(b)(6)

3-IF5-T0049

CENTCOM 001407

05-IF5-T0049-00001

FCA-PAY

Paid
26Sept05
efm

PAID
26SEPTC

(b)(6)

Standard Form 1034
Revised January 1980
Department of the Treasury
I TFRM 4-2000

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
155 BCT Disbursing Office
FOB Duke, Najaf, Iraq

DATE VOUCHER PREPARED
25 Sept 05

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUIREMENT NUMBER AND DATE

PAYEE'S NAME AND ADDRESS
(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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (1)
		Foreign Claims Act Payment for death of her husband in vehicle accident caused US convoy on 6 April 2005	1			$2,500.00

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

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☒ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR = $

EXCHANGE RATE = $1.00

DIFFERENCES

BY[2]
(b)(3)(b)(6)
LTC, JA, 155 BCT, FCC

Amount verified; correct for

TITLE
Foreign Claim

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

Pursuant to authority vested in me, I ce for payme

20050926 (b)(3)(b)(6) NDO
(Date) (Title)

SIFICATION

(b)(2)High

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank)

CASH

CASH $ 2,500 | DATE 20050926 | PAY X (b)(6)

PER

TITLE

[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.

Previous edition usable 1034-119-06 NSN 7540-00-900-2234

PRIVACY ACT STATEMENT
The information request 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 001409

05-IF5-T0049-00003

DEPARTMENT OF THE ARMY
155TH BRIGADE COMBAT TEAM
APO-AE 09329

REPLY TO

MEMORANDUM

FROM: FCC IF5, 155 BCT, Camp Duke, Iraq

SUBJECT: Seven-Point Memorandum and Determination: Claim of (b)(6) , claim number 05-IF5-T0049.

Introduction. Pursuant to AR 27-20, I have investigated this claim.

1. **Amount of Claim and Date and Place of Filing.**

   a. **Amount.** $ 12,000 (USD)

   b. **Date and Place of Filing.** The claim was filed on April 2005, at FOB Duke.

2. **Type of Claim.** The claim is cognizable under the provisions of the *Foreign Claims Act* (FCA), 10 U.S.C. § 2734, as implemented by AR 27-20.

3. **Date and Place of Incident.**

   a. **Date.** The incident giving rise to this claim occurred on 6 April 2005.

   b. **Place.** (b)(2)High

4. **Claimant's Address.** (b)(6)

5. **Facts of Incident**

   a. **Claimant's Background.** The claimant is not represented by counsel.

   b. **The Incident.** Claimant's vehicle was pulled over partially in the ROW when a US convoy passed. The first vehicle in the convoy, a humvee passed without any problem. The second vehicle, a PLS, hit the claimant's car and destroyed it, killed the driver and injured a young passenger (drivers nephew).

   c. **Evidence. The accident and damages were verified by photos, statements from CF and witnesses, estimates, death certificate.**

6. **Brief of Applicable Law.**

   a. **Foreign Claims Act (FCA).**

      i. **Existing Agreements.** There are no applicable claims agreements between the U.S. and Iraq.

ii. **Single-Service Claims Responsibility.** The Department of the Army is assigned Single-Service claims responsibility for claims involving, or generated in Iraq.

iii. **Governing Instruction.** AR 27-20 implements DoDD 5515.8 and the FCA.

iv. **Jurisdiction.** The claimant is a proper claimant pursuant to AR 27-20.

v. **Statute of Limitations.** The claim was presented within 2 years of the date of the incident. 10 U.S.C. § 2734(b)(1).

b. **Claim's Authority.** The Judge Advocate for the 155th Brigade Combat team as FCC may deny claims of $15,000 or less or pay claims when the amount of payment is $15,000 or less.

7. **Opinion and Determination.**

a. **Opinion.** The claimant is credible and substantiated.

b. **Determination** –I have determined that this claim is payable under the FCA in the amount of $2,500.00.

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

LTC, JA, National Guard of the United States
Assistant Staff Judge Advocate

Standard Form 1034
Revised January 1980
Department of the Treasury
I TERM 4-2000

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
155 BCT Disbursing Office
FOB Duke, Najaf, Iraq

DATE VOUCHER PREPARED
25 Sept 05

CONTRACT NUMBER AND DATE

REQUIREMENT NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S NAME AND ADDRESS
(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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (1)
		Foreign Claims Act Payment for damages his vehicle and injuries to his young son by CF in car wreck on 6 April 2005	1			$2,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) $2,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☒ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR = $

EXCHANGE RATE = $1.00

DIFFERENCES

BY[2]
(b)(3)(b)(6)
LTC, JA, 155 BCT, FCC

TITLE
Foreign Claims

Amount verified; correct for
(b)(3)(b)(6)

Pursuant to authority vested in me, I c[illegible] correct and proper for payment.
(b)(3)(b)(6)

20050926
(Date)

[illegible]r)[2]

DDO
(Title)

[illegible]ITING CLASSIFICATION

(b)(2)High

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER | ON (Name of bank)

CASH $ 2,000

DATE 20050926

PAYEE X
(b)(6)

PER

TITLE

[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.

