05-IAS-1509

17 Sep 05 - Artillery kit [redacted] yard injuring (b)(6) y/o daughter
No pictures - can't take pics of females
Injured Arm & Back

12 Oct 05 - Had paperwork translated - verifies cause of death as indirect fire
FSE has record of Artillery on peninsula that day
Recommend full Approval of $2,500

Process through - LTC b)(3),(b)(6 to meet Family

24 Oct 05 - Approve for $2,500

Standard Form 1034
Revised October 1947
Department of the Treasury

PUBLIC VOUCHER FOR PUCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. 765

U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
B-DET/8TH FINANCE BATTALION
FOB WARHORSE, OIF III
APO AE 09397

DATE VOUCHER PREPARED: 24-Oct-05

CONTRACT NUMBER AND DATE: 05-IA5-1509

REQUISTION NUMBER AND DATE:

SCHEDULE NO.

PAID BY
B-DET/8TH FB
FOB Warhorse, OIF III
APO AE 09397

DSSN(2)Hi

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

PAYEE'S NAME AND ADDRESS
(b)(6)
(b)(6) , Iraq

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NO.

NUMBER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SEVICES (Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)	QUAN-TITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT
25-Aug-05	30 Oct 05	Claimant's daughter was killed by artillery.	1	2,500.00		$2,500.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
					TOTAL	$2,500.00

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

PAYMENT:
- [ ] PROVISIONAL
- [ ] COMPLETE
- [ ] PARTIAL
- [X] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR = $ 2,500.00

EXCHANGE RATE

CONTRACTING RAT =

DIFFERENCES

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

Foreign Claims Commissioner

Amount verified; correct for $2,500.00

(Signature or initials) (b)(3),(b)(6

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

30-Oct-05 (Date) (b)(3),(b)(6) TC, FC DISBURSING OFFICER (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $2,500.00

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH $2,500.00	DATE	PAYEE	(b)(6)

PRIVACY ACT STATMENT
The information requested on this form is required under the provisions of 31 U.S C 82b and 82c, for the pupose 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.

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

REPLY TO
ATTENTION OF:

AFVZ-VI-JA 24 October 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 05-IA5-1509

1. Claimants name and address: (b)(6) Iraq.

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 25 August 2005 in (b)(6) , Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $2,500 on 17 September 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; claim filed for personal injury.

5. Facts:

   a. Claimant's daughter was killed by U.S. artillery.

   b. There were photographs, and a death certificate included in the submitted claim.

6. Opinion:

   a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either non-combat activities of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

   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. 1/15th IN's Fire Support Element verifies firing artillery into the village on the claim date.

7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim for $2,500.00 is approved.

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

CPT, JA
Claims Judge Advocate

Claims Form

To: United States Army

From: Name: (b)(6)

Address:

I am

a. A citizen and national of: Iraq

b. A permanent resident of: (b)(6)

c. Employed by:

d. Check one ( ) An insurer ( ) Not an insurer

e. Check one ( ) A subrogee ( ) Not a subrogee

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

U.S Army

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.)

My claim arose at (b)(6) (Town) salahDean (City) Iraq (Country)

My claim arose on: Aug (Month) 24/25 (Day) 2005 (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.)

In the date mention above the American forces shoot some mortar which randomly shooting, which falls in my house and cause hit my girl (b)(6) in her hand and shoulder, we take her to the hospital for treatment and she submit to operation in her shoulder and her hand to remove the mortar peices from her body as shown in the medic report and legal expert report.

Describe the nature and extent of property damage or personal injury sustained as a result of the above incident.

big damages

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
As shown in the legal expert report	2500 $

Total: 2500 $

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

The name and address of my insurer (if any) is:

(Name) (Address)

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

$ 2500 local

(b)(6)

(Signature of Claimant)

Subscribed before me this 30 day of Aug, 2005

(b)(6)

(Signature)

PAYMENT REPORT

TO: DFAS, DSSN:__ (b)(2)High _____ Date: _____

A. Payment Data:

(1) Submitting Agency/Office: United States Army Claims Service

(2) **Office Code: IA5**

(3) Agency/Office Mailing Address:

(4) Date Claim Filed: 17 September 05

(5) **Claim Number(s): 05-IA5-1509**

(6) **Amount Claimed: $2.500**

(7) **Fund Cite**: (b)(2)High

(8) **Payee(s)** (b)(6)

(9) **Address:** (b)(6) **Iraq**

(10) SSN: **None.**

(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 in me, I certify that this Payment Report is correct and proper for payment.

