

Ulwick Accident

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

188-~~2~~  
23 MAY 2007  
07-147-1588

(b)(6)



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
Headquarters, 2d Brigade Combat Team  
10th Mountain Division (Light Infantry)  
Camp Striker, Iraq APO AE 09322

Foreign Claims Commission I47

08-Jun-07

SUBJECT: Claim # 07-I47-T508 / (b)(6)

(b)(6)  
Baghdad

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for the loss you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):  
Lack of Evidence – There is not enough evidence to prove that the proximate cause of your damages is the US Forces' negligence.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be forwarded to this office for Foreign Claims Commission consideration. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

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

Captain, Judge Advocate  
Claims Attorney I47

**TASK FORCE BAGDAD**

**IRAQI CLAIM CARD**

**السلم عليكم ورحمة الله وبركاته**

لأخي المواطن الكريم: مقبل الأضرار التي لحقت بك . سواء كقت لأضرار جسمية من إصابات إلى آخره . أو موت لا سمح الله لأحد المقربين . وكان السبب وراء ذلك القوات الأمريكية . فقد يكون لك الحق في تعويض.

للتقدم ببلاغ وللمطالبة بحق إرجاء إحصار الإتي. هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية للمنطقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحدث، شهادة الشهود، تقرير الشرطة، ووصول بالإستلام أو التسليم، وثبات الملكية لما خطم أو تضرر ولما تحول أو تحصل على تعويض عنه، ورخصة التحويل إن كنت تعمل رخصة).

إرجاء إحصار هذه المستندات إلى مركز المساعدة العراقي في معسكر التاجي (Camp Taji) بوابة كتر (Gunner Gate) . طابوقة الهندية في معسكر فلكور (Camp Falcon) . المحمدية في معسكر فاب (FOB) (Mahmudiyah).

أو أخذ أحد المراكز الحكومية: الثورة 9 نيسان .. الكاظمية - الرشيد - المنصور - الرضوانية. الرصافة والامات - الكرخ - اعظمية - كرادة أو سبع طيور.

**ملاحظة: امتلاك هذا القرت (المستند) لا يبيى اللدغ الموكد .**  
 وشكر التعمونكم معنا.

**TASK FORCE BAGDAD**

**IRAQI CLAIM CARD**

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

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 claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT 3rd Infantry Division

DATE 10/1/01

LOCATION (b)(2)High

TYPE OF INCIDENT CC-1001

Page 4 redacted for the following reason:

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(b)(6), Foreign Language Text

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TTS 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>			10 DATE VOUCHER PREPARED <b>18-Jul-07</b>	SCHEDULE NO		
PAYEE'S NAME AND ADDRESS CLAIM #: 07-I47-T508 (b)(6) Baghdad			CONTRACT NUMBER AND DATE		PAID BY <b>15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
SHIPPED FROM			TO	WEIGHT	GOVERNMENT BIL. 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>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated 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.				\$7,000.00
TOTAL						\$7,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)				
APPROVED FOR		EXCHANGE RATE	DIFFERENCES			
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY: (b)(3), (b)(6)	= \$	= \$1.00		
TITLE: SSG, US DISBURSING AGENT		(b)(3), (b)(6)				
Pursuant to authority vested in me, I certify that the		(b)(3), (b)(6)				
23 Jul 07 <i>(Date)</i>		CPT (b)(3), (b)(6) <i>(Authorized Certifying Officer)</i>		Foreign Claims Commission <i>(Title)</i>		
ACCOUNTING CLASSIFICATION						
(b)(2)High				\$7,000.00		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE	(b)(6)		
	\$7,000.00		(b)(6)	(b)(6)		
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving official will sign in the space provided, over his official title. <sup>3</sup> When a voucher is received 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	(b)(6)		
			TITLE			

**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.



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team  
10th Mountain Division (Light Infantry)  
Camp Striker, Iraq APO AE 09322

AFZS-LF-JA

18-Jul-07

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
07-I47-T508 / (b)(6)

1. Facts.

The claimant alleges US Forces (1-71 IN) caused an accident which led to the death of her husband, who is the sole breadwinner for his family.

