

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

Claims Coversheet

Claim #: 108

Date Submitted: 01-21-08

Claimant Information

Last Name: _____

Claimant Address: (b)(6) _____

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: 11 March 2005

Incident Location: Tax

Amount Claimed: \$ 25,000

Estimates Included? YES NO

Claim Card or Note? YES NO

Denial Reasons

(b)(2)High

Investigation Notes:

11 PS612 BUS (KOREAN (DAEWOO)
(b)(6) 7R OL D SON, NO WIFE/ CHILDREN

*Have they been paid before?
It's been 2 years since incident*

Adjudication Notes:

PAID
\$ 12,500 (10,000 BUS; 2,500 SON)
16 FEB 08

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



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

Foreign Claims Commission IK4

16 February 2008

SUBJECT: Claim # 0108

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 \$ 12500.00.

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

Standard Form 1034 (52) Revised October 1987 Department of the Treasury T FM 4-2000 1034-101		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED	SCHEDULE NO.		
DEPARTMENT OF THE ARMY HQ, 2nd Stryker Brigade Combat Team Office of the Command Judge Advocate APO AE 09378			16 February 2008	PAID BY 24 Finance Management Company APO AE 09344 TAJI DSSN: 5579		
			CONTRACT NUMBER AND DATE P135198.00-4200			
PAYEE'S CLAIM #: 0108 (b)(6) NAME AND ADDRESS Baghdad, Iraq			REQUISITION NUMBER AND DATE	DATE INVOICE RECEIVED		
			DISCOUNT TERMS			
			PAYEE'S ACCOUNT NUMBER			
			GOVERNMENT B/L NUMBER			
SHIPPED FROM		TO	WEIGHT			
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>	QUAN- TITY	UNIT PRICE		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.		COST	PER	\$ 12500
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$ 12500
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENC		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		BY *				
<input type="checkbox"/> PARTIAL		SFC (b)(3),(b)(6)				
<input type="checkbox"/> FINAL		TITLE		Amount verified, correct for		
<input type="checkbox"/> PROGRESS		2SBCT, 25ID FOREIGN CLAIMS PAY AGENT		(Signature or initials)		
<input type="checkbox"/> ADVANCE				(b)(3),(b)(6)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
16 Feb 08 <i>(Date)</i>		(b)(3),(b)(6)	(b)(3),(b)(6)	CPT, JA <i>(Title)</i>		
(b)(2)High						
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY			IN (Name of bank)	
PAID BY CASH		DATE	(b)(6)			
\$ 12500		16 February 2008				
<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>						

Previous edition usable

PRIVACY ACT STATEMENT

NSN 7540-00-800-22

The information requested on this form is required under the provisions of 31 U.S.C. 52b and 52c, 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.



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)

DATE OF TRANSFER: 16 February 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 0108

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

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

⁵⁰
\$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

2ND STRYKER BRIGADE COMBAT TEAM
FOREIGN CLAIMS OFFICE
16 February 2008

Claim Settlement/Witness Agreement
Claim # 0108

I hereby agree to accept the sum of \$ 12500⁰⁰ .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

I.D. Number: _____

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

Witness: Print and Sign

I.D. Number: _____

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

Witness: Print and Sign

I.D. Number: _____

Title: ESCALATION OF FORCE BY 25TH TC IVO BAGHDAD (b)(2)High 1X CIV WOUNDED

Tracking Number: IDLNO-52716278 **Report Precedence:** ROUTINE

Classification: ~~SECRET~~ UNCLASSIFIED ~~REL TO USA, MCF~~ UNCLASSIFIED

Reporting Unit Name: Not Provided **Report Source:** Coalition

Report URL: (b)(2)High

Unit Name Involved: SPOT Section Not provided **Call Sign:** Not Reported

Type of Involved Unit: None Selected **Involved Unit Activity:** NONE SELECTED

Incident Reported By: Not Reported **Battlespace Lead:** Not Reported

DTG of Incident (Local Time): 2005-03-10 21:02:00.0 **DTG Posted (Local Time):** 2005-03-10 22:35:32.0

DTG Updated (Local Time): 2005-03-12 00:53:35.0

MGRS: (b)(2)High **Route:** UNKNOWN

Province: UNKNOWN **MSC:** 3 ID

District: Not Reported **AO:** Not Reported

Event Type: Friendly Action **Modes Of Attack:** Small Arms

Event Category: Other Defensive

(b)(2)High

Summary: AT 2102C, 3-156 IN REPORTS AN UNKOWN CONVOY WAS HEADED SOUTH ON (b)(2)High SHORTLY AFTER PASSING. B/3-156 MANNING CP57A REPORTED HEARING GUNSHOTS, UNIT AT (b)(2)High ALSO REPORTED HEARING GUNSHOTS AFTER THE CONVOY PASSED THEIR LOCATION. UNIT WENT TO INVESTIGATE AND DISCOVERED A CIV WITH A GSW TO THE NECK. 3-156 CALLED FOR A MEDEVAC. AT 2125C, MEDEVAC (b)(2)High OFF.