Previous edition usable | 1034-119-06 | NSN 7540-00-900-2234

PRIVACY ACT STATEMENT
The information request 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.

REPLY TO

DEPARTMENT OF THE ARMY
155TH BRIGADE COMBAT TEAM
APO-AE 09329

MEMORANDUM

FROM: FCC IF5, 155 BCT, Camp Duke, Iraq

SUBJECT: Seven-Point Memorandum and Determination: Claim of (b)(6) (b)(6) claim number 05-IF5-T0049.

Introduction. Pursuant to AR 27-20, I have investigated this claim.

1. **Amount of Claim and Date and Place of Filing.**

   a. **Amount.** $3,000 (USD)

   b. **Date and Place of Filing.** The claim was filed on April 2005, at FOB Duke.

2. **Type of Claim.** The claim is cognizable under the provisions of the *Foreign Claims Act* (FCA), 10 U.S.C. § 2734, as implemented by AR 27-20.

3. **Date and Place of Incident.**

   a. **Date.** The incident giving rise to this claim occurred on between 6 April 2005.

   b. **Place.** (b)(2)High

4. **Claimant's Address.** (b)(6)

5. **Facts of Incident**

   a. **Claimant's Background.** The claimant is not represented by counsel.

   b. The Incident. The vehicle owned by the claimant was pulled over partially in the ROW when a US convoy passed. The first vehicle in the convoy, a humvee passed without any problem. The second vehicle, a PLS, hit the claimant's car and destroyed it, and injured the owner's young son who was a passenger.

   c. Evidence. The accident and damages were verified by photos, statements from CF and witnesses, and estimates.

6. **Brief of Applicable Law.**

   a. **Foreign Claims Act (FCA).**

      i. **Existing Agreements.** There are no applicable claims agreements between the U.S. and Iraq.

ii. **Single-Service Claims Responsibility.** The Department of the Army is assigned Single-Service claims responsibility for claims involving, or generated in Iraq.

iii. **Governing Instruction.** AR 27-20 implements DoDD 5515.8 and the FCA.

iv. **Jurisdiction.** The claimant is a proper claimant pursuant to AR 27-20.

v. **Statute of Limitations.** The claim was presented within 2 years of the date of the incident. 10 U.S.C. § 2734(b)(1).

b. **Claim's Authority.** The Judge Advocate for the 155th Brigade Combat team as FCC may deny claims of $15,000 or less or pay claims when the amount of payment is $15,000 or less.

7. **Opinion and Determination.**

a. **Opinion.** The claimant is credible and the claim is substantiated.
b. **Determination** –I have determined that this claim is payable under the FCA in the amount of $2,000.

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

LTC, JA, National Guard of the United States
Assistant Staff Judge Advocate

Claims Form

To: United States Army Foreign Claims Commission.
From: Name:__
Address: (b)(6)

I am
a. A citizen and national of: Iraq.
b. A permanent resident of : Al Najaf
c. Employed by:
d. Check one ( ) An insurer (X) 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)
American Military

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.) Brother of

My claim arose at:__ (b)(6) Najaf (City) Iraq. (Country)

My claim arose on: April (Month) 6 (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.)

(1) My brother was killed imediatly and my son had minor injuries in his head (Nose, and small injuries in head)
(2) His vehicle was destroyed completely (Datsun salon, (b)(6) Najaf, Model (b)(6)).

CENTCOM 001415

05-IF5-T0049-00009

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

The driver (my brother) was killed and my son had small injuries. So his car was destroyed completely.

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
1- Vehicle Amount :	3000 $
2- Personal injuries :	12 000 $

Total: 15 000 $

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

Not an insured

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)

$ 15 000 local 22 500 000.00 I.D.

(Signature of Claimant)

Subscribed before me this ____ day of April, 2005.

(b)(6)

(Print Name)

(Signature) (b)(6)

(b)(6)

NTCOM 001416

05-IF5-T0049-00010

FILE NUMBER	For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.	DATE
DATE OF INCIDENT	PLACE OF INCIDENT Najaf - Kerbala Road	

I hereby agree to accept the sum of $ 2,500 in full satisfaction and final settlement of all claims which I have may have against the United States, its officers, agents, and employees, for all damages and injuries, if any, incurred by me

Foreign Language

TYPED OR PRINTED NAME OF CLAIMANT	SIGNATI
(b)(6)	(b)(6)

PRESENT ADDRESS OF CLAIMANT (*Number and street or rural route, city, town, or post office, county, state and zip code*)
Najaf - Haidariya district

