

foreign language

The panel of
subject - support

(b)(6)

We are the
claim of

(b)(6)

Killing of his father (

(b)(6)

by the shots of the M.M. Forces, and the
damages of the car. with freshed

(b)(6)

sig. of

sig. of

Sahwa responsible

Sahwa responsible

(b)(6)

sig. and stamp of

(b)(6)

(b)(6)

Al-Koraghali

12-23-2007

Foreign Language Text, (b)(6)

Subject: Compensation

I am,

(b)(6)
Me and my father (b)(6)
we got fire shots during driving our car.
from the U. N. Forces which led to the killing
of my father (b)(6), ~~soon~~
as a result of the shot to his neck.

So I am asking compensation for the killing
of my father and the damage to ~~the~~ my car.
with respect,
in closed.

Photos for the car.

Sig,
claimant

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

Foreign Language Text, (b)(6)

CENTCOM 011461
08-IK8-T958-00005

Death certificate No: _____

Name: _____

Gender: Male. Place and date of USRN: _____

Nationality: Baghdati _____

Date and place of death: at the hour 09.00 in the morning
of the day 10.26.06 Place of death: Tumbaketa

Provisional: _____

Cause of death: Killing by the U.S. Forces
in a Stamp _____

(b)(6)

(b)(6)

(b)(6)

Date: 10.26.06

(b)(6)

Foreign Language Text, (b)(6)

CENTCOM 011463
08-IK8-T958-00007

IRACI CLAIM CARD
كارت مطالبة العراقيين

This card is to be filled out by the claimant or a representative of the claimant. It is to be submitted to the nearest US military command or to the nearest US military medical facility. It is to be filled out in Arabic or English. It is to be filled out in the language of the claimant. It is to be filled out in the language of the claimant. It is to be filled out in the language of the claimant.

كارت مطالبة العراقيين
 هذا الكارت هو لملءه من قبل المطالب او ممثل المطالب. هو ليقدم الى القربى من الاوامر العسكرية الامريكى او الى القربى من المرافق الطبية العسكرية الامريكى. هو ليقدم في العربية او في الانكليزية. هو ليقدم في اللغوة للمطالب. هو ليقدم في اللغوة للمطالب. هو ليقدم في اللغوة للمطالب.

1. Name of claimant (Last, first, middle)
 2. Address of claimant
 3. City and State of claimant
 4. Date of incident
 5. Location of incident
 6. Title of incident

IRACI CLAIM CARD
كارت مطالبة العراقيين

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information on below.
 2. Send card to the local commander or other appropriate authority in your area.
 3. If you are a member of the armed forces, you may also submit this card to your commanding officer.
 4. Upon receipt of your card, you will receive a receipt and a copy of the card. You will also receive a copy of the card. You will also receive a copy of the card.

DATE: 10 OCT 66
 LOCATION: Camp...
 TITLE OF INCIDENT: ...

CLAIMS INTAKE FORM

NAME: _____ (b)(6)

ADDRESS: INCHON

ID#: _____ (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CLAIMS OF ACCIDENTALLY SHOT HIS TRUCK & KILLED HIS FATHER.

DATE OF INCIDENT: 15 OCT 06

LOCATION: INCHON

LIST OF DAMAGES: _____

AMMOUNT CLAIMED: _____

AMMOUNT APPROVED: \$10,000 -

(b)(6)

(b)(6) SIGNATURE

13 May 08
DATE

(b)(6)

SIGNATURE OF CLAIMANT

Standard Form 1034 (03) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			100 DATE VOUCHER PREPARED		SCHEDULE NO.	
DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			24-Jul-08			
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T958 (b)(6) Inchon			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 BI. 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
		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.		COST	PER	\$10,000.00
TOTAL						\$10,000.00
<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	EXCHANGE RATE	DIFFERENCES		
		BY: (b)(3), b(6)	= \$	= \$1.00		
		TITLE: SFC, US Pay Ager ¹			\$10,000.00	
				(b)(3), b(6)		
Pursuant to authority vested in me, I certify that I am:						
29 July 08		CF		Foreign Claims Commission IK5		
(Date)		(Authorized Certifying Officer)		(Title)		
ACCOUNTING CLASSIFICATION						
(b)(2) High					\$10,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER			
	CASH	DATE			(b)(6)	
	\$10,000.00	29 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 necessary; otherwise the approving officer will sign in the space provided, over his official title. ³ When a voucher is received 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.					PER	
					TITLE	

Previous edition usable

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.

HSR 7540-00-990-2234

CENTCOM 011466

08-1K8-T958-00010



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

24-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T958 /

1. Facts.

The claimant alleges that CF shot at his truck and killed his father.

Claimant has requested \$10,000.00

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 \$10,000.00

(b)(6)

CPT, JA
Claim Attorney IK5

CENTCOM 011467

08-IK8-T958-00011

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: 29 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

23 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T958 /

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your father. 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 \$10,000.00.**

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 الأضرار المزعومة والتي لحقت بالمتلكات الشخصية الخاصة بك، تنظيم الجيش 20-27 و إدارة شؤون US وقد قمت بمراجعة طلبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 , الجيش 162-27 من اجراءات المطالبة.

ان الأضرار الخاصة بك تعتبر محظ اهتمام لشعب الولايات المتحدة، وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 10,000.00.

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

(b)(3), b(6)

(b)(6)

07/23/2008
Date

Captain, US Army
Claims Attorney, IK5

(b)(6) Witness

(b)(6)

CENTCOM 011469

08-IK8-T958-00013

29936

Foreign Language Text, (b)(6)

CENTCOM 011470

08-1K8-1958-00014

Foreign Language Text, (b)(6)

CENTCOM 011471

08-1K8-T958-00015

29938

Vehicle certificate:-

No. in Baghdad

owner:-

Model is Kia, white in colour - Year

Manufactures No.:-

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Personal Identification Card No.

Folder No.:-

Page:-

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

(b)(6)

Name:-

gender:- Male

place and Birth date:-

Office AL-Munodiyeh

date issued:- 07.15.2007

(b)(6)

(b)(6)



CENTCOM 011473

08-IK8-T958-00017

29940