

(g)(q)(e)(q)

195-4
7-Apr-08

Other

- Approve \$15,000 -

(g)(q)

08-1K5-T707

CENTCOM 017183

29662

08-1K5-T707-0001

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

سلام عليكم ورحمة الله وبركاته

احيي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضراراً
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 ولطالبة بحقوق الرجاء احضار الآتي، هذه البطاقة وهويتك
المختفية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل
(صور للعائد، شهادة الشهود، تقرير الشرطة، وصورات بالإستلام أو
التسجيل، وإثبات الملكية لنا جعله أو تضرر ولما تحاول أن تحصل على تعويض
عنه، ورخصة السياقة ان كنت تحمل رخصة).

الرجاء احضار هذه المستمكات إلى مركز المساعدة العراقي في معسكر
التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، الحمومية في معسكر
فال، معسكر هوت، معسكر كاسو، معسكر دوك.
أو أحد المراكز الحكومية، الثورة أو مدينة الصدر - نيسان الرشيد.
الرجوة تربية، الرصافة، الثغارات الكرخ الأعظمية الكرادة أو سبع البور.

ملاحظة - يتاح هذا الكرت (المستمك) لإعني للدفع المؤكد.

وشكراً لتعاونكم معنا

MULTINATIONAL
DIVISION - BAGHDAD
HE WAS NOT AT HOME

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 against the US Army.

UNIT 451 MAT 1-71

DATE 22 DEC 06

LOCATION (b)(2)High

TYPE OF INCIDENT Car accident/Death

CENTCOM 017184

29663

08-1K5-T707-00002

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 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.				\$15,000.00
TOTAL							\$15,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)							
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR (b)(3), (b)(6)	EXCHANGE RATE =\$1.00	DIFFERENCES		0.00	
Pursuant to authority vested in me, I certify to:		TITLE: SFC, US Pay Agent	(b)(3), (b)(6)		Foreign Claims Commission IK5		
14 July 08 <i>(Date)</i>		(b)(3), (b)(6)		Foreign Claims Commission IK5 <i>(Title)</i>			
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					
	\$15,000.00	14 Jul 08			(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 required; 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.							TITLE

Previous edition usable NSN 7540-00-903-2234

PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C. 825 and 81C 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 017185

29664

08-1K5-T707-00003



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

03-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T707 / 195-4

1. Facts.

The claimant alleges that a CF convoy hit her husband while he was driving, killing him 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 017186

29665

08-IK5-T707-00004

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: 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 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-T707 / 195-4

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your husband. 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 بالممتلكات الشخصية الخاصة بك , تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طلبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 , الجيش 27-162 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,

Claimant

Date

14 July 08

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

(b)(6)

Witness

Date

14 July 08

Captain, US Army
Claims Attorney, IK5

CENTCOM 017188

08-IK5-T707-00006

29667

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.
2. The claimant proved the ownership of the car which belongs to the husband type Chevrolet 1999 P No. 415084/baghdad.
3. The claimant asks amount of \$ **15000.00**.
4. We suggest compensate her same amount that she asks.

With our respect,

(b)(6)

LAWYER

(b)(6)

13 April 08

(b)(6)

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- Claim card
- One picture
- Death certificate
- The vehicle ID
- Investigation report by Iraqi police station
- Personal documents

SIGN; (b)(6) _____

NAME, _____

DATE: Apr/6/08 _____



Claims Form



To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Baghdad. (b)(6)

Iraqi ID No (b)(6)

I am

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

Iraqi
Baghdad - Iraq

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

Againeb. 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 Abo. Ghraib way Baghdad (Town) (City) Iraq (Country)

My claim arose on Dec (Month) 22 (Day) 2006 (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 22-Dec-06 while my husband was driving his Vehicle type Chevrolet Superpan mode (b)(6) on Abo Ghraib way. surprised the U.S convoy coming Toward him led to hit accident. which caused to Killed my husband and destroyed his car. After That The Iraqi police station contact me for received his body also The Iraqi officer gave me claim card That The U.S convoy gave it to him

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

Killed my husband and destroyed his car
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	\$ 15,000,00
2-	
3	
4	
5	
6	

Total: \$ 15,000,00

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)

\$ 15,000,00 local 18,000,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 6 day of Apr, 2008

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 12 through 15 redacted for the following reasons:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017198

29674

08-IK5-T707-00016

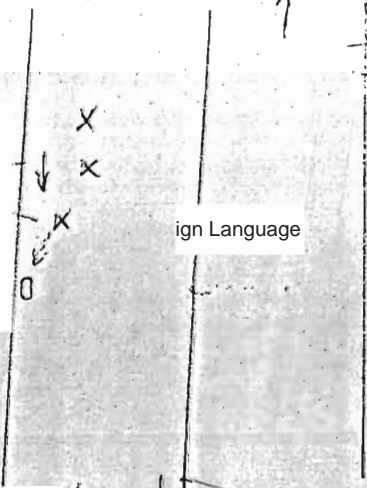
Foreign Language Text, (b)(6)



Foreign Language Text

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Foreign Language Text, (b)(6)



Foreign Language Text

Foreign Language Text

Accident

CENTCOM 017199

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(b)(6)

CENTCOM 017200

08-1K5-T707-00018

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Witness Statement

Mr

(b)(6)

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CENTCOM 017201

08-1K5-T707-00019

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CENTCOM 017204

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08-IK5-T707-00022

(b)(6), Foreign Language Text

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CENTCOM 017205

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08-IK5-T707-00023

Foreign Language Text, (b)(6)

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CENTCOM 017206

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08-1K5-T707-00024

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08-IK5-T707-00025

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08-IK5-T707-00027

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