06-IA5-164a

**CLAIM NUMBER: 05-IA5-** 164a

| DATE | REMARKS | INITIALS |
|---|---|---|
| 3 Dec | Lee if we paid this already ⇒ | |
| | if not recommend approval | |
| | of $6,000 - 4K for death | |
| | 2K for car | |
| | | (b)(3),(b)(6) |
| 5 Dec | Was not found paid ⇒ Rec. payment | |
| | as previously stated | |
| | | |
| | Approve $7,000 | |
| | 5k for uncle | |
| | 2k for vehicle | |

(b)(3)(b)(6) PFC (b)(3)(b)(6) (b)(3)(b)(6) - SSG (b)(3)(b)(6) b)(3)(b)(6 - CPT (b)(3)(b)(6)

Standard Form 1034
Revised October 1987
Department of the Treasury

# PUBLIC VOUCHER FOR PUCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. )(3),(b)(

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: 05-Dec-05

CONTRACT NUMBER AND DATE: (b)(2)High

REQUISITION NUMBER AND DATE

SCHEDULE NO.

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

DSSN 8547

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

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

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 |
|---|---|---|---|---|---|---|
| 07-Jul-05 | 11-Dec-05 | Claimant's vehicle was hit by U.S. Bradley and killed the Claimant's uncle. | 1 | 7,000.00 | | $7,000.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | | $0.00 |
| | | | | | TOTAL | $7,000.00 |

(USE CONTINUATION SHEET IF NECESSARY)

(Payee must NOT use the space below)

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

APPROVED FOR = $ 7,000.00

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

Foreign Claims Commissioner

EXCHANGE RATE

CONTRACTING RAT =

DIFFERENCES

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

Amount verified, correct for $7,000.00

(Signature or initials)

Pursuant to authority vested in me,I certify that this voucher is c

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

11-Dec-05
(Date)

DISBURSING OFFICER
(Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

$7,000.00

10,311,000 ±D

PAID BY

CHECK NUMBER 800325 ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH $7,000.00

DATE

PAYEE X (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.

PAYMENT REPORT

TO: DFAS, DSSN: 8547 _____ 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: 03 December 2005
(5) **Claim Number(s): 06-IA5-164a**
(6) **Amount Claimed: 15.000**
(7) **Fund Cite:** (b)(2)High
(8) **Payee(s):** (b)(6)
(9) **Address:** (b)(6) **, Iraq**
(10) SSN: **None.**
(11) **Payment Amount: $7,000**
(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: 16 DEC 05 (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)

05 December 05 _____ FCC
(Date) (Signature Authorized Certifying Officer) 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, 3rd Brigade Combat Team
3rd Infantry Division
FOB Warhorse, Iraq
APO AE 09397

**REPLY TO**
**ATTENTION OF:**

AFZP-VI-JA 6 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 06-IA5-164a

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

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 07 July 2005 in Al Muqdadiyah, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $15,000 on 03 December 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; filed for compensation for vehicle damages and caused a KIA.

5. Facts: Claimant's vehicle was hit by U.S. Bradley and cause damages to the vehicle and killed the claimant's Uncle.

6. Opinion: 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. Based on the facts and evidence, SIGACTS show that U.S. forces were involved in the incident and reward $2,000.00 for the damaged vehicle and $5,000.00 for the death of the claimant's uncle.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for $7,000.

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

CPT, JA
Claims Judge Advocate

(b)(6)

OM 002435

# Claims Form CF-1

1. To: United States Arm
From: Name:_____
Address:_____ (b)(6)
_____
I am
a. A citizen and national of:_____
b. A permanent resident of :_____
c. Employed by:_____

2. I hereby make a claim against the United States Government for damages or injuries caused by: (Unit Name or Individual)
_____
_____

3. The property damaged is owned by: _____

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

5. My claim arose on: July 7 2005
Month Day Year

6. 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.)
Man was hit in vehicle by Bradley - Uncle killed & vehicle damaged.

