

T: (b)(6)

071571002

PA: A0027-20bDAJA

Filed: 20 Dec 06

(b)(6)

10.000

CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME: (b)(6)

FILE NUMBER: **07I57T002** AMOUNT CLAIMED: **\$10,000**

DATE OF INCIDENT: **29 Aug 05** AT: DATE CLAIM FILED: **20 Dec 06**

DATE	STATUS OF CASE	INITIALS
12/20/06	Loggin in; To CPT (b)(3)(b)(6) for review	
	(b)(5)	
	<i>Pay in amount of \$10,000</i>	
12/22	<i>pending payment → To CPT for signature</i>	(b)(3), (b)(6)
1/13	PAID TO CLAIMANT IN FULL	
1/16/07	Closed	



Tort and Special Claims-Pro Version

Home | Search | Administrator | Reports | Log Out | Request Assistance
SSG (b)(3), b(6) NCOIC of Client Services Wednesday, 17 January 2007

Open Claims - Claim Transaction - 07157T002 (b)(6)

(b)(6) 01-Oct-2006 - 30-Sep-2007
Current Month: 01-Jan-2007 - 31-Jan-2007

I57 - I57 (Iraq)

Add Transaction

- Quick Search
- Advanced Search
- Updated Users' Guide
- New Manual Claim
- New Claim
- New Claim-Quick Entry
- New PCE
- My Assigned Claims
- PCEs
- Open Claims
 - Claim Data
 - Claim Summary
 - Claim Summary-Inv
 - Claimant Info
 - Claimant Attorney
 - Companion Claims
 - Claim Transaction
 - Structured Settlement
 - Cost
 - Mirror File
 - POCs
 - Medical Records
 - Witness List
 - CCRB
 - Expert List
 - Claim Chronology
 - Investigative Plan
 - E-mail
 - Documents
 - AAO Info
 - Reverse Mirror File
- Closed Claims
- Pending Retirements
- Retired Claims
- Transfers
- User Activity
- Mirror Files
- My Tasks and Reminders

Claim ID: 07157T002	Owner Office: I57 - I57 (Iraq)	End CEA Balance: (b)(2)High	
Action (required):		Action Date	
Action Dollar Amount: \$			
0			
<input type="button" value="Add Transaction"/>			

Transactions for Claim 07157T002

Del	Reason for Denial:	Action Office	Amount	T-fered To	Date Added
Edit Action Date	Action Description				Date Initiated / Accepted
<input checked="" type="checkbox"/>	12/18/2006 Open New Claim	I57 (Iraq)	\$0.00		
<input checked="" type="checkbox"/>	1/13/2007 Final Payment Claim Closed (Funds deducted CEA)	I57 (Iraq)	\$10,000.00		b)(3), b(6)

Create DA FORM 7500, 1666, 1668, or SF 1034

Create FMS Forms



REPLY TO
ATTENTION OF:

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

FCC 157

22 December 2006

CLAIM OF: (b)(6)
CLAIM NUMBER: 07-I57-T002

Dear Sir or Ma'am:

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

Foreign Claims Commission (FCC) 157 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 157 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)(6), (b)(3)

Captain, U.S. Army
Foreign Claims Commission 157

CENTCOM 010400

07-I57-T002-00004



REPLY TO
ATTENTION OF:

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

FICI-JA-C

Claim of

(b)(6)

07-157-T002

ACTION

1. Facts: The claimant alleges that on 29 August 2005, U.S. Forces were shooting towards them as her family was headed to Jordan for medical treatment. The claimant and her husband ended up in the U.S. military hospital for treatment. Her husband had surgery and died. The amount requested is \$10,000 for the claim.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Upon review of the claim, payment is granted.
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 I57

~~UNCLASSIFIED/OFFICIAL USE ONLY~~

CENTCOM 010410
07-157-T002-00005

PAYMENT REPORT

TO: DFAS, DSSN _____ DATE: 13 Jan 07

A. Payment Data:

- (1) Submitting agency/office: United States Army Claims Service
- (2) Office Code: 157
- (3) Agency/Office mailing address: MNC-1, OSJA, Camp Victory, Iraq APO AE 09342
- (4) Date Filed: _____
- (5) Claim Number: 07-157-7002
- (6) Amount Claimed: \$ 10,000
- (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.)