Claimant has requested \$1,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.
3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action. Settle this claim in the amount of \$7,000.00

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

CPT, JA  
CLAIMS ATTORNEY I47

7508



Office of the U.S. Treasury Department Financial Attaché  
Embassy of the United States of America - Baghdad, Iraq



Serial Number Accountability Record

The Purpose of this form is to record the serial numbers on USD \$100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 07-23-07

PAY AGENT NAME: (b)(3), (b)(6)  
*Print last name, first name*

NAME OF IRAQI FIRM BEING PAID: N/A - Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:  
(b)(6)  
*Print name, grantor's name, grantor's name, tribal name*

On respective finance offices as part of the reconciliation process of all USD \$100 note serial numbers:

- (b)(6) \_\_\_\_\_ through (b)(6) and,
- \_\_\_\_\_ through \_\_\_\_\_ and,
- \_\_\_\_\_ through \_\_\_\_\_.

\*Use additional forms if needed.

# SETTLEMENT AGREEMENT

## إتفاقية تسوية وإعفاء

طلب # 07-147-T508

(b)(6)

(b)(6)

من بغداد

أو افق هاهنا على قبول مبلغ مجموعه \$7,000.00

Foreign Language Text, (b)(6)

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية  
ضباطها ووكلائها وعامليها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ  
6/12/2006 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعامليها  
من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا  
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة 'إن  
وجدت' أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالمتلكات أو أية إصابات أو وفيات نتجت عن هذه

Foreign Language Text

(b)(6)

DATE 23 - July - 2007

(b)(6)

توقيع الشاهد الأول WITNESS SIGNATURE

(b)(6)

الإسم

(b)(6)

DATE 23 July - 07

توقيع الشاهد الأول WITNESS SIGNATURE

T-508



# CLAIMS LOG

BRIGADE OPERATIONAL LAW TEAM, 2d BCT, 10<sup>th</sup> MTN DIV

AMOUNT CLAIMED: 1K  
CLAIMANTS NAME: (b)(6)  
DATE CLAIM SUBMITTED: 5-22-2007  
DATE OF INCIDENT: 4-12-06

PARALEGAL RECOMMENDATION: Denial

FCC ACTION:  DENY  APPROVE  OTHER

COMMENTS / REMARK: 315-772-3148 SI 1-7-07  
By command of Captain Sims no info due to social media change as well as him being new to the unit

Monday 2-27-07 I contacted the unit. (b)(3)(b)(6)  
they did not have recollection of the incident due to social media change.

(b)(5), (b)(3)(b)(6)

## GIC OPINION ABOUT CLAIMS

(b)(6)

**Case no.** (b)(6)

1. This claimant presented a claim card from the US army proved that the US army made the accident and destroyed the car type (ford scorpion /MOD (b)(6) / DARK PLUE) with killing the claimant husband (the driver).
2. The claimant proved the ownership of the car which belongs to her husband.
3. The claimant presented statement supported that that the us army destroyed the car and that led to killing the driver.
4. The claimant asks amount \$ 13000.00 for the death of her husband and destroyed his vehicle.
5. We suggest compensate about her husband amount \$ 2500.00 and about the car according to the buyer contract amount \$ 6000.00 so the total amount would be \$ 8500.00.

With our respect,

(b)(6)

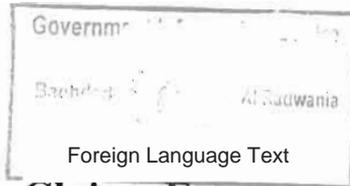
The lawyer,



Foreign Language Text, (b)(6)

**GIC MANAGER**

(b)(6)



Foreign Language Text  
**Claims Form**

To: United States Army Foreign Claims Commission  
From: Name: \_\_\_\_\_ (b)(6)

Address: \_\_\_\_\_ (b)(6)

Iraqi ID No. \_\_\_\_\_ (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Baghdad Iraq
- c. Employed by: \_\_\_\_\_ (b)(6)
- d. Check one ( ) an insurer  or ( ) an insured
- e. Check one (X) 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 and Telephone Number)

Against (M.N.F)

The property damaged had 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 Abu Ghraib highway Baghdad Iraq  
(Town) (City) (Country)

My claim arose on June 12 2006  
(Month) (Day) (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.)

