

07 160 7021
(06 167 7017)

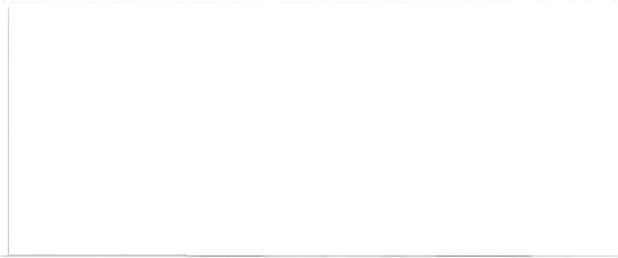
~~07 160 7021~~
21

T: Badrita Ameen Kusar
071607021 (061677017)
P.A: A0027-205DAJA
Filed: 08 Jul 06

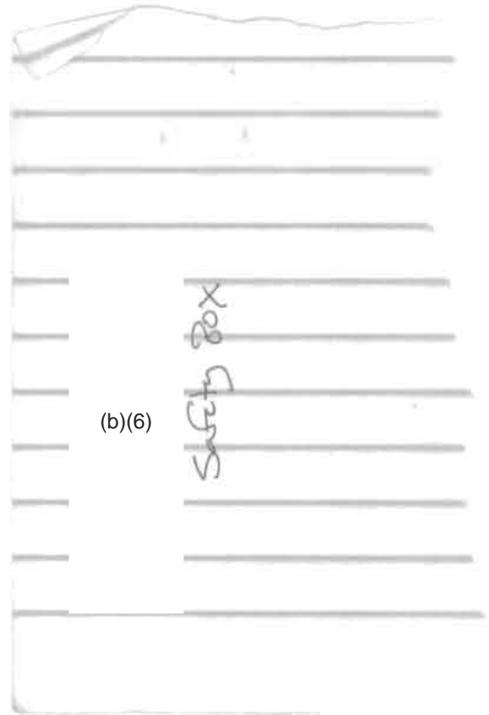
07160T021
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(b)(3)(b)(6)

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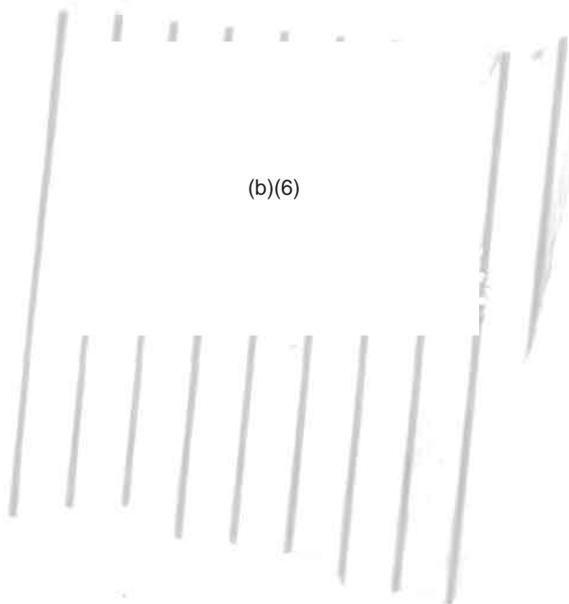


(b)(6)

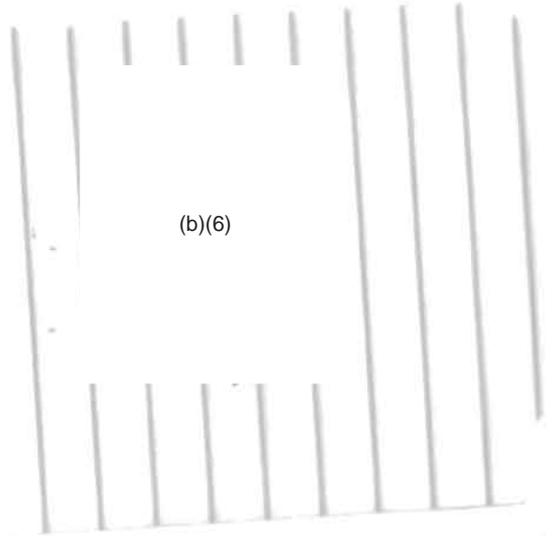


(b)(6)

