

05-IAJ-1157

## CHECKLIST

1. Claim received \_\_\_\_\_
2. File sent to translator \_\_\_\_\_
3. File received from translator \_\_\_\_\_
4. SIGACTS check done \_\_\_\_\_
5. Conferred with S-2 \_\_\_\_\_
6. Claimant informed of decision \_\_\_\_\_
7. Appeal completed \_\_\_\_\_
8. Claimant paid \_\_\_\_\_
9. Claimant denied \_\_\_\_\_
10. File sent to USARCS \_\_\_\_\_

11. Claimant visitation history

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**SMALL CLAIMS CERTIFICATE**

For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.

SUBMIT IN TRIPLICATE

ORGANIZATION OF INVESTIGATOR  
TF 421D, 1 BCT

FILE NUMBER

DATE

5-IA3-1157

NAME OF CLAIMANT

(b)(6)

ADDRESS (Include ZIP Code)  
Al Dholoia, Iraq

**SECTION I - ACTION TAKEN BY INVESTIGATOR**

I have investigated the incident described in the claim as follows:

ITEM	YES NO		ITEM	YES NO	
PROPERTY DAMAGE EXAMINED		X	DOCUMENTARY EVIDENCE EXAMINED	X	
SCENE OF INCIDENT VISITED		X	CLAIMANT INTERVIEWED	X	

**WITNESSES INTERVIEWED**

NAME	METHOD OF INTERVIEW (Personal, telephone, or correspondence)	NAME	METHOD OF INTERVIEW (Personal, telephone, or correspondence)

**COMMENTS OF INVESTIGATOR:**

Vehicle damage

I find that the evidence substantiates the claim and that the amount claimed or agreed upon constitutes fair compensation for the damage incurred by claimant. I recommend payment of \$ 2,500.00 under Chapter 3 , 4 , 5 , 6 , 7 , 10 , 12 , AR 27-20.

**TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR**

(b)(3), (b)(6) , CPT/FCC

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

**SECTION II - ADJI**

(b)(2)High

After due consideration, I have determined that this claim is meritorious and is cognizable under Chapter 10 , AR 27-20; the claimant is a proper claimant and an award of \$2,500.00 is reasonably substantiated.

**TYPED NAME, GRADE AND CAPACITY OF OFFICER**

(b)(3), (b)(6) , CPT/FCC

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

HORITY

SPC 1158

Claims Form

To: United States

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

POA/ATT: \_\_\_\_\_

Power of Attorney provided and interpreter approved

Decedents: \_\_\_\_\_ (b)(6)

Hometown: \_\_\_\_\_  Iraqi Resident: \_\_\_\_\_

My claim arose at: Abayala Bahad Iraq  
(Town) (City) (Country)

My claim arose on: May 5 2005 1330  
Month Day Year

Proof of Ownership: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

Bahad  
Hoff

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Deceased name, chest & head wounds, 6 May 05

Interpreter Approved: 6000

Legal Expert Opinion: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

Witness Statement (Consistent?): W1 (stranger) - C hit by US convoy at ING CP.

Interpreter Approved: \_\_\_\_\_

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.)

Claimant's son ~~driving~~ his brother's ~~car~~  
mini bus ~~is~~ 0193 Fia ~~Abayala~~  
minibus. No passengers on bus  
driving from Samarra to Baghdad.  
US Convoy ~~reared~~ him pushing him  
across road where US Convoy  
coming other ~~direction~~ strikes front  
of car ~~causing~~ it to flip over  
Claimant's son injured very bad taken  
to hospital. Died next day

Evidence: \_\_\_\_\_

Photos - autopsy - death cert

PAYMENT REPORT

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

A. Payment Data:

- (1) Submitting Agency/Office: United States Army Claims Service
- (2) Office Code: (b)(2)Hig \_\_\_\_\_
- (3) Agency/Office Mailing Address: \_\_\_\_\_
- (4) Date Claim Filed: 29 May 05 \_\_\_\_\_
- (5) Claim Number(s) 05-IA3-1157 \_\_\_\_\_
- (6) Amount Claimed: \$2,500 \_\_\_\_\_
- (7) Fund Cite: (b)(2)High \_\_\_\_\_
- (8) Payee(s): (b)(6) \_\_\_\_\_
- (9) Address: Al Dholoiya, Iraq \_\_\_\_\_
- (10) SSN: \_\_\_\_\_
- (11) Payment Amount: \$2,500 \_\_\_\_\_
- (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: \_\_\_\_\_ (b)(6) \_\_\_\_\_ (Claimant)

C. AGENCY CERTIFYING OFFICER

Pursuant to authority vested (b)(3), (b)(6) \_\_\_\_\_ is correct and proper for payment.