DA FORM 1666, 1 JUL 74 PREVIOUS EDITION OF THIS FORM WILL BE USED UNTIL EXHAUSTED. CLAIMS SETTLEMENT AGREEMENT USAPPC V1.0c

FILE NUMBER	For use of this form, see AR 27–20; the proponent agency is the Office of the Judge Advocate General.	DATE
DATE OF INCIDENT	PLACE OF INCIDENT Najaf - Kerbala Road	

I hereby agree to accept the sum of $ 2000 in full satisfaction and final settlement of all claims which I have may have against the United States, its officers, agents, and employees, for all damages and injuries, if any, incurred by me

Foreign Language

TYPED OR PRINTED NAME OF CLAIMANT

(b)(6)

(b)(6)

PRESENT ADDRESS OF CLAIMANT (*Number and street or rural route, city, town, or post office, county, state and zip code*)

Najaf - Haidariya district

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

CLAIM CHECK LIST

DEATH / INJURY / PROPERTY DAMAGE (Circle One)

Name of claimant _ (b)(6)

First **Middle** **Last**

If death claim, name of deceased N/A **, and name of representative** _____ **and relationship to deceased** _____

Address of Claimant _ (b)(6) _____

Date of accident 6 APR 05 **Date claim made** APR '05

Place of accident (b)(2)High

Describe accident/ event

PLS HIT IRAQI CLAIMANTS VEHICLE, DESTROYING IT ; KILLING DRIVER AND INJURING CLAIMANTS SON. CLAIM IS FOR CAR and INJURIES TO SON

N/A **Need Death Certificate or Death Document.**

N/A **Need Medical Records to substantiate the injury.**

☐ **Need Identification Document with photo.**

N/A **If person is a representative of the claimant or a survivor of the deceased, need document to establish the right of the rep to settle claim.**

HAVE **Need photo of damage to vehicle.**

TOTAL LOSS **Need estimate of the damages or receipt for repairs.**

HAVE **Need title or other proof of ownership.**

HAVE **Need accident report, CARO MP report or IP report, or traffic police report.**

_____ **Need any documents given to the claimant at the scene by CF.**

FCA or CERP (circle)

Amount claimed _____ **Amount offered** _____ **Accepted Yes / No**

Officer handling claim LTC (b)(3)(b)(6) _____

Interpreter _____

Tracking number 05-IF5- T0049

CLAIM CHECK LIST

CLAIM FOR HUSBAND'S DEATH, (b)(6) CLAIM ON SEPARATE DOC

DEATH / INJURY / PROPERTY DAMAGE (Circle One)

HUSBANDS BRO

Name of claimant (b)(6) (b)(6) (b)(6)
First Middle Last

If death claim, name of deceased (b)(6) and name of representative (b)(6) and relationship to deceased WIFE

Address of Claimant (b)(6)

Date of accident 6 APR 05 Date claim made APR '05

Place of accident (b)(2)High

Describe accident/ event

PLS hit IRAQ VEHICLE. PLS WAS 2ND VEHICLE IN CONVOY. IRAQI DRIVER DID NOT MOVE ALL THE WAY OUT OF THE RIGHT-OF-WAY QUICK ENOUGH. ~~IRAQI~~ PLS HIT IRAQI CAR AND SPUN it AROUND SO THAT it hit the SIDE OF PLS. DRIVER KILLED, SMALL CHILD PASSENGER INJURED, CAR DESTROYED.

HAVE Need Death Certificate or Death Document.

N/A Need Medical Records to substantiate the injury.

☐ Need Identification Document with photo.

☐ If person is a representative of the claimant or a survivor of the deceased, need document to establish the right of the rep to settle claim. WIDOW MUST COME TO SETTLE.

HAVE Need photo of damage to vehicle.

TOTALLED N/A Need estimate of the damages or receipt for repairs.

HAVE N/A Need title or other proof of ownership.

HAVE NOTE CARD Need accident report; MP report or IP report, or traffic police report.

Need any documents given to the claimant at the scene by CF.

FCA or CERP (circle)

Amount claimed _____ Amount offered _____ Accepted Yes / No

Officer handling claim LTC (b)(3)(b)(6)

Interpreter

Tracking number 05 - IF5 - T0049

Page 15 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text

(b)(6)

Page 17 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6)

CENTCOM 001424

05-IF5-T0049-00018

Page 19 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6)

73100 APR05

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

RE: CAR COLLISION

620 TRANS - PART OF COSCOM

IRAQI VEH RAN INTO PLS

GRID: (b)(2)High

1 - IRAQI KILLED

1 - IRAQI CHILD INJ

(b)(2)High - CONVOY CDR

THEY ARE AT DUKE NOW.

HE THINKS AN IRAQI AMB WAS AT THE SCENE

CALL FOR FURTHER QUESTIONS.

