغ والمطالبة بحقوق الرجاء إحضار الآتي، هذه البطاقة وهويتك  
للخنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل  
(صور الحادث، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو  
التسليم، وإثبات الملكية ما 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، بناية كثر، البوابة الهندية في معسكر فالكون، المحمودية في معسكر  
فابي، معسكر هوت، معسكر كانسو، معسكر دوك.  
أو أحد المراكز الحكومية، الثورة أو مدينة الصنعة - نيمان الرشيد.  
الرشيدية. الرصافة الأمانة الكرخ الأعظمية الكرادة أو سبع البور.

ملاحظة - يملأ هذا الكرت (المستمك) لأرضي 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 ACO-1-12IN

DATE 2 OCT 07

LOCATION Abu-Grib Road

TYPE OF INCIDENT Accident/Death  
HE WAS NOT THE FAULT

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>03-Jul-08</b>		SCHEDULE NO.
PAYEE'S NAME AND ADDRESS <b>CLAIM #: 08-IK5-T706</b> <b>(b)(6)</b> <b>Baghdad</b>				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		
				DISCOUNT TERMS		
PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER		SHIPPED FROM TO WEIGHT		
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
TOTAL						\$15,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		RV:				
<input type="checkbox"/> PARTIAL		(b)(3), (b)(6)				
<input type="checkbox"/> FINAL						1.00
<input type="checkbox"/> PROGRESS		TITLE: SFC, US		(b)(3), (b)(6)		
<input type="checkbox"/> ADVANCE		Pay Agent				
Pursuant to authority vested in me, I certify						
<u>14 July 08</u> (Date)		(b)(3), (b)(6)		Foreign Claims Commission IK5 (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		(b)(6)		
	\$15,000.00	14 Jul 08				
When stated in foreign currency, insert name of currency.					PER	
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 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 017158

08-IK5-T706-00003

29640



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

03-Jul-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T706 / 194-4

1. Facts.

The claimant alleges that, while her husband and son were driving, a CF convoy hit their car, killing them and damaging 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 017159

08-IK5-T706-00004

29641

**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: 14 Jul 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 \_\_\_\_\_.

\* 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

3 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T706 / 194-4

Dear Claimant:

You have submitted a claim seeking compensation for the alleged 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 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

14 July 08

Sincerely,

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

(b)(6)

Witness

Date

14 July 08

Captain, US Army  
Claims Attorney, IK5

CENTCOM 017161

08-IK5-T706-00006

29643



## 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 about the damages and the death which happened to the claimant's husband and son.
2. The claimant proved the ownership of the car which belongs to the husband.
3. The claimant asks amount of \$ 15000.00.
4. We suggest compensate her same amount that she asks.

With our respect,

(b)(6)

LEWIS

F. M.

13 April 08

(b)(6)

CENTCOM 017163

08-1K5-T706-00008

29645



# Claim Department

## "THE CLAIM'S CONTAINS"

The Claimant name

(b)(6)

- Claim card
- One picture
- Investigation report
- Death certification
- Vehicle ID
- Iraqi documents

SIGN;-- (b)(6) -----

NAME; -----

DATE: 6-Apr-08 -----

CENTCOM 017164

08-1K5-T706-00009

Pages 10 through 11 redacted for the following reasons:  
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Foreign Language Text, (b)(6)



# Claims Form



To: United States Army Foreign Claims Commission

From: Name: \_\_\_\_\_ (b)(6)

Address: Baghdad \_\_\_\_\_ (b)(6)

Iraqi ID No. \_\_\_\_\_

I am

- a. A citizen and national of: \_\_\_\_\_
- b. A permanent resident of: Iraqi  
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.)

My claim arose at AL-Shaab Baghdad Iraq  
(Town) (City) (Country)

My claim arose on Oct 10 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 10/Oct/07 while my husband and son was driving  
His car type (Ford model 1991) back to home.  
Happen to U.S convoy coming towards them. Fact  
led to hit them. resulted to Killed my husband  
And son and great damaged in the vehicle.  
For that am asking for compensation

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

Killed my husband and son and  
Damage vehicle because their hit by  
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	\$ 15,000,100
2-	
3	
4	
5	
6	

Total: \$ 15,000,100

I was insured to the following extent against the damage 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)

\$ 15,000,100 local 18,000,100 ID

(b)(6)

imant)

Subscribed before me this 6 day of APR, 2008

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

CENTCOM 017168

08-1K5-T706-00013

Pages 14 through 15 redacted for the following reasons:  
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Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

*Death Certificate*

CENTCOM 017171

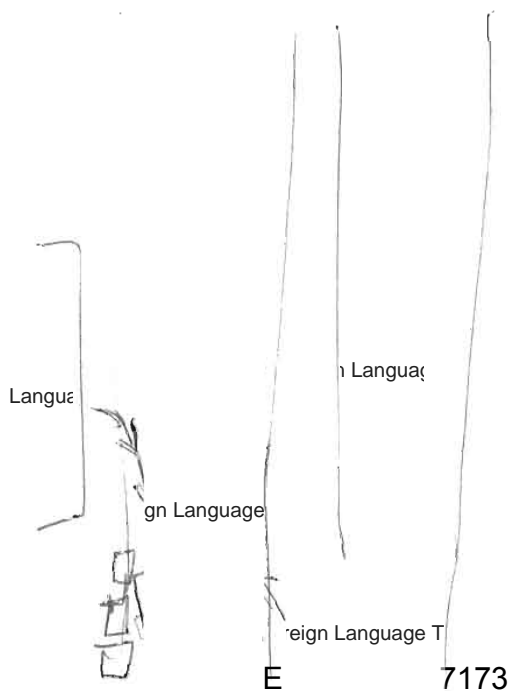
08-1K5-T706-00016

29651

Foreign Language Text, (b)(6)

Foreign Language Text

(b)(6), Foreign Language Text





Pages 19 through 20 redacted for the following reasons:  
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Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



CENTCOM 017177

29656

08-IK5-T706-00022

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017178

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08-IK5-T706-00023

Foreign Language Text, (b)(6)

(b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017180

29659

08-1K5-T706-00025

Foreign Language Text, (b)(6)

CENTCOM 017181

08-IK5-T706-00026

29660



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08-IK5-T706-00027

29661