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CENTCOM 006451

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

6 September 06

Foreign Claims Commission I09

SUBJECT: Claim # I/4ID- A0345

(b)(6)

Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the death of your mother. 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 your loss. In accordance with the cited references and the investigation into your claim, your claim is compensable. Accordingly, the Fourth Infantry Division Claims Office will compensate you for your losses in the amount of \$8000.00.

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 006452

**1/4ID Claims Coversheet**

Claim #: 1/4ID- ~~A0338~~  
A0345

Date Claim Submitted: 08-23-06

**Claimant Information**

Last Name: \_\_\_\_\_  
(b)(6)

Claimant Address: Baghdad

First Name: \_\_\_\_\_  
(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

Incident Date: 01-08-06

Incident Location: Rasheed

Amount Claimed: \$ 4000

Estimates Included?  YES  NO

Claim Card or Note? YES  NO

**Investigation Notes:**

UDM  
8000-

**Adjudication Notes:**

Claims Form  
طلب تظلم

Name: \_\_\_\_\_ (b)(6) \_\_\_\_\_ الأسم:

Addr: \_\_\_\_\_ (b)(6) \_\_\_\_\_ العنوان:

I am

a. A national citizen of: Iraq أنا أحمل جنسية: \_\_\_\_\_

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

c. Employed by: \_\_\_\_\_ (b)(6) \_\_\_\_\_ 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)

Coalition Forces - hitting my car causing death of my mother and some damages in the car.

أنني أتظلم 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.)

It's owned by me.

الممتلكات المتضررة مملوكة من: (إذا كان عدا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. املا التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: Baghdad, Iraq  
(Town) (City) (Country)

تظلمي قدم في: \_\_\_\_\_ القرية  
\_\_\_\_\_ المدينة  
\_\_\_\_\_ البلد أو المحافظة

CENTCOM 006454

(b)(6)

(b)(6)

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My claim arose on: 8 22 2006  
Month Day Year

تظلمى قدم فى: \_\_\_\_\_  
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.)

when driving along a road in Al-Huseiniyah area,  
a military car hit my car from behind causing  
death of my mother.

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

I enclose the death certificate of my  
mother.

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.)

<u>Item</u>	<u>Amount</u>
<u>death of my mother</u>	<u>\$ 4000</u>

Total: You may estimate her life.

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر: \_\_\_\_\_  
تكلفته: \_\_\_\_\_  
Foreign Language

إجمالي التكلفة: \_\_\_\_\_

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Foreign Language Text

CENTCOM 006457

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

No

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ It's up to you. I.D. \_\_\_\_\_

اطالب 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.

Yes, I have filed a claim at Coalition Camp in Al-Taji.  
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 سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(b)(6)

(توقي)

Subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

(Signature of Witness)

(Printed Name)

ENCLOSURE I, (Claims Form)

CENTCOM 006458



Foreign Language Text

(b)(6)

CENTCOM 006459



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), (b)(3) @msn.com.

DATE OF TRANSFER: 6 Sep 06

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 1/4ID- A0345

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

*Print given name, father's first name, grandfather'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 006460

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

**Claim Settlement/Witness Agreement**

**Claim # 1/4ID- A0345**

(b)(6)

I, \_\_\_\_\_, of Baghdad, Iraq, hereby agree to accept the sum of \$ 8000.00 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 the 8 day of January 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: \_\_\_\_\_

Address: Baghdad, Iraq

I.D. Number: \_\_\_\_\_

(b)(6)

I.D. Number: \_\_\_\_\_

(b)(6)

I.D. Number: \_\_\_\_\_

CENTCOM 006461

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY HQ, 1st Brigade Combat Team, 4th Infantry Division Office of the Command Judge Advocate</b>			10 DATE VOUCHER PREPARED <b>6 September 06</b>		SCHEDULE NO.	
<b>APO AE 09378</b>			REQUISITION NUMBER AND DATE		PAID BY <b>230<sup>th</sup> Finance Bn APO AE 09344 TAJI DSSN: 5579</b>	
PAYEE'S  NAME AND ADDRESS <b>Baghdad, Iraq</b>			CLAIM #: <b>1/4ID-A0345</b>  <b>(b)(6)</b>		DATE INVOICE RECEIVED	
SHIPPED FROM			TO		WEIGHT	
GOVERNMENT B/L NUMBER			DISCOUNT TERMS		PAYEE'S ACCOUNT 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 COST PER		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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.  <i>Mother killed in accident</i>				<b>\$8000</b>
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)					TOTAL	<b>\$8000</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  BY: <b>SFC (b)(3),(b)(6)</b>	EXCHANGE RATE  =\$1.00	DIFFERENCES		
Pursuant to authority vested in me:		<b>(b)(3),(b)(6)</b>	<b>(b)(3),(b)(6)</b>	<b>CPT, JA Foreign Claims Officer</b>		
<b>6 Sep 06</b> <i>(Date)</i>		<b>(b)(2)High</b>				
CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)				
PAID BY	CASH <b>\$8000</b>	DATE <b>6 Sep 06</b>	<b>(b)(6)(b)(3)</b>			
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.

**CENTCOM 00646Z** NSN 7540-00-900-2234

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

**Claim Settlement/Witness Agreement**

Claim # 1/4ID- A0345

(b)(6)  
I, \_\_\_\_\_, of Baghdad, Iraq, hereby agree to accept the sum of \$ 8000 .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 the 8 day of January 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: \_\_\_\_\_

Address: Baghdad, Iraq

I.D. Number: \_\_\_\_\_

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

I.D. Number: \_\_\_\_\_

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

W

I.D. Number: \_\_\_\_\_

CENTCOM 006463



DEPARTMENT OF THE ARMY  
 HEADQUARTERS, 1ST BRIGADE COMBAT TEAM  
 4TH INFANTRY DIVISION (MECHANIZED)  
 CAMP TAJI, IRAQ 09378

REPLY TO  
 ATTENTION OF:

6 Sep 06

AFYB-IN-JA

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) No. 1/4ID- A0345

1. Facts:

a. The claimant, a resident of (b)(6), Iraq, has submitted a claim to address

The death of his mother in an auto accident involving U.S. Forces  
in Jan 06

b. In support of the claimant's assertions, the undersigned considered the following:

Statement, Math Certificate, original claim w/ claim card submitted  
Jan 06 - Lost

2. Opinion:

a. 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 negligent or wrongful acts of military members or civilian employees of the Armed Forces. Additionally, a settlement authority may pay a claim even if injury results from a criminal act clearly outside the scope of employment. See AR 27-20, para. 10-3a.

b. The claim is  meritorious.

CENTCOM 006464

AFYB-IN-JA

SUBJECT: Action on Claim of

(b)(6)

Claim No. 1141D- A0345

c. After considering the following matters, the undersigned finds that the claimant should receive a settlement of \$ 8000:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \$ 8000.00.

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

CPT, JA  
Foreign Claims Commissioner

Pages 16 through 25 redacted for the following reasons:

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Foreign Language  
Foreign Language, (b)(6)