XOX
Safety Box



(b)(6)



(b)(6)

CLAIMS CHRONOLOGY SHEET

07 I60709
021

CLAIMANT'S NAME: (b)(6)
 FILE NUMBER: 06-IB7-1011
 AMOUNT CLAIMED: \$ 35000 AT:
 DATE OF INCIDENT: FEB 12 05 DATE CLAIM FILED: JUL 08 06

DATE	STATUS OF CASE	FOLLOW-UP DATE
14 JUL 06	ENTERED TAGC TO CPT (3), (b)	
30 Jul 06	Need MFO on location / unit No Sig Acts	
16 July 06	Claimant will provide ISN No ISN B/C Det was under 14 days	
7 Nov. 06	Sent an RFI to ICAU for Assist Follow up w/ CPT (b)(3), (b)(6)	
16 DEC 06	Talk to SPC (b)(3), (b)(6) <u>this time</u>	
11 JAN 07	Pa, \$10,000 re vehicles	(b)(3), (b)(6)
11 Jan 07	payment letter / memo completed	
13 JAN 07	PAID \$10K TO CLAIMANT	
16 Jan 07	Closed	
		Closed in TSLA
		14 JAN 08



REPLY TO
ATTENTION OF:

HEADQUARTERS
MULTI-NATIONAL CORPS - IRAQ
BAGHDAD, IRAQ
APO AE 09342

FICI-JA-C

Claim of

(b)(6)

06-IB7-T017

ACTION

1. Facts: The claimant alleges that on 2 December 2005, U.S. Forces raided her house, killed her son and took her car, some money, gold, and furniture. The amount requested is \$35,000.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. It is widely known that US Forces did not properly catalog all items seized during raids and captures, therefore the US was negligent in not properly accounting for the claimant's personal items. Upon further review of appeal, an increase of the payment is granted and represents the final offer.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim will be paid in the amount of \$10,000.

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

Captain, JA
Foreign Claims Commission I60

UNCLASSIFIED/~~OFFICIAL USE ONLY~~

CENTCOM 010112
06-IB7-T017-00005

06-1037-101

قبول بالتوقيع من قبل المدعى (المطالب)

I, the claimant by signing this document and accepting payment, am releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as final settlement on this claim.

(b)(6)
المطالبي (المطالب) بالأعضاء و بالتوقيع على الوثيقة و الموافقة على العرض (المبلغ) أنا
أنا من حقى الكامل و الأعضاء الكامل للوات العسكرية الأمريكية أو حكومة الولايات المتحدة
التي من أي مسئولية مقابلة تنتج من المطالب و الموافقة على المبلغ المروض على أنه عرض
و ليس من حقى و أو الورثة من بعدى و أو أية شخصين متضرر أو غير متضرر القيام بأى
عمل قانونى أو غير قانونى ضد القوات العسكرية الأمريكية أو الولايات المتحدة الأمريكية لم
المستقبل.

Name of Claimant:

Amount Received: \$ 10,000.00

FCC #: 1110

Date Received: 3/3/99

OSIA POC: (DSN) 318-822-2864

Claimant's Signature: _____

Office Copy



HEADQUARTERS
MULTI-NATIONAL CORPS – IRAQ
BAGHDAD, IRAQ
APO AE 09342

REPLY TO
ATTENTION OF:

FCC I60

11 January 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 06-IB7-T017

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) I60 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC I60 offers you \$10,000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

