

05-11-50



PAYMENT REPORT

TO: DFAS, DSSN: (b)(2)High Date: \_\_\_\_\_

A. Payment Data:

- (1) Submitting Agency/Office: United States Army Claims Service
- (2) Office Code: (b)(2)High
- (3) Agency/Office Mailing Address: \_\_\_\_\_
- (4) Date Claim Filed: 22 June 2005
- (5) Claim Number(s): (b)(2)High
- (6) Amount Claimed: \$4,000
- (7) Fund Cite: \_\_\_\_\_ (b)(2)High
- (8) Payee(s): \_\_\_\_\_ (b)(6)
- (9) Address: (b)(2)High, Iraq
- (10) SSN: None
- (11) Payment Amount: \$4,000
- (12) Type Payment: PF \_\_\_\_\_
- (13) For EFT Payments: ABA Routing Number: \_\_\_\_\_
- (14) For EFT Payment: Account Name and Number: \_\_\_\_\_
- (15) For EFT Payment: Name and Address of financial institution: \_\_\_\_\_
- (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).

B. ACCEPTANCE BY CLAIMANT (Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within -stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim for which I or my heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date: July 16 05 X \_\_\_\_\_ (b)(6) (Claimant)

C. AGENCY CERTIFYING OFFICER:

Pursuant to authority vested in me, I certify that this Payment Report is correct and proper for payment.

\_\_\_\_\_  
(b)(3), (b)(6)

1 July 05  
(Date)

\_\_\_\_\_  
(Signature Authorized Certifying Officer) FCC  
Title

Date Payment Recorded in Claim Record: \_\_\_\_\_

A separate payment report must be completed for each claimant

Privacy Act Statement

The information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide this information may result in your claim not being processed for payment.



DEPARTMENT OF THE ARMY  
Headquarters, 3<sup>rd</sup> Brigade Combat Team  
3<sup>rd</sup> Infantry Division  
FOB Warhorse, Iraq  
APO AE 09397

REPLY TO  
ATTENTION OF:

AFZP-VI-JA

1 July 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted (b)(6)] 05-IA5-992

1. Claimants name and address: [redacted (b)(6)] Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 24 November 2005 in Muqdadiyah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$4,000.00 on 22 June 2005.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claimant's car was totaled when U.S. convoy forced him off the road; also, his passenger died as a result of the accident.
5. Claimant's Allegations:
  - a. Claimant says while he was driving a passenger home a U.S. convoy forced him off the road, his car flipped into the water canal causing damage to his vehicle and killing his passenger [redacted (b)(6)].
  - b. There are witness statements included in the submitted claim.
6. Investigator's Opinion:
  - a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

CENTCOM 001108

AFZP-VI-JA

SUBJECT: Claim of

(b)(6)

(b)(2)High

- b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces.
  - c. The research conducted brings a reasonable assumption that U.S. forces were involved. The claimant was forced off the road by a U.S. convoy which resulted in the death of his passenger and totaled his car. The claimant is awarded \$4,000.00 dollars.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim for \$4,000.00 is approved.

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

CPT, JA  
Claims Judge Advocate

U.S. DEPT. BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> 350th FD/9TH FINANCE BATTALION FOB WARHORSE, OIF III APO AE 09397	DATE VOUCHER PREPARED <p style="text-align: center;"><b>01-Jul-05</b></p> CONTRACT NUMBER AND DATE <p style="text-align: center;"><b>05-IA5-992</b></p> REQUISITION NUMBER AND DATE	SCHEDULE NO.  PAID BY 350th FD/9TH FB FOB Warhorse, OIF III APO AE 09397 DSSN (2)H DATE INVOICE RECEIVED  DISCOUNT TERMS  PAYEE'S ACCT. NUMBER
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PAYEE'S		(b)(6)		
NAME		(b)(6)		<b>Iraq</b>
AND				
ADDRESS				

SHIPPED FROM \_\_\_\_\_ TO \_\_\_\_\_ WEIGHT \_\_\_\_\_ GOVERNMENT BL. NO. \_\_\_\_\_

NUMBER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
17-Jan-05	02-Jul-05	claim filed for compensation of death and damage done to v	1	4,000.00		\$4,000.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
<b>TOTAL</b>						<b>\$4,000.00</b>

USE CONTINUATION SHEET IF NECESSARY (Payee must NOT use the space below)

PAYMENT <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR  = \$ 4,000.00  (b)(3), (b)(6)  <b>Foreign Claims Commissioner</b>	EXCHANGE RATE  CONTRACTING RAT #	DIFFERENCES	TOTAL <b>\$4,000.00</b>
			Amount verified; correct for	\$4,000.00
			(Signature or initials)	

Person(s) to whom authority is vested in me, certify that this voucher is correct and proper for payment.

1-Jul-05 <small>(Date)</small>	(b)(3), (b)(6) <small>(Authorized Certifying Officer)</small>	C <b>DISBURSING OFFICER</b> <small>(Title)</small>
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ACCOUNTING CLASSIFICATION

(b)(2) High	\$4,000.00
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<b>PAID BY</b>	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAY	
	<b>\$4,000.00</b>		(b)(6)	

**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.

Page 7 redacted for the following reason:

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(b)6 Foreign Language

CLAIMS FORM

To: United States Army Foreign Claims Commission.

From: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ (b)(6) \_\_\_\_\_

I am

- a. A citizen and national of: \_\_\_\_\_
- b. A permanent resident of: \_\_\_\_\_

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

The property damaged is owned by: \_\_\_\_\_

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

My claim arose on: Nov 24 2004  
Month Day Year

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.)