Pages 21 through 32 redacted for the following reasons:
- -
Foreign Language Text

Claims Form

To: United States
From: Name:___
Address:_

(b)(6)

I am

a. A citizen and national of: Iraqi
b. A permanent resident of : Najaf
c. Employed by: Farmar

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

by Coalition forces U.S. forces

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: Hadida / Al Kairat (Town) Najaf (City) Iraq (Country)

My claim arose on: April (Month) 5 (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 9/4/~~2005 death of Mahamad prophet~~), The high way between Najaf and Karbala was opened in one side for traffic and one of people, my ~~wife~~ hasband was driving his car (Datson) he was going to visit some relatives but when he came back to his house there was US hamvis and vehicles passed from Najaf to Karbala and They hitted him and he ~~th~~ was killed during this event and his car got ~~do~~ big damages. my neflow's hasband was with him (8 years), please I ask you to help me because I don't any resource for living and I have a baby (5 monthes).

note :- I authorized mr. to follow this claim and get compinsation

(b)(6)

(b)(6)

← signing

(b)(6)

CENTCOM 001439

05-IF5-T0049-00033

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

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
car's ~~damages~~	3000 $
~~del~~ death of husband	?

Total: _____

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)

$ _____ local _____ $ 1600,00

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

(Signature of Claimant)

Subscribed before me this 8 day of May, 2005.

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

(Signature)

Pages 35 through 36 redacted for the following reasons:
- -
Foreign Language Text

From / Al Haydariya clinic.

to / (b)(6)

sub. / death

17

(b)(6)

We confirm to you that dead guy his body came to our clinic by our ambulance in 9th, April, 2005. The cause of this accident was hitting by ~~coal~~ U.S. forces on the way between Najaf - Karbala at 10 o'clock. to be noticed.

Thank you.

sincerely

(b)(6)

chief of Haydaria clinic

CENTCOM 001443

05-IF5-T0049-00037

- We went to Al Haydaria and we visited clinic there and asked Ambulance guy about that case, he told us that's right this accidant was in 10 o'clock at night at that time. U.S. forces told him that They were resbonsible about it. and they gave the boy medical treatment at The same location.

After that we went to accident location and we asked some people there one of them saw the accident, he said when the U.S. forces passed through Karbala Najaf Way, they hitted his car and died.

Translator in (b)(6)

Translator in (b)(6)

(b)(6)

(b)(6)

Pages 39 through 41 redacted for the following reasons:
- -
Foreign Language Text
Foreign Language Text, (b)(6)

Witness Interview (Not Firsthand Knowledge)

(b)(6) — April 05 incident

between U.S vehicle & IRAQI vehicle.

It was dark & during the time of March to Karbala (Death of Prophet) There was only one Lane open for traffic. They were headed from Karbala to NAJAF. (Hyderia) Brother-in-Law, (b)(6) with his nephew, NISSAN Truck. US Patrol was driving north and Struck the truck. PLS vs NISSAN. Driver was Killed, nephew was injured, but survived. The soldiers helped Load the body into Ambulance & gave Kardum who had Arrived at scene, who had been told by the Ambulance that went to pick him up First before traveling to the Accident scene. The wife went to hospital in Hyderia to view body.

The Wife is here also Filling out the claim.

The soldiers Appologized to the uncle & Ambulance crew & gave them papers to Fill out (claim Forms) And told them to go to the US. Base (b)(3)(b)(6)

CPT (b)(3)(b)(6)
Military Advisor An NAJAF
8 May 05

Page 43 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text

8 Apr 05 ILT (b)(3)(b)(6)

Lead vehicle

51 Trans Co

23 vehicles 620 CSB

2 vehicle Forward Logis Element

51st

1073 Maint

416 Trans POL

Collision w/ PLS

CPT (b)(3)(b)(6) ?

Who made statement (b)(3)(b)(6) but not personal knowledge

Heavy traffic, half road closed, still going down middle

Husband's death $2500

Car destroyed, person (b)(6) - $1,000

Apparently the incident caused
by Transp. co.

Get 15-6 from Hom

CENTCOM 001452

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

05-IF5-T0049-00046

Lima - No meeting

(b)(2)High

PLS - hits death

CERP

Name of claimant: (b)(6)

(the wife, but she authorized her husband's brother to submit the claim)

(b)(6)

kind of damage: death and injury

the damages: the driver killed, his ~~bro~~ nephew injured and the car was completely destroyed.

Date of damage: Apr. 5 05

Documentations: death certificate car title photos - ~~car~~ selling contract IDs and a report about the incident.

(There is no medical report about the injury)

The amount she asked for is $15 000

Claim #05-IF5-T0049

CENTCOM

05-IF5-T0049-00047

(b)(6)

(b)(6)

#32
PLS vs. Nissan
6 Apr 05