AT 110033CMAR05, THE CDR OF 3-156, REPORTED THAT WHILE ON THE SCENE AND ASSISTING IN THE MEDEVAC OF THE CIV, HE LEARNED THAT THE CONVOY THAT SHOT-UP THE CIV VEHICLE AND SHOT THE CIV IN THE NECK WAS FROM THE 13 CSB. THE CONVOY COMMANDER IS BASED AT CAMP SPEICHER AND WAS HEADING TO SCANIA ON THIS CONVOY. THE BN CDR OF 3-156IN ALSO REPORTED THAT A WITNESS REPORTED THAT VEHICLES WERE RAMMED BY US VEHS AND 5-6 OTHER VEHS WERE SHOT INTO FOR NO KNOWN REASON. UPDATE: AT 0343C, 25TH TC REPORTS THAT THEY CONDUCTED RAMP/ROE ESCALATION WHILE ON A CONVOY ENROUTE TO SCANIA IVC (b)(2)High AT APPROX 102120C, WHEN A VEHICLE PULLED IN FRONT OF THEIR CONVOY THEN SLOWED DOWN

AND FATIGUED TO RESPOND TO (b)(2)High
(b)(2)High THE UNIT CONTINUES TO GATHER SWORN STATEMENTS
FROM THOSE INVOLVED AND WILL SEND THE STATEMENTS TO THE 3ID
ROC TODAY OR TOMORROW. SIR SENT IIP TO MNCT

Nonresponsive, (b)(2)High

Civilian

KIA	WIA	ABD
0	1	0

Nonresponsive, (b)(2)High

Nonresponsive, (b)(2)High

(b)(6)

طلب نظلم

Name: _____

Address: _____

Foreign Language Text

I am

a. A national citizen of: Iraqi

أنا
أحمل جنسية Iraqi Foreign Language Text

b. A permanent resident of: _____

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)

أنتي أنتظلم 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 هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين.
املأ التظلم بالأمسك للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

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.)

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

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: \$ 25,000.

أشرح بالتفصيل متى تضرر والكلفة للممتلكات أو للإصابات الجسمية وتكلفتها (الرجاء إضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شيء لوحدة)

تكلفة

الشيء المتضرر

Vehicle = \$ 10,000
My son = \$ 15,000

اجمالي التكلفة

U-S Forces killed my son while he was driving his car, they were coming behind him and he did not pay attention and suddenly they shot him. he was medivacuated by helicopter to the hospital and after 10 day he passed away. so I am seeking compensation

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 (اكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية

\$

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

سابقاً (نعم) (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 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 مقلد أو يزور التظلم ضد حكومة الولايات المتحدة الأمر يكفي 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 _____

DATE: 11 MAY 05
 TIME OF INJURY: 2230
 ATTENDING PHYSICIAN: (b)(3)(b)(6)
 CHIEF COMPLAINT: Neck injury
 Triage Category: Immediate Delayed Minimal Expectant

INJURY DESCRIPTION: (b)(3)(b)(6)
 (b)(3)(b)(6)
 (b)(3)(b)(6)

(AB)rasion
 (AMP)utation
 (AV)ulsion
 (BL)eeding
 (B)um
 (C)repitus
 (D)eforimity
 (DG)degloving
 (E)chymosis
 (FX)Fracture
 (F)oreign Body
 (GSW)Gun Shot Wound
 (H)ematoma
 (LAC)eration
 (PW)Puncture Wound
 (P)ain

Pulse Present
 S= Strong
 P= Palpable
 D= Doppler
 A= Absent

GSW/Guliet
 Blast trauma
 Single fragment
 Multi-fragment
 MVC
 Aircraft crash
 Knife/edge (stab)
 Mortar/RPG/Granade

CGANG
 Blast
 Burn
 Crush
 Fall
 IED
 Other

Transfer Baghdad for CT neck sip
 neuro deficit & following
 penetrating neck trauma

Head & Neck: GSW posterior L neck
 Tym Membranes: R Clear R Blood
 C--collar: Intubate Carototomy
 Airway (oral/nasal): CRD Cricotomy
 Oral: Nasal
 Chest tube: R L Air Blood Needle decompression

Chest: equal
 Pulmonary Contusion
 Pulmonary Hematomas

Abdomen: soft & rebound / rigidity
 FAST
 DPL
 NG/OG
 Pelvic Binder
 Foley

Pelvis: stable

Upper Extremities: nontender
 Closed reduction EXT Position
 Splint Long Bone Splint
 Tourniquet Type: _____ Time on: _____ Time off: _____

Lower Extremities: nontender
 Closed reduction EXT Position
 Splint Long Bone Splint
 Tourniquet Type: _____ Time on: _____ Time off: _____

Neuro: weakness L IE > UE
 Normal motor/sens F
 ↓ tone
 Vision: Pupil: R L
 Blink:
 Snug:
 Hand motion:
 Light perception:
 No light perception:
 Size: _____ mm _____ mm

Sedated
 Chemically Paralyzed
 Suction Protocol
 Intraosseous Salt Huggar Level I
 Central Line Child Buster
 A-Line Cooling Blanket

