

(b)6 Foreign Language

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

CENTCOM 011666  
2673-0002

31278

~~SECRET~~

## Claims Coversheet

Claim #: 2673

Date Submitted: 23/6/2008

### Claimant Information

Last Name: (b)(6) Claimant Address: (b)(2)High  
Middle Name: (b)(6) Claimant Contact Number: \_\_\_\_\_  
First Name: (b)(6)

### Incident Information

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

Incident Date: 21/7/2007  
Incident Location: Baghdad  
Amount Claimed: US \$ 15,000/-  
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:

### Adjudication Notes:

(b)(5), (b)(2)High

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> HQ, 2nd Stryker Brigade Combat Team Office of the Command Judge Advocate  <b>APO AE 09378</b>	DATE VOUCHER PREPARED 28 June 2008 CONTRACT NUMBER AND DATE (b)(2)High  REQUISITION NUMBER AND DATE	SCHEDULE NO.  PAID BY 24 Finance Management Company APO AE 09344 TAJI DSSN: (b)(2)High
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PAYEE'S CLAIM #: 2673  NAME AND ADDRESS Baghdad, Iraq  (b)(6)	DATE INVOICE RECEIVED  DISCOUNT TERMS  PAYEE'S ACCOUNT NUMBER
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SHIPPED FROM	TO	WEIGHT	GOVERNMENT B/L NUMBER
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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.				\$ 10000

(Use continuation sheet(s) if necessary)	(Payee must NOT use the space below)	TOTAL
		\$ 10000

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 (b)(3), (b)(6) not for
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Pursuant to authority vested in me, I certify that \_\_\_\_\_

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

(b)(3), (b)(6) CPT, JA  
Foreign Claims Officer

28 June 2008 (Date)

(b)(2)High

PAID BY	CHECK NUMBER CASH 10000	ON ACCOUNT OF U.S. TREASURY	DATE 28 June 2008	CHEQUE	ON (Name of bank)
					(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 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.

**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

**2ND STRYKER BRIGADE COMBAT TEAM**  
**FOREIGN CLAIMS OFFICE**  
28 June 2008

**Claim Settlement/Witness Agreement**

Claim # 2673

10000

I hereby agree to accept the sum of \$ 10000.00 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.

اني اوافق على استلام مبلغاً قدره 10000 دولار امريكي مع موافقتي كتسوية نهائية عن جميع الادعاءات المرفوعة ضد حكومة الولايات المتحدة الامريكية. ضباط صف، وكلاء وموظفين الذين لهم صلة بالحادث المرتبط بالقوات الامريكية. هذا اعني وبشكل نهائي اي مسؤولية ضد حكومة الولايات المتحدة الامريكية وبضمنها ضباطها، ممثلها، وموظفيها من جميع الشكاوى و الادعاءات المتعلقة بهذا الحادث مستقبلا. هذه التسوية تشمل جميع الادعاءات الحالية والمستقبلية وبما فيها تكاليف الدفاع ان وجدت عن ما ينتج او له علاقة بأضرار الممتلكات، الاصابات او الارواح التي لها صلة بالحادث. ويعتبر كاعتراف باعطاء وبشكل 10 U.S.C. 2734 ان المبلغ المنفوع هو تعويض كامل وتسوية نهائية حسب قانون كامل الحكومة الامريكية. ضباطها، ممثلها وموظفيها من اية تبعات قانونية ضدها.

(b)(6)

**Claimant's Signature**

(b)6 Foreign Language

Name:

Address: (b)(2)High

I.D. Number:

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

Witness: Print and Sign

I.D. Number:

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

Witness: Print and Sign

I.D. Number:



Office of the U.S. Treasury Department Financial Attaché  
Embassy of the United States of America - Baghdad, Iraq



## 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)(2)High, (b)(3)(b)(6)

DATE OF TRANSFER: 28 June 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 2673

NAME (PRINT) ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)  
*Print given last 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 \_\_\_\_\_ and.

\* Use additional forms if needed.  
SNAR Report

CENTCOM 011671  
2673-00007



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

Foreign Claims Commission IK4

28 June 2008

SUBJECT: Claim # 2 6 7 3

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 \$ 10000.00.

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 011672

2673-0008



1-2008 (02/01/08) (02/01/08) (02/01/08)

Claim #	Date of Claim	Foreign Lan
2/25 SBCT	2673	23/6/08
First Name	Middle Name	Last Name

Foreign Lan

(b)(6)

Foreign Lan

Claims Form

(b)6 Foreign Language \_\_\_\_\_

Name: (b)(6) \_\_\_\_\_ الأسم:

Address: (b)(2)High \_\_\_\_\_ العنوان:

I am

a. A national citizen of: IRAQI أنا أعمل جنسية: \_\_\_\_\_

b. A permanent resident of: \_\_\_\_\_ ب. عنواني الدائم: \_\_\_\_\_

(b)(2)High

c. Employed by: \_\_\_\_\_ ت: أعمل 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)

\_\_\_\_\_

\_\_\_\_\_

C/F

أنتي أتطلب لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت 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 هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستهيكات التي تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.  
إملاً التظلم بالأمن للآفراد المتقدمين بالشكوي للإصابات أو الأضرار التي أصابتهم.)

