

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

08-IK5-T739

388-N5-

(b)(6)

CENTCOM 011252  
08-IK5-T739-00001

foreign language

388-N.5

foreign language

388-N.5

OTHER

- Terp death certificate

- Approve \$2,500-

Text, Nonre

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

CENTCOM 011253  
08-1K5-T739-00002

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 94 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 to substantiate a claim against the US Army.

UNIT B/3-324TH

DATE 17 Dec 67

LOCATION Sic. Box

TYPE OF INCIDENT Family Member Accidentally killed by an ASAP7

(2)Hi

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

السلم حليم ورحمة له ويرتبه

أخي المواطن الكريم مطلق الأنصر ان التي لحقت بك ،سواء مكنت انصرار  
جسدية من اصابات الى اخره ، أو موت لا تسمح لك لأخذ من الأرباح ،  
وكان السبب وراء ذلك قنات الأمريكية فقد يكون لك الحق في التعويض.  
للتكلم ببلاغ و المطالبة بحكك الرجاء انضطر الأتي ، هذه البطاقة و هويتك  
المدنية مع كل الأوراق الرسمية المتعلقاً بهذا الأمر والتي تهم  
الموضوع مثل (صوره الصلوات ، شهادة الميلاد ، تقرير الشرطة ،  
وإيصالات الاستلام أو التسليم ، وثبات الدائره لما لحظتم أو عثروا وما  
تحتسبون ان تحصل على تعويض عنه ، ورخصة السياقة ان كنت تحصل  
رخصاً)

الرجاء انضطر هذه المستندات الى مركز المساعدة القريب التي في معسكر  
التابعي بولاية كركر ، الولاية الثانية في معسكر قاتون ، المحمومية في  
معسكر قلب ، معسكر هوك ، معسكر كشم ، معسكر بركي .

لو احد المرئاز الحكومية الثورية - أو منطب الصبر - 9 نيسان - الرضيد  
الرضيدية - الرضيدية - الأملات - الفرح الأظمعية - الأكراد - أو مسبح  
الهور .

ملاحظة : امتلاك هذا القرت (المستندات) لإيضي اللغ المزمك .  
ولشكرنا لتعاونكم معنا

# CLAIMS LOG

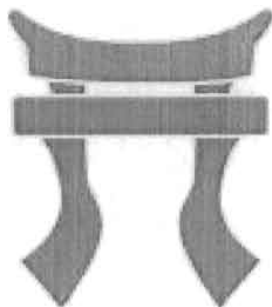
AMOUNT CLAIMED: \$ 2,500  
CLAIMANTS NAME: \_\_\_\_\_ (b)(6) \_\_\_\_\_  
DATE CLAIM SUBMITTED: 01 May 08  
DATE OF INCIDENT: 12 Sep 07

PARALEGAL RECOMMENDATION: Approve \$2500

FCC ACTION:     DENY             APPROVE         OTHER

COMMENTS / REMARKS:

- Good evidence
- Airstrike on CLC checkpoint
- Claim has been verified.
- Cause of death was shrapnel all over his body





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

11-Sep-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T739 / 388n-5

1. Facts.

The claimant alleges CF conducted an airstrike on a CLC checkpoint killing his son.

Claimant has requested \$2,500.00

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 \$2,500.00

(b)(3), b(6)

CPT, JA  
Claim Attorney IKS

CENTCOM 011256

08-IK5-T739-00005

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.				\$2,500.00	
							<b>TOTAL</b>	<b>\$2,500.00</b>
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		Amount verified, correct for (Signature or initials)		
		TITLE: SFC, US Pay Ag (b)(3), b(6)					\$2,500.00	
		Pursuant to authority vested in me, I certify that:						
		(Date) _____ (Authorized Certifying Officer)* _____ (Title) Foreign Claims Commission IK5						
ACCOUNTING CLASSIFICATION								
(b)(2) High				\$2,500.00				
PAID BY: CASH \$2,500.00		ON ACCOUNT OF U.S. TREASURY DATE		CHECK NUMBER PAYEE (b)(6)		ON (Name of bank) (b)(6)		
				TITLE				

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> 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.  
<sup>3</sup> 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.

Previous edition usable

NSN 7540-00-300-2234

**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 011257

08-1K5-T739-00006



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

11 September 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T739 / 388n-5

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage caused by U.S. Forces. 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 \$2,500.00.**

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 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, 2,500.00,

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,

ite

(b)(3), b(6)

(b)(3), b(6)

Witness

Date

Captain, US Army  
Claims Attorney, IK5

CENTCOM 011258

08-IK5-T739-00007

# Claim Department

388-N-5

"THE CLAIM'S CONTAINS"

Case no;

The Claimant name:-

(b)(6)

- A. C. L. card.....
- Copy of death certificate for the claimant's son.....
- Copy of Memorandum from the head of Kutubiya  
Iraqi Council. S. H. H. (b)(6)  
confirming the death of the C.I. members.....
- Copy of witness statement..... and (b)(6)  
(b)(6).....
- Copy of Iraqi ID and other documents for  
the claimant.....

