

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

1241

Claims Coversheet

Claim #: 1241

Date Submitted: _____

Claimant Information

Last Name: _____

Claimant Address: Baghdad

Middle Name: (b)(6)

Claimant Contact Number: _____

First Name: _____

Incident Information

- Vehicle Accident
- Loss of Property
- Raids/Cordon/Seizures
- Accident/Negligent Fires
- Real Property Damage
- Other

Incident Date: May 07 2007

Incident Location: _____

Amount Claimed: _____

Estimates Included? YES NO

Claim Card or Note? YES NO

Denial Reasons

- Insufficient Evidence
- Combat Exception (CERP)
- US Involvement
- Lack of Causation
- Statute of Limitations
- Not a Property Claimant
- Non-Cognizable Claim

Investigation Notes:

(b)(6) OPEL 6,500
H & FATHER OF (b)(6) 2,500
HMMWV DRIVEN wrong way

Adjudication Notes:

9000 Paid to 26 Mar 08 (b)(3),(b)(6)

Standard Form 1034 (2001) 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 DEPARTMENT OF THE ARMY HQ, 2nd Stryker Brigade Combat Team Office of the Command Judge Advocate			10 DATE VOUCHER PREPARED 26 March 2008		SCHEDULE NO.	
APO AE 09378			CONTRACT NUMBER AND DATE (b)(2)High		PAID BY 24 Finance Management Company APO AE 09344 TAJI DSSN: 5579	
PAYEE'S CLAIM #: 1 2 4 1 (b)(6)			REQUISITION NUMBER AND DATE			
NAME AND ADDRESS Baghdad, Iraq			DATE INVOICE RECEIVED		DISCOUNT TERMS	
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>	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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$ 9 0 0 0
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$ 9 0 0 0
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: SFC (b)(3),(b)(6) TITLE: 2SBCT, 25ID FOREIGN CLAIMS PAY AGENT	EXCHANGE RATE = \$1.00	DIFFERENCES		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.		(b)(3),(b)(6)		(b)(3),(b)(6)		
26 March 08 <i>(Date)</i>		(b)(3),(b)(6)		CPT, JA foreign claims officer <i>(Title)</i>		
(b)(2)High						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		ON (Name of bank)		
CASH	9 0 0 0	(b)(6)				
	DATE	26 March 2008		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.

NSN 7540-00-900-2234



DEPARTMENT OF THE ARMY
HEADQUARTERS
2ND STRYKER BRIGADE COMBAT TEAM
CAMP TAJI, IRAQ APO AE 09378

Foreign Claims Commission IK4

26 March 2008

SUBJECT: Claim # 241

Baghdad, Iraq

Dear Sir:

I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 2nd Stryker Brigade Combat Team claims office will compensate you for your losses in the amount of \$ 9 0 0 0 .00.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

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

CPT, JA
Foreign Claims Commission



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 Iraqi recipient. **Pay agents** should turn this form in to their respective finance offices as part of the reconciliation process. **Finance offices** should retain this form with their original reconciliation file, and provide a scanned copy to (b)(6)

DATE OF TRANSFER: 26 March 2008

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

PAID: Foreign Claim #: 2-4

(b)(6)

G PAYMENT ON BEHALF OF FIRM:

Print given name, father's first name, grandfather's first name, tribal name

\$100 note serial numbers:

(b)(6) _____ through (b)(6) _____ and.

_____ through _____ and.

_____ through _____ and.

_____ through _____ and.

_____ through _____ and.

_____ through _____

* Use additional forms if needed.
SNAR Report

2ND STRYKER BRIGADE COMBAT TEAM
FOREIGN CLAIMS OFFICE
26 March 2008

Claim Settlement/Witness Agreement
Claim # 1241

I hereby agree to accept the sum of \$ 9000 .00 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred involving U.S. Forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from the said incident. This release / settlement specifically includes all current or potential claims including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of the United States of America, its officers, agents and employees.

(b)(6)

Claimant's Signature

Name:

Address: Baghdad, Iraq

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

Witness: Print and Sign

(b)(6)

Witness: Print and Sign

(b)(6)

Name: _____ Foreign Language Text الاسم:

Address: _____ Foreign Language Text العنوان:

(b)(6)

Baghdad

I am

a. A national citizen of: Irqi Foreign Language Text أنا أحمل جنسية:

b. A permanent resident of: _____ Foreign Language Text ب. عنواني الدائم:

c. Employed by: _____ Foreign Language Text ج. اعمل لدي:

(b)(6)

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

أنتى أنتظم لدي حكومي الولايات المتحدة للأضرار والإصابات التي تسببت من: (المنظمة، الوحدة العسكرية)

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.)

الممتلكات المتضررة مملوكة من: (إذا كان عدا أنتظم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمكات التي تخولكم وتوكلكم للتقدم بهذا أنتظم، أو أي دليل من ممثلين رسميين. إملأ أنتظم بالإسم للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصيبتهم.)

I was insured to the following extent against the damage or injury I have sustained

سني تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ _____ I.D. _____

مطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية \$ _____

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (تمت) (لم يتم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

حسن عني طلب نظام (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this _____ day of _____, 200_____.

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text



(b)(6)

CENTCOM 020472

30986

1241-00015



(b)(6)

CENTCOM 020473
30987

1241-00016