

OTHER
approve \$15,000

- Approve \$15,000 -

169-3
26-Mar-08

(b)(6)

Standard Form 1034 (EO) Revised October 1997 Department of the Treasury 1 FM 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 03-Jul-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		
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IK5-T712 (b)(6) Baghdad				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO		WEIGHT		
GOVERNMENT B/L 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
TOTAL						\$15,000.00
<i>(Use continuation sheet(s) if necessary)</i>						
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						.00
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE: SFC, US		(b)(3), (b)(6)		
<input type="checkbox"/> ADVANCE		Pay Account				
Pursuant to authority vested in me, I certify:						
14 July 08 <i>(Date)</i>		(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	14 Jul 08				
¹ When stated in foreign currency, insert name of currency. ² If the ability to certify and a authority to approve are combined in the same person, one signature only; 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

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 017211

29686

08-IK5-T712-00002



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

03-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

08-IK5-T712 / 169-3

1. Facts.

The claimant alleges that a CF convoy hit his father and sister while they were driving his car, killing them and destroying his 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 017212

29687

08-IK5-T712-00003

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-T712 / 169-3

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your father and sister. 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 طبك 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

14 July 08
Date

Sincerely,

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

(b)(6)
Witness

14 July 08
Date

Captain, US Army
Claims Attorney, IK5

CENTCOM 017214

08-IK5-T712-00005

29689

CLAIMS LOG

AMOUNT CLAIMED: \$ 18,000
CLAIMANTS NAME: _____ (b)(6)
DATE CLAIM SUBMITTED: 31 March 2008
DATE OF INCIDENT: 02 Aug 2007

PARALEGAL RECOMMENDATION: _____ (b)(5)

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:
- Both claim certificates present with picture
of car and claims card.



GIC OPINION ABOUT CLAIMS

(b)(6)

Case No. (b)(6)

1. The claimant presented claim card form the US Army confirmed that they destroyed his car and killed his father and sister.
2. The claimant present the ownership for his car type (proton) model. 1996 maroon color plate No: (b)(6) baghdad.
3. The claimant proved that he has the right to get this compensation because his mother died, according to the death certificate No: 0096529.
4. The claimant asks amount of ~~\$18,000.00.~~ *\$15,000*
5. We letting this case go to you.

✱

(b)(3)(b)(6), (b)(5)

With our respect,

The claimant presented claim card form

(b)(6)

(b)(6)

The lawyer.
(b)(6)

GIC MANAGER,
(b)(6)

31 March 08

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- Claim card
- One picture for the vehicle
- Death certificate for the claimant's mother and sister
- Vehicle ID
- Buying contract
- Investigation report
- Personal documents

(b)(6)

SIGN; _____

(b)(6)

NAME;

DATE: 26-Mar-08

CENTCOM 017217

08-1K5-T712-0008



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: _____ 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 Crossway Abo. Ghraib Baghdad Iraq
(Town) (City) (Country)

My claim arose on Aug 2 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 2 Aug 07 when my father was driving my vehicle with my sister at college of agriculture in Abo. Ghraib area upon of crossway. the U.S convey hit my car type Proton. model (b)(6) maroon color plate No. (b)(6) which led to turnover it and killed both 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 father and sister and turnover 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- <i>For all the damages</i>	<i>\$18,000.00</i>
2-	
3-	
4-	
5-	
6-	

Total: *\$18,000.00*

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)

\$ *18,000.00*

21,600,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this *26* day of *Mar*, 200*8*.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 11 through 13 redacted for the following reasons:

Foreign Language Text, (b)(6)

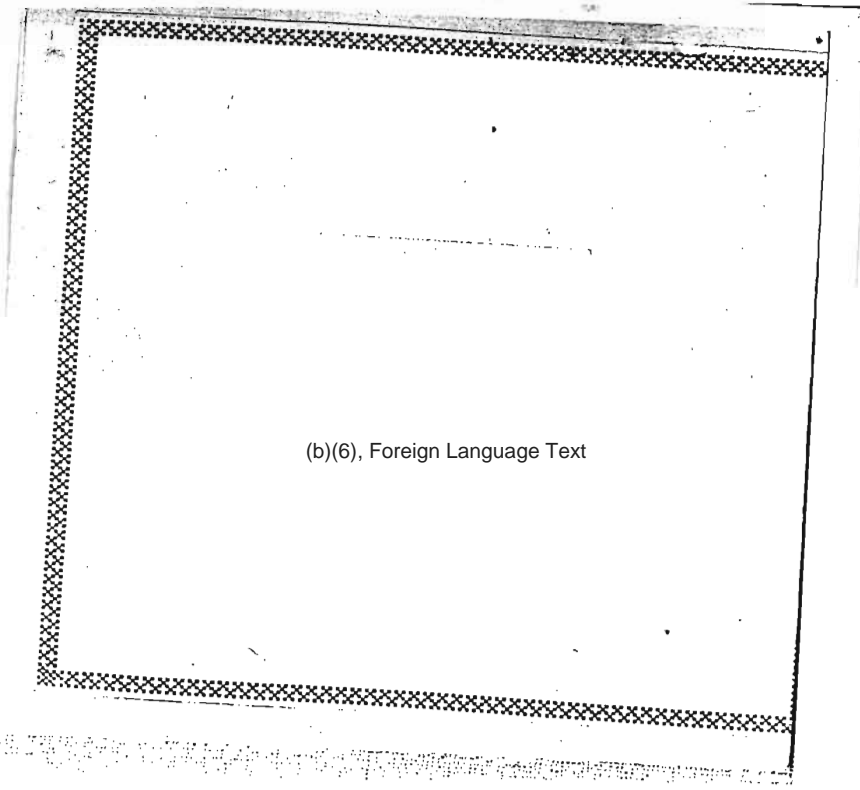
(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