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

Captain, U.S. Army
Foreign Claims Commission I60

Standard Form 1034
 Revised October 1987
 Department of the Treasury
 TFM 4-2000
 1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
 DEPARTMENT OF THE ARMY
 15th Finance Battalion
 Camp Liberty, Iraq
 APO AE 09344
 DSSN

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY:
 15th Finance Company
 Camp Liberty, Iraq
 APO AE 09344
 DSSN: 5779

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

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		AMOUNT (¹)
				COST	PER	
		Claim Payment Final Payment of FCA Claim# In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designed for such purposes under authority of 31 U.S.C 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.	1			10,000

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

10,000

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	1 = \$ 10,000	= \$1.00	
	BY:		Amount verified; correct for
	(b)(3), (b)(6) MSG		
	TITLE Pay Agent		(b)(3), (b)(6)

Pursuant to authority vested in me, I certify

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

13 JAN 97
(Date)

(Authorized Certifying Officer) 1

Captain, Certifying Officer, 157/160
(Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

(RA)

Accounting Classification verified: 1st CAV, 15th Finance Office, Disbursing NCOIC

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 2	(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.				PER
				TITLE

Previous edition usable

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 disbursement of the payment obligation.

NSN 7540-00-900-2234

USAPR 01.00

CENTCOM 010115
 06-IB7-T017-00008

PAYMENT REPORT

TO: DFAS, DSSN _____ DATE: _____

A. Payment Data:

- (1) Submitting agency/office: United States Army Claims Service
- (2) Office Code: 157
- (3) Agency/Office mailing address: MNC-I, OSJA, Camp Victory, Iraq APO AE 09342
- (4) Date Filed: _____
- (5) Claim Number: _____
- (6) Amount Claimed: \$ 35,000
- (7) Fund Cite: _____ (b)(2)High
- (8) Payee: _____
- (9) Address: IRAQ
- (10) SSN: N/A
- (11) Payment Amount: 10,000
- (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 in 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 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: 2007-1-13 (b)(6)

C. AGENCY CERTIFYING OFFICER

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

13 JAN 07 (Date) (b)(3), (b)(6) (Signature Authorizing Certifying Officer) FCC (Title)

Date Payment Recorded in Record: 13 Jan 07

A separate payment report must be completed for each claimant

This 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 the information may result in your claim not being processed for payment.

UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission Today's Date: 10/11/2006

II. FROM: Name (English) _____ (b)(6) _____

Name (Arabic) _____ (b)6 Foreign Language _____

(a) **Circle one:** Claimant / Attorney/ Authorized representative/ Parent/ Brother/Sister/ Son/Daughter
→ [Attorney or representative MUST attach proof of authorization.] Other: _____

(b) IRAQI IDENTIFICATION NUMBER: _____ (b)(6) _____

(c) DETAINEE IDENTIFICATION NUMBER: _____

III. ADDRESS of person filing claim:

(English) _____ (b)6 Foreign Language _____

(Arabic) _____

IV. HOME OR CELL PHONE NUMBER: _____ (b)(6) _____

(a) I, the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of _____

(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: _____

(c) The property damaged is owned by: her son

(d) The incident happened on 12/12/2005 at Baghdad - # (b)(6)
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: As she said The U.S forces

rade her house. She opened the door to them at 5:00
am. They put her and daughter away - they took her
big son and put a bag on his head. The other son the small
one when he saw the U.S forces he jumped to his
neighbor - they killed when he run eleven bullets

They throw him from the roof. They took him to
police station and told them they
found the body in Salman back. her big son
had been released after five days, they took
their cars (opel, volkswagen) and \$3000 and
2000000 Iraqi dinars, gold, generator other furniture.

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

FOREIGN CLAIMS WORKSHEET

Amount Claimed: \$ 35,000

Date Reviewed: 30 July 06

Date of Incident: 12 Feb 05

Pay: \$ _____

Deny: _____

Need more info: _____

Need more translation: _____

NOTES:

The claimant's son was killed during a raid on her house after he attempted to flee from U.S. Forces. Eldest son was detained. Claimant may be eligible for compensation & for confiscated property. Need more info re unit/location.