\_\_\_\_\_

My claim arose at: Baghdad Salimiyah \_\_\_\_\_  
(Town) (City) (Country)

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

CENTCOM 011674

2673-00010

My claim arose on: 7 21 2007  
Month Day Year

(b)6 Foreign Language

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.)

\_\_\_\_\_

باختصار اشرح ما حدث والاضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر  
تتكفي)  
The American Convey went over my husband's car and caused the death of my husband and destroyed the car totally

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
	<u>us\$ 15,000/-</u>
Total: <u>us\$ 15,000/-</u>	

أشرح بالتفصيل متى تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شيء  
لو حدة)

التشي المتضرر  
تكلفته

بمضي التوقيع

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

\_\_\_\_\_

\_\_\_\_\_ *NON* لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ \_\_\_\_\_ I.D. *US. \$ 15,000/-*

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

\_\_\_\_\_ العملة المحلية

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.

لمن علمي مطلقاً. تظلم (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.

مصدقاً. يسوتين أنني ما كنت أقدم على أن من السلطات المشتمة على هذا التظلم من غير وجه توثيقه. أي شخص يحاول تقديم تظلم أو مقلد 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 *23/6*, 200*8*

(Signature of Witness)

(b)6 Foreign Language

(Printed Name)

ENCLOSURE I (Claims Form (b)(6)

Page 13 redacted for the following  
reason:

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(b)6 Foreign Language

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

الصالح عليهم ورحمتنا عليهم وبركاتنا

لمنى مواطن قديم مطلق الاضطرار التي احدثت اليك - سواء وقت اضطرار  
جمسية من اسباب الى آخره ، او ملحق لا مسح اذا احدث من الاثرية ،  
وكان السبب وراء ذلك قوت الامنية فقد يكون انه الحق في التعويض.  
للتقدم بصلاح و المتطرية بملكه الرجاء احصاء الرئي ، هذه المنطقة او هوية  
المنطقة مع كل الاثرية المتعلقة - سبب الاثر و التي تكتم  
والمعلومات بالاحتمال في التسليم و التي التامة لنا تحطم او تضرر واما  
تحسول ان تحسول على تعويض عنه - او خصية السبب ان كانت تحسول  
رخصية

الرجاء احصاء هذه المستندات التي مرتز المساعدة في امر في مستقر  
الرجاء بالبرية كتي ، انوية القيدية في مستقر القتل ، الحكومية في  
مستقر ليل ، مستقر هوك ، مستقر خلع ، مستقر نوك ،  
او احد المر اكز الحكومية التورية - او مائية القدر - وانيسان - الرسيد  
الرضوية - الرصدف - الاثبات - الفرخ الاضطرية - الاثرية - او مسيح  
الهور .

ملاحظة : ايتانك هذا الكرت (الاستمندات) الاخرى الفتح الموكف .  
وشكرا التالو كتر ممتنا

THE MULTINATIONAL FORCE  
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 you 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 A4-320