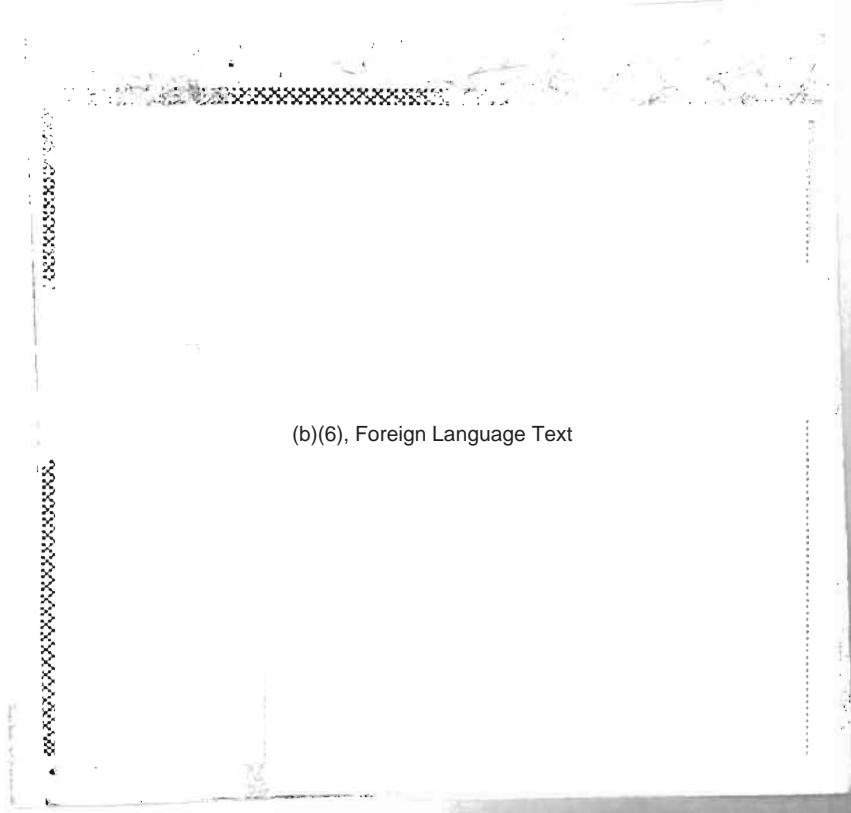
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08-IK5-T712-00015



(b)(6), Foreign Language Text



(b)(6), Foreign Language Text

Pages 17 through 20 redacted for the following reasons:

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Foreign Language Text

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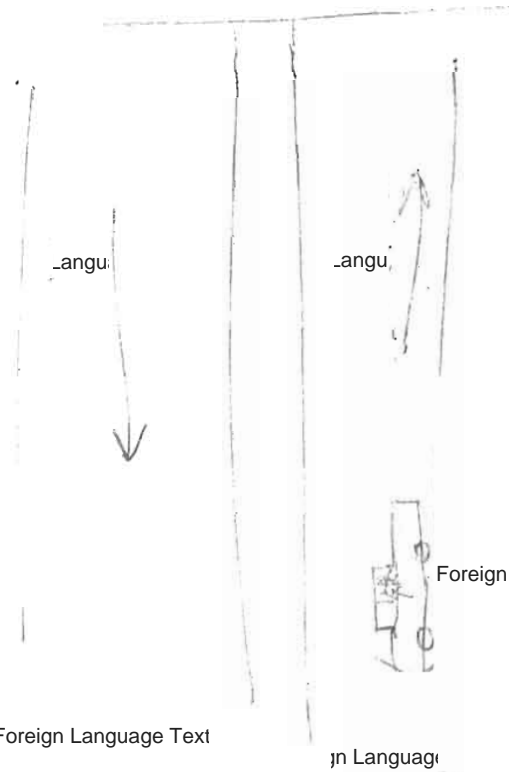
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Foreign Language

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08-1K5-T712-00021

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08-1K5-T712-00024

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Foreign Language Text, (b)(6)

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08-IK5-T712-00026

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

سلاح عليكم ورخصة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار 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 بحقوقك الرجاء إحصار 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 التصليم، وثبات الملكية إذا حطم أو تضرر ولنا تحاول أن نحصل على تعويض عنك، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحصار هذه المستندات إلى مركز المساعدة العراقي في معسكر التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، المحمية في معسكر فارس، معسكر هولك، معسكر كالمو، معسكر دوك.

أو أحد المراكز الحكومية، الثورة أو مدينة الصدر، نيمان الرشيد- الرضوية. الرسالة الأمانات- الكرخ الأعظمية- الكرادة أو سبع البور.

ملاحظة: يرجى هذا الكرت (المينيممك) لا يضمن الدفع لثبوتك.

وشكرًا 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 451 MITT 1-71

DATE 2 Aug 07

LOCATION (b)(2)High (b)(2)High

Gate Accident

(b)(2)High

CENTCOM 017236

08-IK5-T712-00027

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reason:

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