

1762

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

✓ RETURN w/ WRITTEN

STATEMENTS

- (b)(6) BMW: 5,000 (PAID 7,500 IN 2004)

- BRUNTON'S DEBIT 2,500

PAID 12 APR 08

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

foreign language, (b)

Standard Form 1004 (502) Revised October 1987 Department of the Treasury 1 FPMR 4.2000 1004-121		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			DATE VOUCHER PREPARED 12 April 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 #: 1762 (b)(6)			REQUISITION NUMBER AND DATE			
NAME AND ADDRESS Baghdad, Iraq			DATE INVOICE RECEIVED		DISCOUNT TERMS	
SHIPPED FROM			TO		WEIGHT	
GOVERNMENT BILL NUMBER			NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE	
ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)			QUANTITY	UNIT PRICE 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.					\$ 7500	
(Use continuation sheet(s) if necessary)			(Payee must NOT use the space below)		TOTAL \$ 7500	
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)(6)	EXCHANGE RATE = \$1.00	DIFFERENCES		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.		TITLE 2SBCT, 25IC FOREIGN CLAIMS PAY AGENT	(b)(3), b(6)			
12 April 2008 (Date)		(b)(3), b(6)	CPT, JA Foreign Claims Officer (Title)			
(b)(2) High						
CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
PAID BY CASH \$ 7500	DATE 12 April 2008	(b)(6)				
<small>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 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	

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. This 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

12 April 2008

SUBJECT: Claim # 1762

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 \$_____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

CENTCOM 017300

1762-00004

31045



Serial Number Accountability Record

The purpose of this form is to record the serial numbers on USID \$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 FinancialRecovery@usaid.gov.

DATE OF TRANSFER: 12 April 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: _____

NAME OF DEBTSY: KUTUBIYI: DOCUMENT ON BEHALF OF FIRM

(b)(3), b(6)

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

\$100 note serial number(s)

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

* Use additional form(s) if needed.
SNAR Report

2ND STRYKER BRIGADE COMBAT TEAM
FOREIGN CLAIMS OFFICE
12 April 2008

Claim Settlement/Witness Agreement
Claim # 2712

I hereby agree to accept the sum of \$ 25,000.00 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, but as a release of, the United States of America, its officers, agents and employees.

(b)(6)

Claimant's Signature

Name:

Address: Baghdad, Iraq

(b)(6)

Witness: Print and Sign

Witness: Print and S

(b)(6)

Pages 7 through 8 redacted for the following reasons:

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

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 Iraq Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 81 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 only to substantiate a claim against the US Army.

UNIT ACo 2-8 CAV

DATE 12 SEP 07

LOCATION (b)(2) High

TYPE OF INCIDENT Car Accident death

MULTINATIONAL
DIVISION - BAGHDAD



IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

احي المواطنين الكرام - مطالبنا الاضرار التي لحقت بكم، سواء كانت اضرار
جسدية من اصابات الى اخره، او موت لا يبرح لك احد من افرادك،
وكان السبب وراء ذلك القوات الامريكية فله يكون لك الحق في التعويض
المتقدم بدلا من المطالبة بحقوقك الرجاء اخبارنا، هذه المنطقة وموئنتك
التي تبعد عن كابل الاوراق الرسمية المتعلقة بطلبنا الامس والتي تلعب
الوضوح مثل (صور للحوادث، شهادة الشهود، تقرير الشرطة،
والصلاوات بالاستلام او التعليم، والبيانات المكتوبة لنا عظيم او تدمير وكذا
تداول ان تحصل على تعويض عنه، ورجو حصة السواقة ان كانت تدين
رجو حصة)

الرجاء اخبارنا هذه الملاحظات الى مركز المساعدة العراقي في معسكر
التاسي بولاية كابل، النوية القبلية في معسكر فالتون، الجومدية في
معسكر قاب، معسكر هول، معسكر كاسو، معسكر بولك
بواحدة المركز الحكومية، السورة او مدينة الفخر، ٩ نيسان الرضية.
الرجو حصة الرضاة الامانة الكسرة الاستمسية الكسرة او سجع
النور

ملاحظة: امتلاك هذا الكرت (التمتلك) لا يعني الدفع المؤقت.

وشكرا لتعاونكم معنا

Claims Form

طلب تظلم

Name: _____

الاسم: _____

foreign language, (b)(6)

Address: _____

العنوان: _____

I am

a. A national citizen of: _____

أنا
أحمل جنسية: _____

b. A permanent resident of: _____

foreign language

ب. عنواني الدائم: _____

c. Employed by: _____

ت. اعمل لدي: _____

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 أنتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجت من: (المنظمة، الوحدة العسكرية)

foreign language

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 عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين.
بملا التظلم بالأمن للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابهم.)

My claim arose on:

Month

Day

Year

تظلمي قدم في:

السن

يوم

شهر

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.)

بإختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

foreign language

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

Total: \$ 25000

أشرح بالتفصيل مقي الضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شيء لوحدة)

تكاليف

المشي المتضرر

\$ 20000

~~\$ 20000~~

\$ 25000

اجمالي التكلفة

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

سدي تامين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

S _____ I.D. _____

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

العملة المحلية S _____

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

سابقاً (قمت) (لم أقم) 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 تظلم (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 كاذب أو مكرر أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

foreign language, (b)(6)

(توقيع التظلم) الرجاء S

Subscribed to me this _____ day of _____, 200_____

foreign language, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Claim Number رقم الشكوى	1762
Full Name الاسم الكامل	(b)(6)
Recheck Date تاريخ المراجعة	12 APRIL 08
GIC/I-RAC 0790-194-3202 رقم عراقيا ٠٧٩٠١٩٤٣٣٠٢	

(b)(6), foreign language

Foreign Language Text, (b)(6)

foreign language

Amount paid \$ 1500
year (b)(6)

وقد سددت كامل ثمنها واتعهد بتسجيلها
١- على البائع والمشتري تسجيل السيارة حسب قوانين المرور والمكتب غير مسؤول خلاف ذلك
٢- يتعهد البائع والمالك الشرعي للمركبة بدقة ارقام الشاصي والمحرك والاوراق الثبوتية والرسميه العائده الى السيارة ويقاسه يتحمل
اي تبعات قانونية والمعرض غير مسؤول عنها
٣- اذا نكل احد الطرفين يدفع الطرف الناكل تضييمات قدرها ٢٠٪ ويتحمل الدلائيات المدفوعة
٤- يتعهد الطرفان بتنظيم عقدا اصولي لحين اكمال المستمسكات الرسمية
٥- يعتبر هذا الوصل ملغيا بعد تنظيم العقد المروري
٦- يبلغ الطرفان بمعرفة دار وعنوان كل منهما
بغداد او المحافظة بتاريخ ١٥١٢-
مكتب الوفاق
لتنظيم عقود بيع وشراء
السيارات

Foreign Language Text, (b)(6)

Foreign Language Text



CENTCOM 017316

31060

1762-00020



CENTCOM 017317

31061

1762-00021