7. 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 |
|---|---|---|
| Death of ~~Father~~ Uncle | 3 | 15000- |
| Damage to Vehicle | 3 | |

Total: 15000-

8. I claim as damages: (Indicate amount in U.S. dollars and local currency)
$ 15000- local_____

_____
(Signature of Claimant)

9. Subscribed before me this 3 day of DEC , 2005.

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

Name: Rank:

070533JUL05: Apache X-ray reports that their Apache 17 (1/A/1-30) patrol escorting soldiers to FOB Warhorse was in an accident with a civilian vehicle on (b)(2)High vic (b)(2)High Apache 17 is currently assessing damage. [redacted]: At 0537, Apache 17 reports 1x civilian injured (urgent, priority) and requests ambulance at the accident site. JCC dispatching IP and an ambulance. [redacted]: At 0553, Apache X-ray reports the casualty has died. [redacted]: At 0633, IP have taken the body to the Muqdadiyah hospital. IP have cleared the accident site. Iraqi civilian killed in the accident was identified as (b)(6) .

070730JUL05: Trailblazer 26 reports that an IED detonated on their patrol on b)(2)Higl (b)(2)High No casualties and minor damage to a HMMWV reported. Trailblazer 26 is securing the site. [redacted]: At 0800, 1/C/1-30 (Rock Red 4) route clearance patrol on site and assisting Trailblazer in securing the site.

071047JUL05: Abu Sayda Police Chief reports through JCC that the Abu Sayda police station (b)(2)High is surrounded by armed personnel and is in direct SAF contact. The Police Chief requests CF assistance. Dispatched Abu Sayda IA to confirm the reports. Dark Knight 31 pulled emergency CAS to assist with confirmation of reports using (b)(2)High [redacted]: 1115, Abu Sayda IA reports no SAF at the police station. There is a crowd of people outside the building however, the crowd is not attacking the station. Dark Knight 31 reports no SAF and no visible weapons in the crowd. The crowd of civilians seems to simply be protesting outside the station.

DEPARTMENT OF THE ARMY
Headquarters, 1-30 Infantry
3rd Brigade, 3rd ID
FOB Normandy, Iraq APO AE 09397

AFZX-VIB 01 DEC 05

MEMORANDUM FOR RECORD

SUBJECT: Justification for Battle Damage and Condolence Payments

1. The attached documents have been reviewed and are justified in receiving compensation for damages caused by Coalition Forces. On 7 July 2005, a civilian (b)(6) vehicle was run over by a M2 Bradley Fighting Vehicle. The combat patrol was en route to FOB Warhorse; the vehicle was stopped on the side of the road at a fuel Station line. Individual was seriously injured at the scene and then died shortly there after. The car was totaled.

2. The family requests compensation for the loss of the Father of b)(6children, who has only one wife. Also, request compensation for the loss of the car.

3. Request that this claim be re-adjudicated and compensation be authorized. The city council representative for this area is well known and respected and we feel that the city council member is being up front and honest about this situation.

4. Point of contact for this memorandum is the undersigned at DVNT (b)(2)High

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

SGM, USA
CMO Sergeant Major

The mugdadaih police station

~~number~~ (b)(6)

Date / 7/7/2005

To/ mugdadaih hospitel

subject/ Boudy handling

in same above Date the judge investigation in mugdadaih decided to hand the boody of the victim (b)(6) (b)(6) to his family without anatomy and organizing the death testimany, in view of kind killed from collation forces.

The mugdadiah police chief

(b)(6)

Illegible Text, Nonresponsive

Mugdadiah police station

statement

we have pulled down the car has a license number is (b)(6) /Dyalah, the kind is (prazel), white color. The victim (b)(6) had it, also we had seen the car was like scrap metal.

Illegible Text, Nonresponsive

after we observed the incident locality

already, we want to the incident locality, we gang explain the wholly things or appoints

1) The local of the acident was far than the muydadiah police station about 5 km ~~definly~~ definitely between Kanaken — Dyalah Road

2) The accident looked like the U.S tunk hit the car and distroyed it, also was a license number of this car is (b)(6) belong the owner ~~to~~ who is (b)(6)

3- I didnt see any thing else whos could use it in my testing litters ~~a guess the~~ the seem lake the accident happend up on the Serivce Road that is beside the high Road,

Mugdadiah police station
7/7/2005

The boudy observing

we did the observing on the victim boudy his name is ( (b)(6) , and we seen the following

1) The victim brith day is ( (b)(6) )
2) he was wearing (b)(6)

(b)(6)

3) - we had seen on his boudy, a wound and fracture in his left hand, also another wound in his left shoulder with smash in his head.

