

foreign language

425-N-6

foreign language

425-N-6

- Approve \$2,500

(b)(6)

8-T876 425 N-6-

- Appn

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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 to substantiate a claim against the US Army.

UNIT B/3-32d TH FA

DATE 07 Dec 07

LOCATION CiCiBar

TYPE OF INCIDENT Family Member Accidentally Killed

13Sep07

(2)Hi

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

صلاح عليكم ورحمة الله وبركاته

أخي مواطن كريم مقبل الأذى التي لحقت بك، سواء قتلت أنت أو جسدك من فصائل الإرهاب، أو موت لا سحج الله لأحد من الأقرباء، وكان السبب وراء ذلك القوات الأمريكية فقد نكون لك الفخ في الشكرين.

للتقدم بطلب و المطالبة بحك الرجاء اجزاء الأخرى، هذه البطاقة التي تعطى المندبة مع كل الأوراق الرسمية المتعلقة بهذه الأجزاء التي تعطى الموضوع مثل (صوره للضحايا، شهادة للضحايا، تقرير الشرطة، وإصلاات بالاستلام أو التسلیم، وثبات الملكية لما لحظ أو تضرر ولما تحصلون ان تحصل على تعويض عنه، ورخصة السبقية ان كنت تحصل رخصة)

الرجاء احضار هذه المستندات الى مركز المساعدة الفعلي في معسكر التاجي بولاية كركوك، الولاية الفيدرالية في معسكر القادسي، المحمورية في معسكر كارب، معسكر هوك، معسكر كاسو، معسكر بوبك.

أو احد المراكز الحكومية الثورية - أو مدينة الصدر - 9 نيسان - الرشيد الرضوية - الرصافة - الأملات - الفرج الاطمية - الإفراد - أو سبيع البوهر.

ملاحظة: إبتداء هذا الوقت (المستندات) التي الفتح الفوري.

وشكرا لتعاونكم معنا .

Standard Form 634 (2007) Revised October 1987 Department of the Treasury 17M-4-2000 5010-107		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 11-Jul-08		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T876 (b)(6) Mahmudiyah			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED 23 Jul 08	
					DEPOSIT TERM	
SHIPPED FROM			TO	WEIGHT	GOVERNMENT BA 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>	QUANTITY	UNIT PRICE COST PER		AMOUNT
23 Jul 08		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
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)					TOTAL	\$2,500.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<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		BY: (b)(3), b(6)	= \$1.00			
		TITLE: SFC, US Pay Agent		<input checked="" type="checkbox"/> Manual verification required for \$2,500.00 (b)(3), b(6)		
Pursuant to authority vested in me, I certify that						
23 July 08 (Date)		(b)(3), b(6) Authorized Certifying Officer *		Foreign Claims Commission IK5 (Title)		
ACCOUNTING CLASSIFICATION						
(b)(2)High				\$2,500.00		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE	(b)(6)		
	\$2,500.00	23 Jul 08	(b)(6)			
<small>*When stated in foreign currency, insert name of currency. *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. *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.</small>				PER		
				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 011369

08-1K5-T876-0004



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-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T876 / 425n-6

1. Facts.

The claimant alleges that CF conducted an airstrike on a CLC checkpoint and accidentally killed her 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 IK5

CENTCOM 011370

08-IK5-T876-00005

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: 23 July 2008

PAY AGENT NAME: SFC (b)(3), b(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(3), 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

11 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T876 / 425n-6

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your 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 \$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,

Claimant

Date

(b)(3), b(6)

(b)(3), b(6)

Captain, US Army
Claims Attorney, IK5

CENTCOM 011372

08-IK5-T876-0007

CLAIMS LOG

AMOUNT CLAIMED: 2,500
CLAIMANTS NAME: _____ (b)(6)
DATE CLAIM SUBMITTED: 1 May 08
DATE OF INCIDENT: 12 Sep 07
LOCATION OF INCIDENT: Bahdad
IRAQI ID NUMBER: _____ (b)(6)
PARALEGAL RECOMMENDATION: \$2500

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:

Approve \$2,500

Claim Department

425-N-6

"THE CLAIM'S CONTAINS"

Case no;

The Claimant name:

(b)(3), b(6)

- A claim card from Unit B/3-320th FA
- Copy of The death certificate for the claimant's son
- Copy of The Tribes of briefing committee supporting the claimant's story
- Copy of the witnesses statements for (b)(6) and (b)(6)
- Copy of Iraqi identification documents for the claimant and her son

SIGN (3)(b)

(b)(6)

NAME;

Date: 6/6/2008

CENTCOM 011374

08-1K5-T876-0009



Claims Form

To: United States Army Foreign Claims Commission

From: Name (b)(6)

Address: Iraq - Baghdad (b)(6)

SO# (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 (Town) Baghdad (City) Iraq (Country)

My claim arose on: May (Month) 1 (Day) 2008 (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 My son (b)(6) was on duty with c/c at cp9 AlHacrighah, MNF by mistake attacked the check point by air craft and striked it and caused death to my son. I ask for compensation with all due respect.

