06-I08-T0011

CENTCOM 002677

06-IO8-T-0011-00001

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

REPLY TO
ATTENTION OF:

FICI-JA

Claim of (b)(6) 06-IV6-T0011

ACTION

1. Facts: The claimant alleges that on 21 February 2005, his son was riding with his uncle to a gas station when U.S forces fired on their vehicle. It resulted in the death of his son and destruction of the vehicle. The amount requested for claim is $10,000.

2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of U.S. Forces. Upon review of the claim, payment is offered.

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 $4,000.

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

CPT, U.S. Army
FCC IV6

# CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME: (b)(6)
FILE NUMBER: 06-I08-T0011
AMOUNT CLAIMED: $ 10,000 AT:
DATE OF INCIDENT: 21 FEB 05 DATE CLAIM FILED: 7 JAN 06

| DATE | STATUS OF CASE | FOLLOW-UP DATE |
|---|---|---|
| 21 JAN | LOGGED IN, TO (b)(6) FOR | |
| | TRANSLATION | |
| 22 JAN | (b)(6) RETURNED, TO CPT 3),(b | |
| | FOR REVIEW, LOG UPDATED | |
| 25 JAN 06 | Reviewed file | |
| 25 JAN 06 | offer 4,000 | (b)(3)(b)(6) |
| 2 FEB 06 | LOGGED, TO CPT 3),(b FOR SIGNATURE | |
| 3 FEB 06 | Signed | |
| | PAID | |
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**HEADQUARTERS**
**MULTI-NATIONAL CORPS – IRAQ**
**BAGHDAD, IRAQ**
**APO AE 09342**

REPLY TO
ATTENTION OF:

FCC IV6

2 February 2006

CLAIM OF: (b)(6)
CLAIM NUMBER: 06-IV6-T0011

Dear Sir or Ma'am:

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

Foreign Claims Commission (FCC) IV6 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 IV6 offers you $4,000 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)

CPT, U.S. Army
FCC IV6

Standard Form 1034
Revised October 1967
Department of the Treasury
I 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
230TH FINANCE BATTALION
CAMP LIBERTY, IRAQ
APO AE 09344
DSSN: 5579

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE
SEE ATTACHED

REQUISITION NUMBER AND DATE

PAID BY
230TH FIN BN
CAMP LIBERTY, IRAQ
APO AE 09344
DSSN: 5579

PAYEE'S NAME AND ADDRESS

Foreign Language

(b)(6)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

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 |
|---|---|---|---|---|---|---|
| CLAIM # 06-I08-T0011 | | FINAL PAYMENT CLAIM<br><br>In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designed for such purposed 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 | | | $4,000.00 |

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $4,000.00

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

APPROVED FOR =$4,000.00

EXCHANGE RATE =$1.00

DIFFERENCES

BY [3] SGM (b)(3)(b)(6)

TITLE PAY AGENT

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

Pursuant to authority vested in me, I cer[illegible] nd proper for pa[illegible]

15 Feb 06 (b)(3)(b)(6) (b)(3)(b)(6) , CPT, US ARMY, IV6
(Date) (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

Accounting Classification Verified by: 4ID, Finance Office, Disbursing NCOIC

PAID BY

CHECK NUMBER ON TREASURER OF THE UNITED STATES

CHECK NU[illegible] ame of bank)

CASH $ DATE

PAYEE [3] (b)(3)(b)(6)

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

NSN 7540-00-900-2234

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 discharge of the payment obligation.

# UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission Today's Date: _____

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

Name (Arabic)_____ Foreign Language Text _____

(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): _____ Foreign Language Text

(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 Iraq.

(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: His dead Son (b)(6)

(d) The incident happened on Feb. 21. 2005 at Al. Wihda district / Baghdad.

(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: According to him, his Son was ~~waiting~~ going with his uncle at 11:00 a.m to the fuel Station to bring Some (the barrel was in the Car as you Can See in the pictures)

They Surprised with about 30 bullets (Shooting) on thier Car it was a fatal Shooting to his Son (b)(6) injured in right hand to the uncle.

When the other relative Came to the incident place he found that there was a black female Soldier Crying near the body, She was also Shouting on the Soldier who Shoot (b)(6) -- They gave them the claim card --

It was a Convoy with three humvees ~~[illegible]~~ and the Number which was written on the humvees was (52)

[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.]



CENTCOM 002682

06-IO8-T-0011-00006

# UNITED STATES ARMED FORCES CLAIMS FORM

VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

| ITEM | PRICE |
|---|---|
| Some destruction in the car | |
| Death of the Son | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | $ 10,000 |

(a) I had insurance for the following: _____

(b) My insurer is: _____

VII. My total claim in U.S. Dollars against the United States Government is: $ 10,000,

and in Iraqi Dinars is: _____.