29 May 05 (Date) (b)(3), (b)(6) CPT (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.



<b>FILE NUMBER</b> <p style="text-align: center;">05-IA3-1157</p>	For use of this form, see AR 27--20: the proponent agency is the Office of The Judge Advocate General.	<b>DATE</b>
<b>DATE OF INCIDENT</b> <p style="text-align: center;">5 May 05</p>	<b>PLACE OF INCIDENT</b> Al Dholoiya, Iraq	
<p style="text-align: center;">I hereby agree to accept the sum of <u>2,500.00</u> in full satisfaction          and final settlement of all claims which I have or may have against the United States,          its officers, agents, and employees, for all damages and injuries, if any, incurred by me          as the result of the incident referred to above.</p>		
<b>TYPED OR PRINTED NAME OF CLAIMANT</b> <p style="text-align: center;">(b)(6)</p>	<b>SIGNATURE OF CLAIMANT</b> <p style="text-align: center;">(b)(6)</p>	
<b>PRESENT ADDRESS OF CLAIMANT</b> <i>(Number and street or rural route, city, town or post office, county, state and zip code)</i> Al Dholoiya, Iraq		

DA FORM 1666, 1 JUL 74

PREVIOUS EDITION OF THIS FORM  
 WILL BE USED UNTIL EXHAUSTED.

CLAIMS SETTLEMENT AGREEMENT

USAPPC V1.00

<b>FILE NUMBER</b>  05-IA3-1157	For use of this form, see AR 27--20: the proponent agency is the Office of The Judge Advocate General.	<b>DATE</b>  
<b>DATE OF INCIDENT</b>  5 May 05	<b>PLACE OF INCIDENT</b> Al Dholoiya, Iraq	
<p>I hereby agree to accept the sum of <u>2,500.00</u> in full satisfaction and final settlement of all claims which I have or may have against the United States, its officers, agents, and employees, for all damages and injuries, if any, incurred by me as the result of the incident referred to above.</p>		
<b>TYPED OR PRINTED NAME OF CLAIMANT</b>  (b)(6)	<b>SIGNATURE OF CLAIMANT</b>  (b)(6)	
<b>PRESENT ADDRESS OF CLAIMANT</b> <i>(Number and street or rural route, city, town or post office, county, state and zip code)</i> Al Dholoiya, Iraq		

DA FORM 1666, 1 JUL 74      PREVIOUS EDITION OF THIS FORM WILL BE USED UNTIL EXHAUSTED.      CLAIMS SETTLEMENT AGREEMENT      USAPPC V1.00

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SUBMIT IN TRIPLICATE

ORGANIZATION OF INVESTIGATOR  
TF 42ID, 1 BCT

FILE NUMBER

DATE

5-IA3-1157

NAME OF CLAIMANT

(b)(6)

ADDRESS (Include ZIP Code)  
Al Dholoiya, Iraq

**SECTION I - ACTION TAKEN BY INVESTIGATOR**

I have investigated the incident described in the claim as follows:

ITEM	YES		NO	
	YES	NO	YES	NO
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SCENE OF INCIDENT VISITED		<input checked="" type="checkbox"/>	CLAIMANT INTERVIEWED	<input checked="" type="checkbox"/>

**WITNESSES INTERVIEWED**

NAME	METHOD OF INTERVIEW (Personal, telephone, or correspondence)	NAME	METHOD OF INTERVIEW (Personal, telephone, or correspondence)

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TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR

(b)(3), (b)(6) , CPT/FCC

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

**SECTION II - ADJU**

(b)(2)High

After due consideration, I have determined that this claim is meritorious and is cognizable under Chapter 10 , AR 27-20; the claimant is a proper claimant; and an award of \$2,500.00 is reasonably substantiated.

TYPED NAME, GRADE AND CAPACITY OF OFFICER

(b)(3), (b)(6) , CPT/FCC

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

UTY

**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION TF 42ID, 1 BCT	DATE VOUCHER PREPARED	SCHEDULE NO.
	CONTRACT NUMBER AND DATE	PAID BY
	REQUISITION NUMBER AND DATE	

PAYEE'S NAME AND ADDRESS  AI Dhoioiya, Iraq	(b)(6)
	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 COST PER	AMOUNT (1)
		Vehicle damage			2,500.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 2,500.00

PAYMENT:	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
PROVISIONAL	= \$ 2,500.00	= \$1.00	
COMPLETE	BY ?		
PARTIAL			
FINAL			Amount verified; correct for
PROGRESS	TITLE		(Signature or Initials)
ADVANCE			

Pursuant to authority vested in me, I certify (b)(3), (b)(6) r payment.  
 29 May 05 (Date) (Authorized Certifying Officer) CPT/FCC (Title)

(b)(2)High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
	\$ 2,500.00		(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.





COM 000209

Pages 14 through 29 redacted for the following reasons:

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foreign language text