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

MNF attacked CLC check point by air strike and killed the claimant's son.

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- 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 2850000 - ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 day of May, 2008.

(Print Name)

b(6)

(Signature)

Pages 12 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)

Foreign Language Text, (b)(6)

CENTCOM 011381
08-IK5-T876-00016

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

08-IK5-T876-00018

Foreign Language Text, (b)(6)

CENTCOM 011384
08-IK5-T876-00019

MULTINATIONAL
DIVISION - BAGHDAD



IRAQI CLAIM CARD

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4. Upon return to your FOB, complete a SF 91 or DA form 2523. 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/3-32d Th FA

DATE 07 Dec 07

LOCATION Cici Bar

TYPE OF INCIDENT Family Member Accidentally Killed

by air b(2)High 12.50p07

CENTCOM 011385
08-IK5-T876-00020

Pages 21 through 23 redacted for the following reasons:

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

claim for the claimant:-

Name: [REDACTED]

(b)(6)

address: Baghdad - Iraq.

Personal id no. [REDACTED]

(b)(6)

live in [REDACTED]

(b)(6)

occupation: [REDACTED]

(b)(6)

claim against: Friendly U.N. Forces

My claim raised in Mahmudia - Shishia -
Baghdad - Iraq

date of claim is: 05-01-2008

The claimant said that on the date of 09.12.07
and while her dead son, doing his job his
name is [REDACTED]

(b)(6)

doing his
job within Al Sahwa force and at the
point (O) - Al Khakrya - an air strike to
happened which led to my son to be killed
by mistake by friendly fire and he died
at the time, so we ask compensation ~~for~~ as
humanitarian of three million Iraqi dinars.
and here is down the proves

- (1) American Compensation Card
- (2) Death certificate
- (3) support from the local Panel
- (4) Support and confirmation of Sahwa
panel in our area.
- (5) Personal document.
- (6) Personal identification for the claimant.

CENTCOM 011389

08-1K5-1876-00024

Pages 25 through 27 redacted for the following reasons:

Already Reviewed and Redacted for Release, foreign language text
Already Reviewed and Redacted for Release, foreign language text

Death certificate No. 19 Date: 09.12.07

(b)(6)

(b)(6)

Name: (b)(6)

Gender: Male Race: Muslim

(b)(6)

Place and date of Birth: (b)(6)

Place and date of Death: at the hour 04.00 in the morning. in Al-Kharkia - Mahmoodia - Baghdad.

Cause of death: Shrapnel in many places in his body.

Issued in Mahmoodia hospital

Foreign Language Text, (b)(6)

CENTCOM 011394

08-1K5-1876-00029

Identification Card: Officer Almahmoudia
Folder No.: M. Page (b)(6)
Name: (b)(6)
Gender: Male date issued: 02-27-2006

Identification Card office: Almahmoudia (b)(6)
Folder No.: M. Page: (b)(6)
Name: (b)(6)
Gender: Female date issued: 02-27-2006



(b)(6) and foreign language text



TO - The human assistance office in Mahmoodia
Subject: support.

I am the representative of Al Sahwa in the district of Khakria belonging to Al Mahmoodia. I witness and support for you that the victims whose their names down here, are killed due to the bombing by the friendly air force by mistake during they are doing their duty to resist the members of Al Qaeda Regiment, in the point (NO 9) on the date of 09-12-2007 and at the early morning at the hour 04.00.

Names of the victims (killed peoples)

1-
2-
3-
4-
5-

(b)(6)

sig & stamp of
Head of Sons of Iraq
in Latipia

(b)(6)

stamp and sig. of
sheik

(b)(6)

(b)(6)

Baghdad governor

representative of Al Sahwa

(b)(6)

witness

(b)(6)

CENTCOM 011397

08-1K5-1876-00032

Foreign Language Text, (b)(6)

To - The human assistance office in Mahmoodia
subject. Support

We are our signature down here

(b)(6)

(b)(6)

who are belonging

to

(b)(6)

, we witness and support

for you that the victims their names are down
here are died because of the bombing of the friendly
air forces by mistake during their presence at
the point NO. (9) which belonging to Khakryia
Sakma, and during their doing their jobs
against Al-Kaid Regiment on the date of
09-12-2007. and we are ready to present
in front of the sites of relations to this subject
to hear our testimony, for that we signed down.

The dead men list:- Name of the victims:-

- 1-
- 2-
- 3-
- 4-
- 5-

(b)(6)

sig of the witness

(b)(6)

sig of the victims

(b)(6)

CENTCOM 011399

08-1K5-T876-00034

Pages 35 through 36 redacted for the following reasons:

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