Damage Control Resuscitation:
 Yes No Yes No Yes No I II III IV Yes No

DNB (Differential Neurologic Background):
 Cardiac GI Injury, MVA Nephrology Psychiatric, Stress
 Dermatologic Heat/Cold Injury, Work/Training Ob/Gyn Pulmonary
 Endocrine Infectious Disease Injury, Other Ophthalmologic STDs
 Fever, Unexplained Injury, Rec/Sports Neurologic Psychiatric, Mental All Other Medical/Surgical

Evaluation of Patient:
 Routine OR, ICU, ICW
 Priority Level III, Level IV, Host Nation, Coalition Facility (hr, dd, mn, yy)
 Urgent RTD Unit
 Deceased (see below)

Cause of Death:
 Anatomic: Airway Head Neck Chest Abdomen Pelvis Extremity (Upper/Lower) Other, specify:
 Physiologic: Breathing CNS Hemorrhage Total Body Disruption Sepsis Multi-organ

PATIENT NAME: (b)(6)
 Physician Sign: (b)(3), (b)(6)
 SSN/ID: (b)(6)
 Printed or typed:

PHYSICIAN TRAUMA ADMITTING RECORD

DATE: _____ TIME OF INJURY: _____ TIME OF ARRIVAL: _____
 ATTENDING PHYSICIAN: _____ VS: T _____ P _____ R _____ BP _____ O₂ Sat _____

TRIAJE CATEGORY
 Immediate Minimal
 Delayed Expectant

HISTORY & PHYSICAL
INJURY DESCRIPTION: R L L R
 (A) Abrasion (AMP) Laceration (AV) Avulsion (B) Bleeding (C) Burn (D) Deformity (E) Erythema (F) Foreign Body (G) Gun Shot Wound (H) Hematoma (I) Laceration (PW) Puncture Wound (P) Pain

MECHANISM OF INJURY:
 GSW/Bullet CSFNE
 Blunt trauma Blast
 Single fragment Burn
 Multi-fragment Crush
 MVC Fall
 Aircraft crash IED
 Knife/edge (stab) Other
 Mortar/RPG/Grenade

Pulses Present:
 S= Strong P= Palpable D= Doppler A= Absent

Procedures:
 C--collar Intubate Canthotomy
 Airway (oral/nasal) CRIC Canthylaxis
 Oral Nasal
 Chest tube R L Air Blood Needle decompression
 FAST
 CPL
 NGOG
 Pelvic Binder
 Foley
 Closed reduction EXT Fixation
 Splint Long Bone Splint
 Tourniquet Type _____ Time on: _____ Time off: _____
 Closed reduction EXT Fixation
 Splint Long Bone Splint
 Tourniquet Type _____ Time on: _____ Time off: _____
 Sedated
 Chemically Paralyzed
 Seizure Protocol
 Intraosseus Bail Hagger Level 1
 Central Line Chit Buster
 A-Line Cooling Blanket

Damage Control Procedures: Hypothermia: Yes No Coagulopathy: Yes No Class of Hemorrhage: I II III IV Shock: Yes No

DNB CATEGORY
 Cardiac GI Injury, MVA Nephrology
 Dermatologic Heat/Cold Injury, Work/Training Ob/Gyn
 Endocrine Infectious Disease Injury, Other Ophthalmologic
 Fever, Unexplained Injury, Rec/Sports Neurologic Psychiatric, Mental Psychiatric, Stress
 All Other Medical/Surgical

Evacuation Priority:
 Routine Priority Urgent

Evacuated/Dispositioned to:
 OR, ICU, ICW
 Level III, Level IV, Host Nation, Coalition Facility
 RTD Unit
 Deceased (see below)

Time of Disposition: (hr, dd, mm, yy)

Cause of Death:
Anatomic: Airway Head Neck Chest Abdomen Pelvis Extremity (Upper/Lower) Other, specify:
Physiologic: Breathing CNS Hemorrhage Total Body Disruption Sepsis Multi-organ Failure Other, specify

PATIENT NAME: (b)(6) Physician Signature: (b)(3), (b)(6)
 SSNID: _____ Printed or typed name: _____

#

(b)(6)

PROGRESS NOTES

DATE
11 MARCH 05
0245H

ICU Admission

CNS GSW back of neck tonight.

Via interpreter :-

S- Driving bus near Balad tonight when shot - does not know by whom.

General health good. No allergies.

O- Conscious, oriented, cooperative. Pupils $\text{E} \approx \text{E} \approx \text{C}$
Vital signs stable.

Small, 1 cm entrance wound at base of neck posteriorly - some bleeding.

Weakness & numbness in L arm.

\downarrow Power L leg, but not completely flaccid.

No dissociated anesthesia (JES, pain)

Reflexes \downarrow both arms, present both legs? L > R

CT scan \rightarrow bullet to C of spinal cord; likely nerve root damage.

Planners $\downarrow \downarrow$

A- Stable A, B, C.

P- Neuro obs - Maintain Cx collar

Flexion/extension Cx spine views in AM (per Dr. Abel)

Other orders as charted.

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

(b)(6), Foreign Language Text

FD

(b)(6)