Car was very old and slow & was forced off the road by  
CF's and the vehicle flipped over many times & young man  
was killed

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>Death</u>	<u>\$3000</u>
<u>Damage to car</u>	<u>\$1000</u>

Total: \$4000

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

\$ \$4000 - local \_\_\_\_\_

Attay (b)(6)  
(Signature of Claimant)

Subscribed before me this 22 day of Jan, 2005.

(b)(3), (b)(6)  
(Print Name)

(Signature)

**To CMOOC  
Sub \ Compensation  
Attn. Legal Advisor**

Dear sir,

The young man who had died in the incident detailed in the attached documents , had died for no crime he committed or something wrong he had done , he was only a passenger riding a vehicle to go to his house , when the vehicle he was riding faced by a US convoy , as the driver knew your forces drive in high speed on roads and never pay attention , the driver tried to keep away after being jammed by one of the armored vehicles .The driver lost balance and collapsed to one of the drainage canals , the passenger ( (b)(6) ) died , driver was injured.

We hereby request compensation based upon the following facts :

- 1- There was not any IED or insurgency at the time of incident.
- 2- Your forces are the cause of the incident
- 3- Your forces did not give first aid to injured , they just stopped for a couple of minutes and left .
- 4- According to international law , the occupation forces of a country is responsible for the events going in that country after military operations are ceased .

The compensation we are requesting is to be fair and proportional to the tragedy the family of the deceased have encountered .

With Best Regards

Respectfully

(b)(6)

Attorneys for deceased family

CENTCOM 001113

Al-Moghidadya Police Station

21/11/2004

### "Opening The Proceeding"

We have been informed that there are two injuries and after going there we found that the two injuries are ( [redacted] (b)(6) ) and ( [redacted] (b)(6) ) as a result of the harassment of the American Army column to their car, for this, the proceeding is opened.

The testify of the injured man ( [redacted] (b)(6) )  
→ birth date [redacted] (b)(6), works as [redacted] (b)(6) lives in: [redacted] (b)(2)High  
→ is the following:

Today afternoon at four o'clock, I was driving my car (Jeep) coming from [redacted] (b)(2)High towards the market and near AL-EZZy Zone, I met a column of American Army, they did harassed me and that forced me to went out of the street towards the right and this made my car to capsize in the drange and the person who's name is [redacted] (b)(6) who rent me to lift him to [redacted] (b)(2)High, was injured too and his condition is very bad and for that he was sent to (Baquba). And for this I am asking to complaine and compensation and I am injured and wounded in all my body's parts and this is my testify.

AL-Moghdadya Police Station

24/11/2004

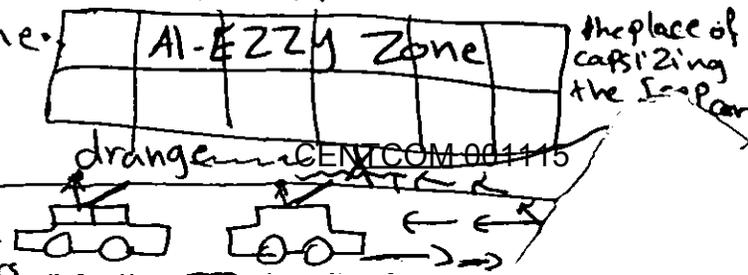
"A disclosure and a diagram for the Place of the Accident"

For putting the decision of the Moghdadya Investigation Judge into practice which include making a disclosure and a diagram, so we moved to the accident's place and we found the following:

1. The accident place lies: five kilometers from the center of the town (Moghdadya)
2. The accident's place is: a high-way, join Baghdad - Khanaqeen and bordered from the right by AL-EZZY Zone
3. The accident is capsizing the car (Jeep), Rushan made, which was going towards Moghdadya district on the carth side which lies on the right side of the street.
4. I saw the place and traces of going out the car from the high-way to the right carth side and then it's capsizing in one of the small rivers (drange)
5. Throughout the disclosure and the diagram of the accident's place we have shown that the car / the Rushen made - Jeep - / was going towards AL-Moghdadya district, then a column of the alliance forces came going in the middle of the road and then the driver of the (Jeep) was astonished of the column, he tried to get away from them, he went out to the right carth side and for he could not get away from them the car was capsized and lead to the injured of the driver and the death of the other person who was riding the car with him.

The proceeding had finished and signed by me.

towards Baghdad



The American column's cars

Al-Moghhdadya Police Station

22/11/2004

"A disclosure of the body"

We moved to (Baquba Public Hospital) and they made a disclosure of the body:

- 1) The body belongs to the man ( [redacted] (b)(6) ), [redacted] (b)(6) years old.
2. The dead man wears [redacted] (b)(6)
3. There are injuries and wounds in his head.
4. Traces of bleeding from the ears.
5. The Proceeding has been sealed and signed by me.

Al-Moghaddalya Police Station

22/11/2004

~The Investigation Flowing~

(b)(6), the injured's parents informed us of that he died under the impact of the injuries which he was exposed to because of capsizing the car that he was riding for this, the flowing of the investigation was organized and we assumed to write the claimer's sayings

The testify of the claimer and the victim of the personal right is the dead man's brother, birthdate (b)(6), works (b)(6), lives in (b)(2)High, testifies the following!

Yesterday afternoon, my youngest brother (b)(6) exposed to injuries in his body as a result of capsizing the car (Jeep) that he was riding as a result of the American Army column's harassment, and for his bad healthy condition he died in (Baguba Public Hospital) suffering of his bad injuries that he exposed to.

For this, I am asking to complain against the driver of the (Jeep) car and taking the procedures with him, and this is my testified.

Page 14 redacted for the following reason:

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(b)6 Foreign Language