(b)(6)

SIGN;

NAME;

(b)(6)

Date: 5/ May / 2008

CENTCOM 011259

08-1K5-T739-00008





### Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Iraq Baghdad (b)(6)

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address above
- 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, Telephone Number)

MNF

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: MMD Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: May 1 2008  
(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 12/Sep/2007 MNF Made an air strike  
on a CIC check point No. 9. That caused death  
to my son (b)(6) I ask for compensation  
with respect.

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

MNF Killed the claimant's son by  
an strike on their CIC check point  
at Mahwediyala Shi Sabar

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 death of my son	\$ 2500
2-	
3-	
4-	
5-	
6-	

Total: \$ 2500

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)

\$ 2500 local 921 70

(b)(6)

(Signature of Claimant) \_\_\_\_\_

Subscribed before me this 1 day of May, 2008

(Print Name) \_\_\_\_\_

(b)(6)

(Signature) \_\_\_\_\_

Pages 11 through 13 redacted for the following reasons:

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

Death certificate

No.:

(b)(6)

Date issued: 09-12-2007

Died Person name:

Birth date:

(b)(6)

Cause of death: Sharpnel all over the body

(b)(6)

Date of death: at the hour 04.00 in the morning of the day Sep. 12, 2007

Foreign Language Text, (b)(6)

CENTCOM 011266

08 IK5 T739 00015

Foreign Language Text, (b)(6)

(b)(6)

(b)(6)

CENTCOM 011267

08-1K5-T739-00016

Foreign Language Text

(b)(6)

(b)(6)

(b)(6)

Folder No. (b)(6)  
Iraqi Nationalization Certificate  
Certificate No. (b)(6)  
Dated: 06-27-1989  
Name: (b)(6)  
Birth date: (b)(6)



Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Personal I.D  
Office :- Lathika  
Fields No (b)(6)  
Personal I.D # (b)(6)  
Name :- (b)(6)  
date issued :- 03-13-2007 (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 011272

08-IK5-T739-00021

Personal I, D  
Office: ~~At~~ Latvia  
Folder NO: (b)(6)  
Personal I, D NO: (b)(6)  
Name: (b)(6)  
date issued: 03-15-2007  
Page NO: (b)(6)  
(b)(6)

Foreign Language Text, (b)(6)

Pages 24 through 25 redacted for the following reasons:  
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Already Reviewed and Redacted for Release, (b)(2)High  
Already Reviewed and Redacted for Release, (b)(6)



**Claims Form**

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Iraq Baghdad (b)(6)

ID# (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address above
- 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, Telephone Number)

MNF

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: MMD Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: May 1 2008  
(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 12/Sep/2007 MNF Made an air strike  
on a CIC check point No. 9. That caused death  
to my son, (b)(6) I ask for compensation  
with respect.

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

MNF Killed the claimant's son by  
an strike on their CIC checkpoint  
at Mahwediyala Shishabar

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 death of my son	\$ 2500
2-	
3-	
4-	
5-	
6-	

Total: \$ 2500

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)

\$ 2500 local 220000 (b)(6)

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 day of May, 2008

(Print Name)

(b)(6)

(Signature)

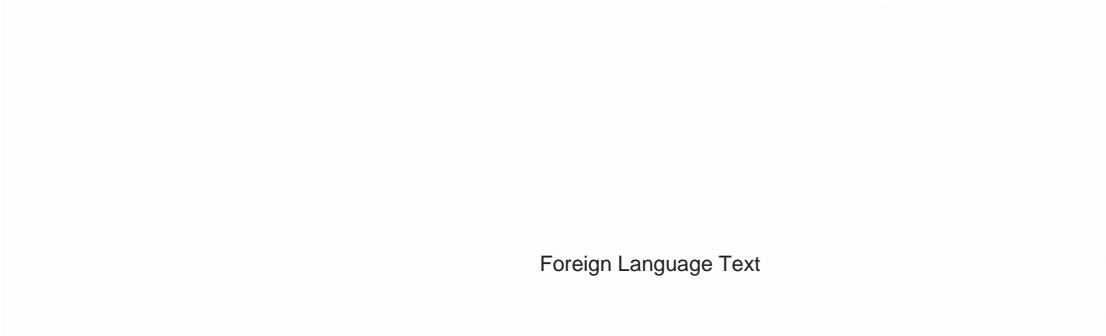


Pages 28 through 30 redacted for the following reasons:

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

Foreign Language Text, (b)(6)

Page 32 redacted for the following reason:  
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Foreign Language Text, (b)(6)



Foreign Language Text



(b)(6)

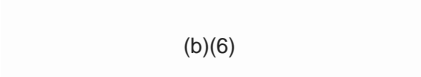
*Witness*

Foreign Language Text, (b)(6)



(b)(6)

*witness*



(b)(6)



(b)(6)

Pages 34 through 36 redacted for the following reasons:

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Already Reviewed and Redacted for Release, (b)(6) and foreign language text  
Already Reviewed and Redacted for Release, (b)(6), foreign language text