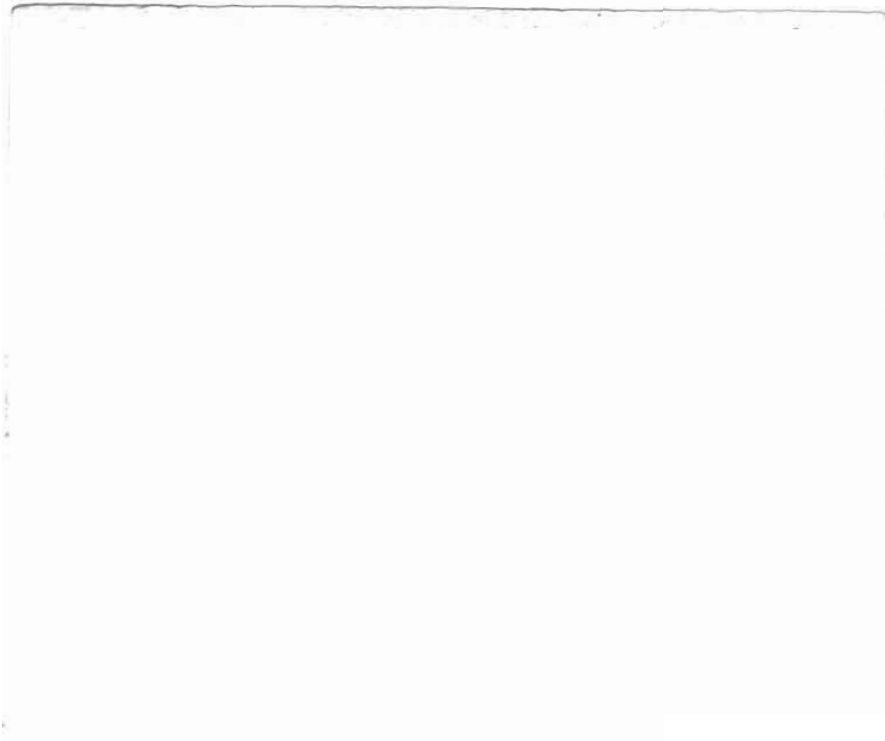
DATE 21 July 2007 (2)Hi

LOCATION \_\_\_\_\_

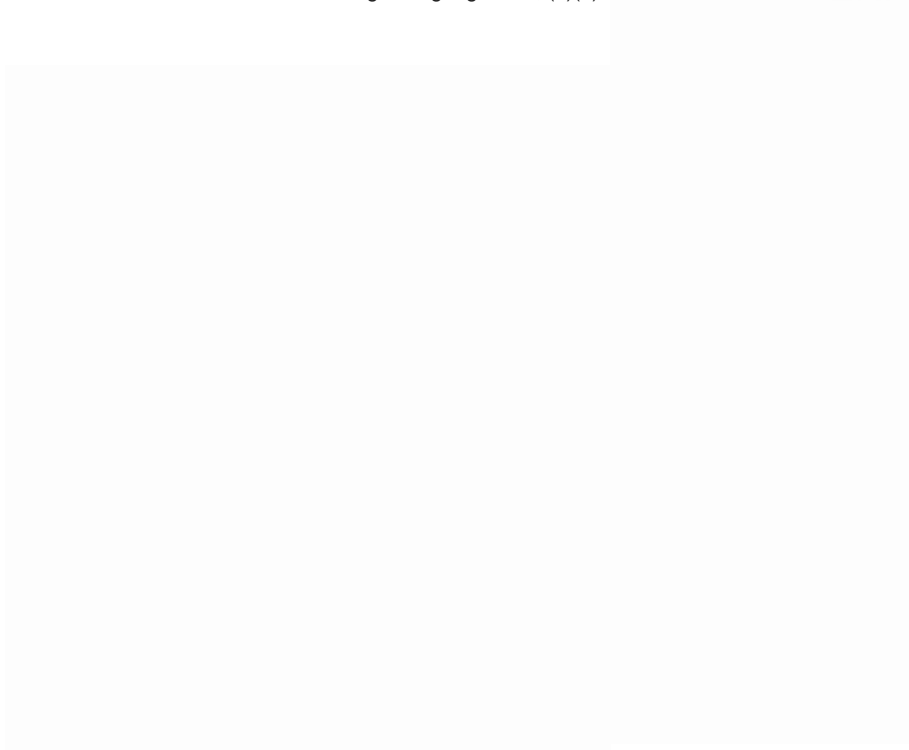
TYPE OF INCIDENT Car Accident/Death

Foreign Language Text, (b)(6)

CENTCOM 011679  
2673-00015



Foreign Language Text, (b)(6)





Foreign Language Text, (b)(6)

CENTCOM 011681  
2673-00017



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

CENTCOM 011683  
2673-00019

Foreign Language Text, (b)(6)

CENTCOM 011684

2673-00020

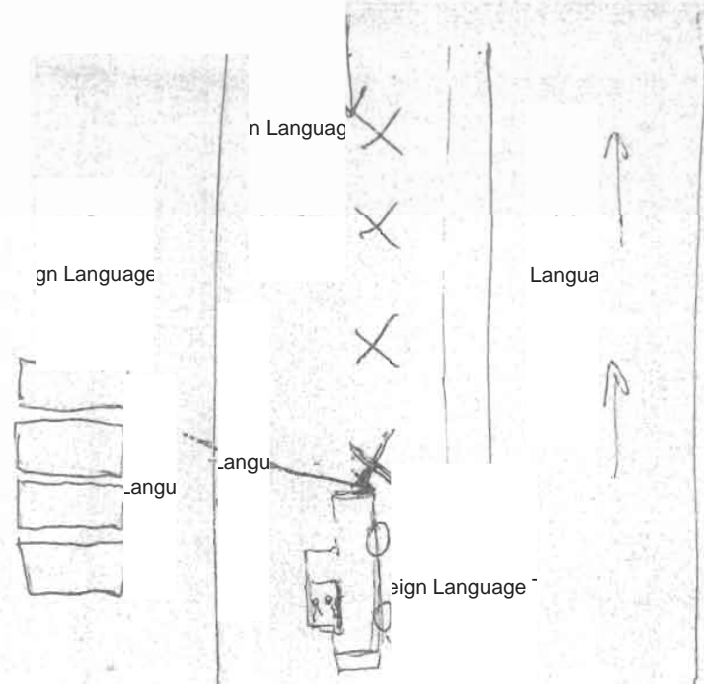
Pages 21 through 24 redacted for the following reasons:

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(b)6 Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)



CENTCOM 011689

2673-00025



CENTCOM 011690

2673-0026

31299