On 12-6-2006 emerged from the home of my  
husband, heading to (b)(6)  
(b)(6) , where the accident

collision with the American column in line  
highway linking two Amiriyah, Abu Ghraib  
The impact of the difference in his life,

Therefore, I am asking for compensation,  
Especially that the deceased was the sole  
breadwinner for US.

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

Death my husband car 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
1- About value death my husband and	\$ 1000,00
2- damages his car	
3-	
4-	
5-	
6-	

Total: \$ 10,000,00

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

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

(b)(6)

(Name)

(Address)

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

\$ 1,000,00 local 13,000,00 S.D

(Signature of Claimant)

Subscribed before me this 22 day of May, 2007

(b)(6)

(Print Name)

(b)(6)

(Signature)

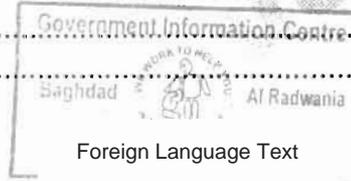


"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 1) Stain card.....
- 2) One of picture shows the car destroyed.....
- 3) Certificate of death.....
- 4) Investigative documents from Iraqi police station.....
- 5) Ownership for his car.....
- 6) Personal documents.....



(b)(6)

General Information Center/Al-Radhwanya

Date:- 22 May 07.....



Government Information  
Baghdad



Foreign Language Text

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Foreign Language Text, (b)(6)

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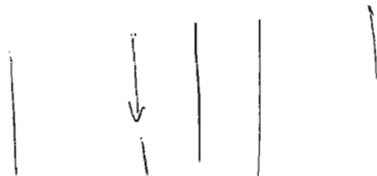
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accident location

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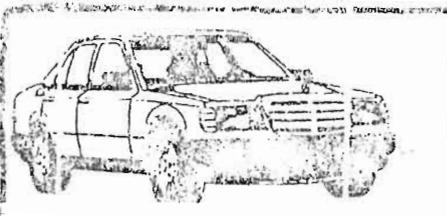
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(b)(6), Foreign Language Text



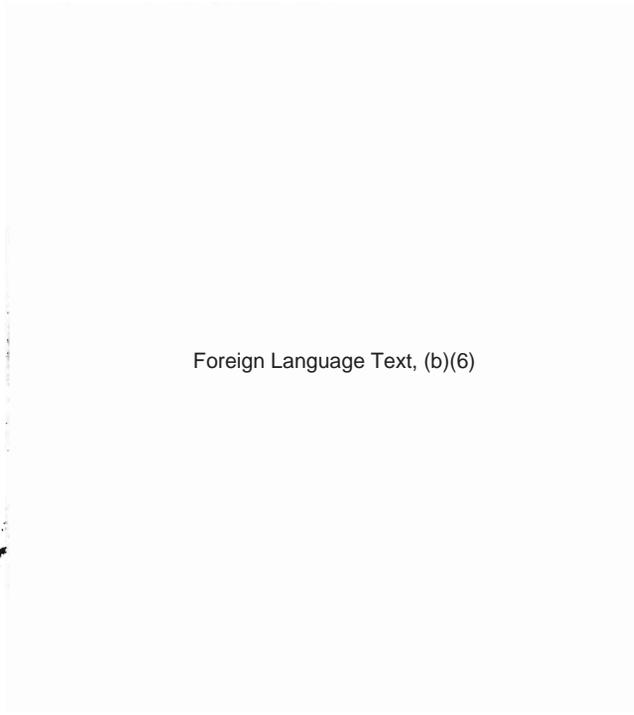
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Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)



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(b)(6), Foreign Language Text

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Foreign Language Text, (b)(6)



07-147-T508-00026