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

_____ (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.

Pages 13 through 14 redacted for the following reasons:

- -

Foreign Language, (b)(6)

(b)(6) *Investigation Court*

SUB / damage report

Claimant :- (b)(6)

Acoording to the decsisiton taken by the court which include the evaluation of the claimant case as result of shooting his house bymortar this cause big damage to it . After seeing the file and Read the police report and the picture , I evaluaet the damage as showen in the following table .

NO	Details	QUA	Price $
1	Hitting his gril and cause many wonds in her hand and shoulder .	All	2500

Total price2500 $

Legal expert

(b)(6)

30/8/2005

Page 16 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language

Pages 18 through 20 redacted for the following reasons:
- -
Foreign Language, (b)(6)

Page 22 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language, (b)(6)

Pages 24 through 25 redacted for the following reasons:
- -
Foreign Language, (b)(6)

Pages 27 through 28 redacted for the following reasons:
- -
Foreign Language, (b)(6)

Page 30 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language, (b)(6)

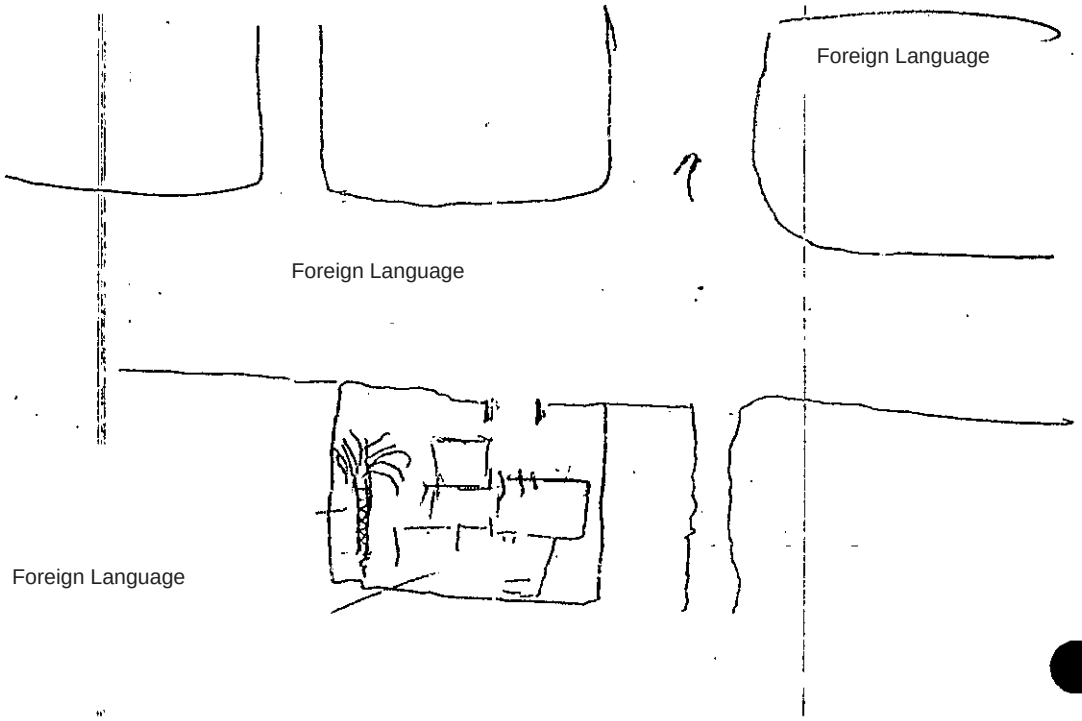
Pages 32 through 33 redacted for the following reasons:
- -
Foreign Language, (b)(6)

Foreign Language

Foreign Language

Foreign Language

Foreign Language



Foreign Language

Foreign Language

Foreign Language, (b)(6)

Page 37 redacted for the following reason:
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Foreign Language, (b)(6)