*****CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK*****

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will likely need to provide new evidence in order to have my claim approved.

(b)(6)

*****CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK*****

The claimant was assisted in completing this claim form by:

_____
(Name)

_____
(Contact Information: e-mail, address, DSN/DNVT, etc.)



CENTCOM 002683

06-IO8-T-0011-00007

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

REPLY TO
ATTENTION OF:

FCC IV6

2 February 2006

CLAIM OF: (b)(6)
CLAIM NUMBER: 06-IV6-T0011

Dear Sir or Ma'am:

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

Foreign Claims Commission (FCC) IV6 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 IV6 offers you $4,000 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)

CPT, U.S. Army
FCC IV6

PAYMENT REPORT

TO: DFAS, DSSN: _____ DATE: 15 Feb 06

A. Payment Data:

(1) Submitting Agency/Office: United States Army Claims Service
(2) **Office Code:** IV6
(3) Agency/Office Mailing Address: MNC-I, OSJA, Camp Victory, Iraq APO AE 09342
(4) Date Claim Filed: 11 Jan 06
(5) **Claim Number(s)** 06-I08-T0011
(6) **Amount Claimed:** $4,000.00
(7) Fund Cite: (b)(2)High
(8) **Payee(s):** (b)(6)
(9) **Address:** Iraq
(10) SSN: N/A
(11) **Payment Amount:**
(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 by reason of the same subject matter. I further agree to reimburse, s, its agents, servants and employees from any and all claims or causes of action, including wron cts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date: 15 Feb 06 (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

15 Feb 06 (b)(3)(b)(6) FCC
(Date) (Sign ficer) (Title)

Date Payment Recorded in Claim Record: 15 Feb 06

A separate payment report must be completed for each claimant

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

FOREIGN CLAIMS WORKSHEET

Amount Claimed: $ 10,000 Date Reviewed: 25 JAN 06

Date of Incident: 21 Feb 05

Pay: $ 4,000

Deny:

Need more info:

Need more translation:

NOTES:

- appears to be combat because shot in front of vehicle (as if warned & didn't stop so fired upon)
- has original claims card w/ original photos and witness statements
- offer 4,000

Pages 11 through 16 redacted for the following reasons:

- - - - - - - - - - - - - - - - - - - - - - - - - - - -

Foreign Language Text
Foreign Language Text, (b)(6)

Foreign Language Text

Food Stamp

Foreign Language Text

06-IO8-T-0011-00018

CENTCOM 002694

Pages 19 through 21 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

Diyala Bridge Police Station
Date: 13 March 2005
Subject: Witness statement
Name: (b)(6)
DoB: (b)(6)
Lives: Baghdad

On 21 Feb 2005 I was visiting (b)(6) at AL-Wihda Project. The deceased (b)(6) was driving a pickup truck - Toyota two doors - white color. He was closed to the gas station. A U.S. Convoy started Shooting at his car. He was shot and dead immediately. The U.S. Military moved the car and the dead body to unknown place. Finally the car was found in the police station. I asked the police about the dead body. They told me he was transferd to the hospital. The hospital issued death certificate then I informed his family. this is my statement as a witness.

(b)(6)

From: Diyala Bridge Police station
TO: AL-Mada-in Investigation Judge.
Date: ~~Mre~~ 13 March 2005.

* According to your letter on 28 Feb 2005. We transferd Two claimants to you - (b)(6) to record their statements.

* Witness (b)(6) was recorded and attached with Police reports.

* the car inspection after shooting was also attached with reports

Please review and ~~with~~ your appropriate action on that!

Lt. (b)(3)(b)(6)

Action:-

1- Accomplished recording the claimants statements.

2- Becaue the Iraqi courts are not authorized to claim a case against the coalition forces therefore I decided this case closed according to article 3 chapter 2 for the year 2003.

3- provide the claimant with the investigation package to submit it to ~~the~~ whom it may concern - Coalition forces.

4- The decition should be registerd.

5- inform the staff Judge Advocate..

