

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

SAF 10J

— \$ Approve \$500 —

69-2  
11-Feb-88

08-T9310  
(b)(6)

Death certificate for

b)(6)

Death date: The hour 205.30 in the morning  
on the day of 11-06-2007  
Cause of death: fire bullet

(b)(6)

Sig. over stamp  
of the hospital  
Also throat hospital

Foreign Language Text, (b)(6)

CENTCOM 011412

08-IK5-T936-00003

Standard Form 1034 (01) 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</b> 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579				10 DATE VOUCHER PREPARED 19-Jul-08		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T936 (b)(6) Abu Ghraib				CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
				REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
						DISCOUNT TERMS	
						PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM TO WEIGHT				GOVERNMENT BL 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		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.				\$5,000.00	
TOTAL						\$5,000.00	
(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 BY: (b)(6) TITLE: SFC, US Pay Agent		EXCHANGE RATE: = \$1.00		DIFFERENCES:	
Pursuant to authority vested in me, I certify that:		(b)(3)(b)(6) (b)(3), b(6)		Foreign Claims Commission IK5		\$5,000.00	
28 July 08 <small>(Date)</small>		(b)(3)(b)(6) (b)(3), b(6)		Foreign Claims Commission IK5		<small>(Title)</small>	
ACCOUNTING CLASSIFICATION							
(b)(2) High				\$5,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE			(b)(6)		
	\$5,000.00	28 Jul 08					
<small>When stated in foreign currency, insert name of currency</small> <small>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</small>					PER		
<small>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 Corp. and, per John Smith, Secretary", or "Treasurer", as the case may be.</small>					TITLE		
Previous edition obsolete							NSN 7540-00-500-2234

**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 011413

08-1K5-T936-00004



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

19-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T936 / 69-2

1. Facts.

The claimant alleges that CF killed his son while he was going to work.

Claimant has requested \$5,000.00

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 \$5,000.00

(b)(3), b(6)

CPT, JA  
Claim Attorney IK5

CENTCOM 011414

08-IK5-T936-00005

**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: 28 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

19 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T936 / 69-2

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 \$5,000.00.**

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 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 5,000.00.

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

25 July 08  
Date

(b)(3), b(6)

(b)(6)

witness

28 July 08  
Date

Captain, US Army  
Claims Attorney, IK5

CENTCOM 011416

08-IK5-T936-0007

## GIC OPINION ABOUT CLAIMS

(b)(6)

Case No (b)(6)

1. The claimant presented death certificate from ministry of health confirmed that the US Army opened fire on the claimant's son in the head (b)(6) on NOV.11.07 when he was going to work in ABU.GHRAIB area.
2. The claimant presented the investigation documents and two sworn statements confirming that the US Army killed the claimant's son in ABU.GHRAIB area without reason.
3. The claimant asks amount of \$5,000.00.
4. We suggest compensate him goes to you.

With our respect,

(b)(6)

The lawyer,

(b)(6)

11 Feb-2008

Government Information Centre

(b)(6), Foreign Language Text

GIC MANAGER,

(b)(6)

12-Feb-2008

CENTCOM 011417

08-1K5-T936-00008



# Claim Department

## "THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- Death of certificate.....
- Investigation reports by Iraqi police station.....
- Two sworn statements.....
- Iraqi documents.....
- .....
- .....
- Foreign Language Text .....

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

NAME; (b)(6) -----

DATE: 11-Feb-08 -----

CENTCOM 011418

08-1K5-T936-0009



# 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: Iraq; Baghdad, Iraq
- c. Employed by: Free job
- d. Check one ( ) an insurer (X) Not an insurer
- e. Check one (X) 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 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 Hay Al-Shuhdaia Baghdad Iraq  
(Town) (City) (Country)

My claim arose on Nov 11 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 date 11-Nov-07 the U.S army killed

My son (b)(6) when he was

Going to his work in (Hay Al-Shuhdaia) area

For that. am asking for a compensation.

Foreign Language Text

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

Killed my son (b)(6) 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- About value the victim	\$ 5000,00
2-	
3-	
4-	
5-	
6-	

Total: \$ 5000,00

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)

\$ 5000,00 local 6,250,000 ID

(Signature of Claimant)

Subscribed before me this 11 day of Feb, 2008.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 12 through 13 redacted for the following reasons:

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Foreign Language Text, (b)(6)  
foreign language, (b)(6)

Police Officer Santos (AL-RES ad)

Mr. [redacted]

[redacted] (b)(6)

Came to our office

and informed us about the killing  
accident of his son who called [redacted] (b)(6)

[redacted] (b)(6)

by the American forces, she  
said that, on the morning while she  
is in his way where he work, and where  
the American forces killed in She had  
street home reason, I am asking  
compensation from the a claim against  
these forces, and to handle me the  
body of my son.

sig

of the Officer

Stamp of

The Spanish police

Office cuts

sig

of the claimant

CENTCOM 011423

08-1K5-1936-00014



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

Court investigation center of Abo Gharih  
date 11-07-2007

claim for the witness

(b)(6)

(b)(6)

born at

(b)(6)

live in abo gharih

(b)(6)

he said

The american forces killed who called

(b)(6)

in shuhada

area for no reason, and he live

by my house, and this is my testimony.

sig. of

the judge

sig. of the

witness

(b)(6)

(b)(6)

claim for the witness

(b)(6)

(b)(6)

live in abo Gharih Shuhada.

he said: That the american forces

killed the who called

(b)(6)

(b)(6)

in al shuhada area, for no

reason and he is a neighborhood to my

residence in abo Gharih. and this is

my testimony

sig.

of investigation judge

sig.

(b)(6)

(b)(6)

Stamp of Police office

CENTCOM 011426

08-1K5-T936-00017



foreign language

*witnesses*

(b)(6)

foreign language

foreign language

Witness Statement

(b)(6)

Pages 20 through 21 redacted for the following reasons:

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foreign language, (b)(6)  
foreign language, b(6)

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

