

A0332

A handwritten signature or scribble consisting of several overlapping, curved lines that form a stylized, somewhat abstract shape.

(b)(6)



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1st BRIGADE COMBAT TEAM
4th Infantry Division
CAMP TAJI, IRAQ APO AE 09378

09 AUG 2006

Foreign Claims Commission IO9

SUBJECT: Claim # 1/4ID-A0332

(b)(6)

Baghdad, Iraq

Dear Ma'am:

You have submitted a claim seeking compensation for the loss of your loved one. 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.

Allow me to express my sympathy for the loss of your loved one. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the Fourth Infantry Division Claims Office will compensate you for your losses in the amount of \$15,000.00.

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 006432

Standard Form 1034 (EG)
 Revised October 1997
 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, 1st Brigade Combat Team, 4th Infantry Division
Office of the Command Judge Advocate

APO AE 09378

10 DATE VOUCHER PREPARED
9 Aug 06
 CONTRACT NUMBER AND DATE
 REQUISITION NUMBER AND DATE

SCHEDULE NO.
 PAID BY
230th Finance Bn
APO AE 09344
TAJI
DSSN: 5579

PAYEE'S
 CLAIM #: **1/4ID-A0332**
 (b)(6)
 NAME AND ADDRESS
Baghdad, Iraq

DATE INVOICE RECEIVED
 DISCOUNT TERMS
 PAYEE'S ACCOUNT NUMBER

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. <i>Husband killed in accident of American Convoy.</i>				<u>\$ 15000</u>

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL \$ 15000 (3),(b)

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	EXCHANGE RATE	DIFFERENCES
	BY: SFC (b)(3),(b)(6)	= \$	= \$1.00
	TITLE	Amount (Signature)	
	1	MC	(b)(3),(b)(6)

Pursuant to authority vested in
9 Aug 06 (Date) (b)(3),(b)(6) (b)(3),(b)(6) **CPT, JA** Foreign Claims Officer (Title)

ACCOUNTING CLASSIFICATION
(b)(2) High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	\$ 15,000	DATE 9 Aug 06	(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.



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)(6) @msn.com.

DATE OF TRANSFER: 9 Aug 06

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 1/4ID-A0332

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

(Print given name, maiden's first name, granujainer's first name, tribal name)

\$100 note serial numbers:

(b)(2)High, (b)(6)	_____ through	(b)(2)High, (b)(6)	_____ and,
_____	through	_____	and,
_____	through	_____	and,
_____	through	_____	and,
_____	through	_____	and,
_____	through	_____	.

* Use additional forms if needed.
SNAR Report

CENTCOM 006434

1st BRIGADE COMBAT TEAM
4th INFANTRY DIVISION
FOREIGN CLAIMS OFFICE

Claim Settlement/Witness Agreement
Claim # 1/4ID-A0332

I, (b)(6) of Baghdad, Iraq, hereby agree to accept the sum of \$/5,000.00 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 occurring on or about January 04, 2006 at Baghdad, Iraq, 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: (b)(6)
Address: Baghdad, Iraq
I.D. Number: _____

(b)(3),(b)(6) _____
I.D. Number: _____

(b)(3),(b)(6) _____
Witness: Print and Sign
I.D. Number: _____

CENTCOM 006435

Claim No: 1/4ID-A0332

Summary:

On 4 January 2006, the claimants husband was driving a taxi when he was involved in a collision with a coalition convoy. The car was flipping, killing the claimants husband.

Evidence:

Claims card, unit 1-71 CAV, date 4 Jan 2006, location FOB Justice, type of incident accident/death.

Death certificate for (b)(6)

Issues:

Recommendation:

Pay appropriately.

CENTCOM 006436

Foreign Language

1ex

(b)(6)

Claims Form

طلب تظلم

(b)(6)

Foreign Language

الاسم:

Foreign Language

العنوان:

Baghdad-

(b)(6)

I am

أنا

a. A national citizen of: Iraqi Foreign Language: _____

b. A perm

Baghdad.

Foreign Language, (b)(6)

c. Employ

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 أتظلم لى حكومى الولايات المتحدة للأضرار والإصابات التى نجمت من: (المنظمة، الوحدة العسكرية)

The Coalition

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 التى تخولكم وتوكلكم للتقدم بهذا التظلم، أو أى دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التى أصابتهم.)

My claim arose at: _____
(Town) (City) (Country)

Foreign Language

تظلمى قديمى:

Baghdad-

(b)(6)

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

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. _____

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.

لحسن علمي طلبت تعظماً (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 كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سيعاقب بعقوبات جنائية حادة ويحاكم من قبل السلطات.

(b)(6)

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this _____ day of _____, 200_____

(Signature of Witness)

(Printed Name)

ENCLOSURE I (Claims Form)

CENTCOM 006439

Page 10 redacted for the following reason:

Foreign Language, (b)(6)

1/4ID Claims Coversheet

Claim #: 1/4ID- A0332

Date Claim Submitted: 08-03-06

Claimant Information

Last Name: _____ (b)(6)

Claimant Address: Baghdad -

First Name: _____ (b)(6)

(b)(6)

Middle Name: _____ (b)(6)

Identification Number _____ (b)(6)

Incident Information

- Vehicle Accident
- Detainee Property
- Damage During Raids
- Small Arms Damage/Injury
- Damage to Real Estate
- Other Death

Incident Date: 01-04-06

Incident Location: Kadhimia-Baghdad

Amount Claimed: \$15800

Estimates Included? YES NO

Claim Card or Note? YES NO

Investigation Notes:

*paid 9AUG06
\$15,800.00*

Adjudication Notes:

Pages 12 through 16 redacted for the following reasons:

Foreign Language, (b)(6)

TASK FORCE
BAGDAD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury

US For

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

1. Fill out the required information.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death. *ILT - FA HE WAS NOT AT FAULT*
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 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

1-71 CAV

DATE

1 Jan 2006

LOCATION

(b)(2)High

TYPE OF INCIDENT

Accident / Death

32051

ARMY FORCE
FAGDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقبل الأضرار التي لحقت بك . سواء كانت أضرار جنسية من إصابات إلى آخره . أو موت لا سمح الله لأحد المقربين . وكان السبب وراء ذلك القوات الأمريكية . فقد يكون لك الحق في التعويض .

للتقدم ببلاغ ومطالبة بحق الرجاء إحضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، ووصول بالإستلام أو التسليم، وإثبات الملكية لما حُطم أو تضرر ولما تحلول لن تحصل على تعويض عنه، ورخصة السهولة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمكات إلى مركز المساعدة العراقي في معسكر التاجي (Camp Taji) بوابة كتر (Gunner Gate) . البوابة الهندية في معسكر فالكون (Camp Falcon) . المحمدية في معسكر فاب (FOB) (Mahmudiyah).

لو أحد أحد المراكز الحكومية: الثورة - 9 نيسان - الكاظمية - الرشيد - المنصور - الرضوانية - الرصافة - والأممات - **CENTCO** كروية أو سبع البور .

(b)(2)High

ملاحظة : امتلاك هذا الكرت (المستمك) لا يعني الدفع للمركز .

وشكر المتعاونكم معنا .

32052

Foreign Language Text

Ration Card of

(b)(6)

Foreign Language Text

32054

CENTCOM 006450