Signature

Judge (b)(6)

20 ~~Feb~~ March 2005

Page 24 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

Foreign Language Text

Claimant Statement / Deceased's Mother

Foreign Language Text, (b)(6)

Claimant Statement / Deceased's F"

Foreign Language Text

Foreign Language Text, (b)(6)

claimant statement/Deceased's Mother

Foreign Language Text

Foreign Language Text, (b)(6)

Claimant Statement / Deceased's Father

Foreign Language Text

Foreign Language Text, (b)(6)

Page 29 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

06-I08-T 0011 00030
CENTCOM 002706

Page 31 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 33 through 35 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

06-IO8-T-0011-00036

Car registration Permit

Foreign Language Text, (b)(6)

06-IO8-T-0011-00037

Pages 38 through 42 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - -
Foreign Language Text
Foreign Language Text, (b)(6)

Date 27 Feb 2005

From: ~~Dyla~~ Diyala Police station

To: AL-Mada-in Investigation Judge

* The informan (b)(6) came to our station and informed us that the car tag # AL-Anbar (b)(6) was received Fire from U.S. Military. That fire resulting death of (b)(6) and injured of his brother. Therefore we recorded his statement
* He request justice and claim compensation against U.S. Military please review and your appropriate action.
* We attached the death certificate with the police investigation reports
* We sent the car to the inspection department but we did not receive the result yet.

LT. (b)(6)

# IRAQI CLAIMS POCKET CARD

**The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.**

**If your unit is involved in an incident resulting in damage to property of an Iraqi civilian, or injury or death of an Iraqi civilian:**

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct them to the Iraqi Assistance Center (IAC) located at the Baghdad Convention Center. Do not promise anything.
4. Upon return to your FOB, complete DA Form 2823 describing the incident and forward to the 3rd Brigade Legal Office. *Please note that this information is not an admission of liability by the soldiers involved, it will be used only to substantiate a potential claim against the US Army.