* Need ISN # for son - claimant will provide

(b)(6)

• Try to track down location

2x cars -

(b)(6)

check w/ SFC (b)(3), (b)(6) re cars.

(b)(2)High, (b)(6)

Subject / Complain against
the Coalition Forces.

I'm (b)(6) . On the 12th of Feb. 2005
and about 9 Am, the Coalition Forces attacked my
house at (b)(2)High

(b)(2)High and they killed my son (b)(6)
(b)(6)) who was (b)(6) years old at my house and they
took his body to (b)(2)High Police Station . After
26 days we found him at the morre . I want to
ask why the Coalition Forces lied ~~to~~ about this subject
and they said that they took him to Salman pak ?
why did they Kill my son ?
what he had done to the Coalition Forces ?

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

foreign language

foreign language

foreign language

Foreign Language Text

subject: support

The local Council
of AL-Idrisi neighbourhood

To: CMOC

foreign language

foreign language

We support the matter on Feb 12-2005 the US forces
raided the house belong to
neighbourhood sector
they killed his son
who was named

(b)(6)

in

(b)(6)

(b)(6)

and

(b)(6)

language Te

(in

(b)(6)

ember

Mayor

(b)(6), Foreign Language Text

(b)(6), foreign language

(b)(6), foreign language

(b)(6)



Pages 18 through 23 redacted for the following reasons:

(b)6 Foreign Language

foreign language

Morgue Report

foreign language

foreign language

Foreign Language Text

Foreign Language Text

Language

foreign language, (b)(6)

Death certificate

foreign language



(b)(6)

Page 27 redacted for the following reason:

(b)6 Foreign Language

foreign language

Claimant statement

foreign language

foreign language

Pages 29 through 30 redacted for the following reasons:

(b)6 Foreign Language
foreign language

Foreign Language Text, (b)(6)

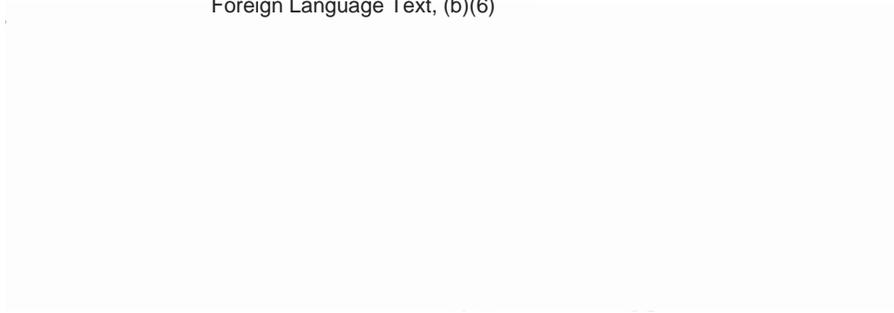
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



TT

CENTCOM 010142

06-IB7-T017-00035



CENTCOM 010143

06-IB7-T017-00036

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CENTCOM 010144

06-IB7-T017-00037

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CENTCOM 010145

06-IB7-T017-00038

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CENTCOM 010146

06-IB7-T017-00039

Pages 40 through 42 redacted for the
following reasons:-----

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(b)(6)



CENTCOM 010150

06-IB7-T017-00043



CENTCOM 010151

06-IB7-T017-00044

CENTCOM 010152

06-IB7-T017-00045

14

CENTCOM 010153

06-IB7-T017-00046

17

CENTCOM 010154

06-IB7-T017-00047

19

✓

CENTCOM 010155

06-IB7-T017-00048

16

CENTCOM 010156

06-IB7-T017-00049



CENTCOM 010157

06-IB7-T017-00050

20 ✓

CENTCOM 010158

06-IB7-T017-00051