4) we had seen a long wound about 30 cm in his belly also there exist a wounder in his left leg.

5) I had seen a fracture in his right leg.

6) generally, the boudy cas had a deformation from the clash accident from the collation forces

Tunk and to lead to death immediately.

mnqdadiab police station

The statement of the victim son which his name ( (b)(6) ), his brithday (b)(6) , he has a (b)(6) and living in Hai alshohadá - Aazi

at 6 morning in that day, my father was driving his car to go to hungout with full station in alhamedia and when he was driving was a military convoy from the collation forces on the same Road, a one of the Tunks in that convoy hit my father's car when it was stoped on the ~~bank~~ side of the Road wait for line full station. therefor that accident to lead my father to death and his car had destroyer. I request the collation forces to compenation me for what happend for my father and his car.

The statement of the victim's wife

The plaintiff (b)(6) her brithday
(b)(6) Living in (b)(6) her career
a (b)(6)

her statement after did the swear and defined her i.d to Mugdadish Judge.

The ~~da~~ accident day was 7/7/2005 at 5 o'clock morning, my husbant got out with his car, he was driving it, The color of his car was white. the kind is (Brazel). he want to full station in alhamedya for full a kazolen from that station, after that about 2 hours I informed my husbant was on the Road goes to full station and in another side I mean the opposit sid, a conovy of tunks came from (haronea) to the way of my husbant car, therefor one of thous Tunks hit my husbant car and crush it to lead my husbend dead and damaged his car to much, and and my husbant's parents have dead too long time ago, also I have (b)(6) kids and I'm only one wife how take car of them, finally I Requested the collation force to give me a compensation for what happend

## To the Bathers in Comc

## S \ Combein

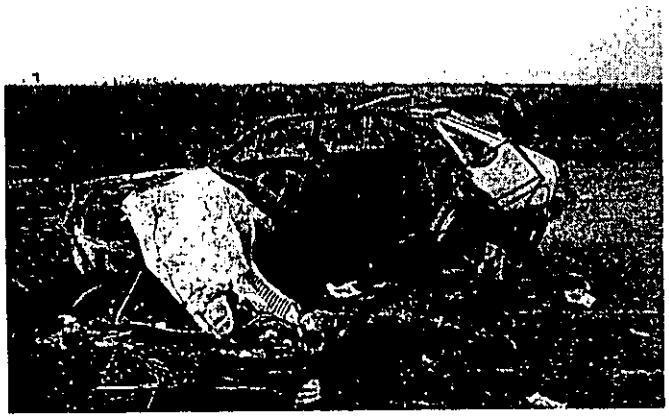
Im (b)(6) my father (b)(6) to acciendent from U.S army friend in plase azai on 7/7/2005 , at 6:00 on moring my father was in azai street (b)(6) and sarpres U.S army car hate him in his car and destry and uill my father and he is die , we don't why U.S army friend do that so please we want to tell as and to help us and .please give combeien an dethak you for your help.

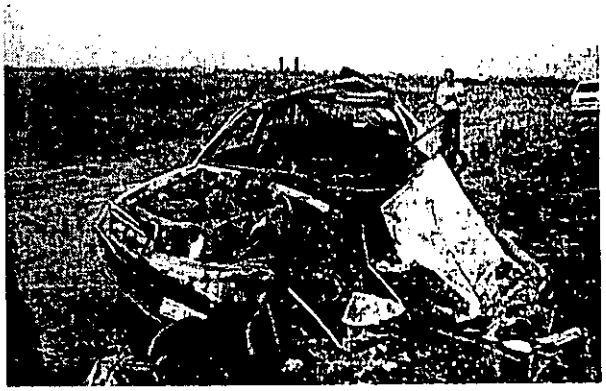
(b)(6)

My Name Name assint Name assint

(b)(6)

CENTCOM 002453





(b)(6)

Foreign Language, (b)(6)

The car had flashing incident, was white color and the license number is (b)(6) the incident was infront of Alazy Region at (0540) in 7/7/2005

CENTCOM 002454

(b)(6)

Foreign Language, (b)(6)