06-IO8-T-0011-00044

UNIT _____

DATE _____

CENTCOM 002720

LOCATION _____

INCIDENT _____

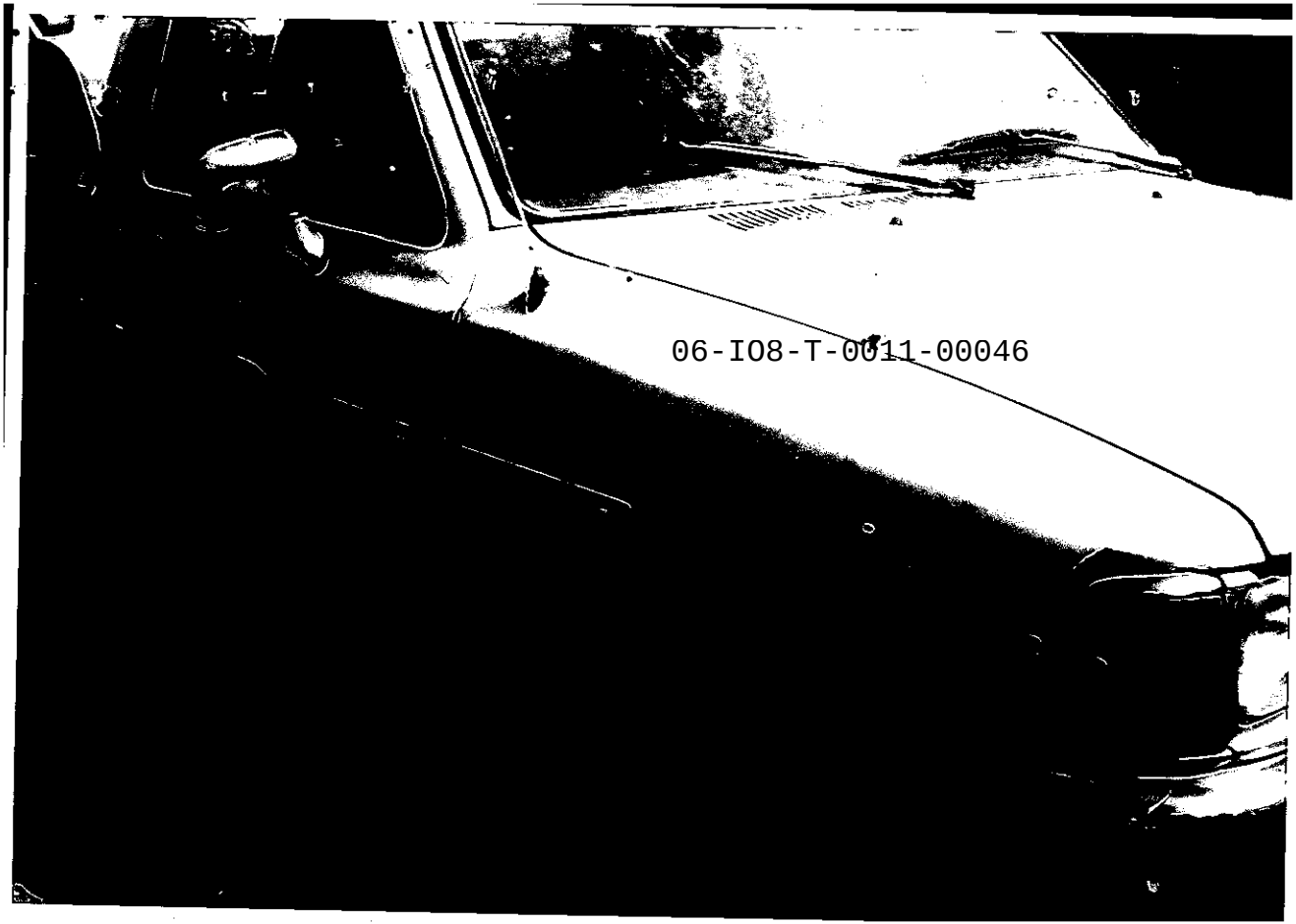
GREYWOLF

3

06-IO8-T-0011-00045

إذا كنت تريد الحصول على التعويض عن الأضرار الإصابة
أو الموت الذي تتسبب به القوات الأمريكية
عليك ان تجلب الكارت الذي يعطيه لك الجندي الأمريكي
اثناء الحادث أو اي دليل يتعلق بالحدث مثل الصور، إفادة الشهود
أوراق تحقيق الشرطة ، إثبات الملكية أو الوصولات
الى مركز المساعدات العراقية IAC الواقع في قصر المؤتمرات
هناك ما بين الساعة التاسعة صباحاً والساعة الثالثة عصراً
طيلة ايام الاسبوع لرفع قضاياكم وشكراً لكم

CENTCOM 00272


06-IO8-T-0011-00046

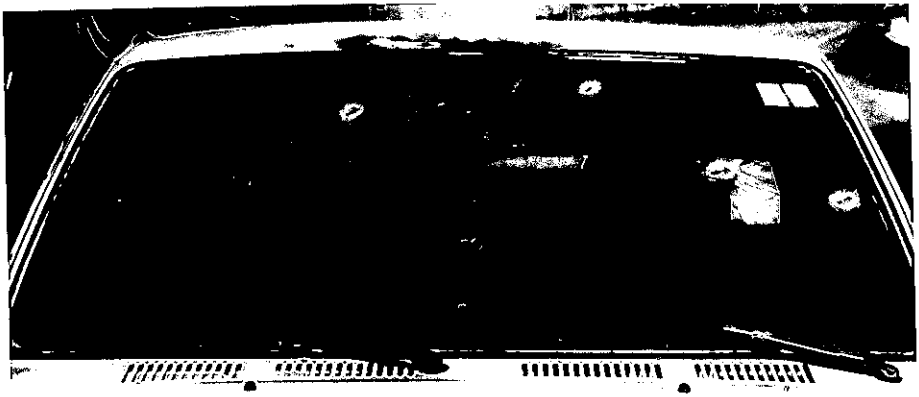
06-I08-T-0011-00047

)(2)High, (b)(6

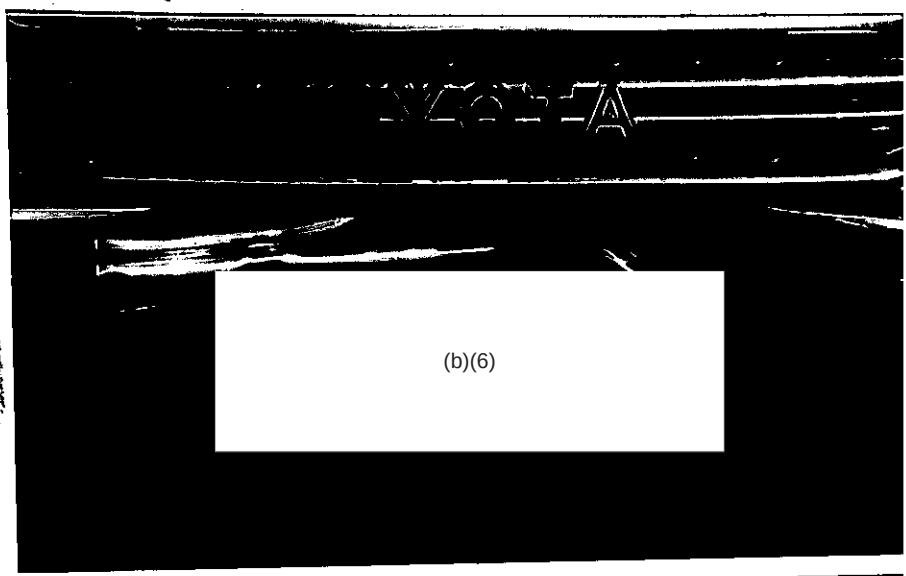
Foreign Language Text

OM 002725

06-IO8-T-0011-00049



06-IO8-T-0011-00050



Foreign Language Text, (b)(6)

CENTCOM 002728

06-IO8-T-0011-00052

Foreign Language Text, (b)(6)