1. 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: _____ Foreign Language Text, (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

13 Jan 07 (Date) _____ (b)(3)(b)(6) _____ (Title) FCC

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.

07-157-7002

قبول بالتوقيع من قبل المدع (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.

أنا المدعي (المطالب) بالامضاء و بالتوقيع على تلك الاستمارة و الموافقة على العرض (المبلغ) أيا
المتعلق به عن حتى الكامل و الاعفاء الكامل للقوات العسكرية الأمريكية أو حكومة الولايات المتحدة
التي من أي مسئولية مقبلة تنتج من المطالب و الموافقة على المبلغ المعروض على أنه عرض
و ليس من حتى وأل الورثة من بعدى وأل اية شخص منضمر أو غير منضمر القيام بأى
عمل قانونى أو غير قانونى ضد القوات العسكرية الأمريكية أو الولايات المتحد
المستقبل.

(b)(6)

Name of Claimant:

Amount Received: \$ 10,000.00

Date Received:

(b)(6)

OSJA POC: (DSN)

Claimant's Signature:

(2) Hig

Diane Lopez

(PROVINCES)
UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission

II. FROM: Name (English): _____ Foreign Language Text, (b)(6)

Name (Arabic) _____

(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 Text

(Arabic): _____

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

(a) I, the above named claimant/attorney/rep. _____, 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 self

(d) The incident happened on 29/8/2003 at Remadi
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: as she said. Her husband was driving in taken her and his daughter to get some medical treatment in Jordan.

near to Retba The U.S starte shoot toward, then she found herself in U. Military hospita and told her they are making a surgery for her husband. after finishing the operation he was dead. They apologized to her and gave her that report

[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.]

FOR OFFICIAL USE ONLY

TAB C (IRAQI CIVILIAN HANDOVER DOCUMENT) TO APPENDIX 9 (MORTUARY AFFAIRS) TO ANNEX I (SERVICE SUPPORT) TO 52 ID (M) OPOD 05-06-01



MULTI-NATIONAL FORCES - IRAQ

The Multinational Force-Iraq deeply regrets the loss of your loved one and wishes the return of the human remains of (b)(6) to his/her primary next of kin. The remains have been treated with the same respect and courtesies required by Muslim or Christian tradition and have been treated with the same respect and courtesy as those of the Coalition forces. The person receiving the remains acknowledges that Coalition forces have provided the remains in a respectful manner. Any perceived violation of local customs is wholly unintentional on the part of Coalition forces. All personal effects that were found with the remains are being turned over and an inventory is attached.

القوات المتعددة الجنسية - العراق تتقدم بكل الأسف العميق والأعداد لفقدان احبايكم و تتمنى ان تقدم و ترجع اليكم البقايا الادمية الخاصة بالمرحوم الى نسب اهله القريب الاولى الية. مع العلم بأن البقايا الادمية تم معاملتها بكل الاحترام والنطف التي تتطلبها تقاليد وعادات الديانة الاسلامية او الديانة المسيحية و تمت معاملتها بنفس المعاملة التي تلقاها الموتى من قوات التحالف. الشخص المسلم للبقايا الادمية يدرك جيدا بان قوات التحالف قامت بالعمل اللازم و بكل اساليب الاحترام التامة و في حالة وجود او ادراك أية انتهاك للعادات و التقاليد المحلية فيكل الاسف انه ليس عمدا و غير مقصود كلنا من جانب قوات التحالف. مع العلم جميع المتاع الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

(b)(6)

(b)(6)

اسم الشخص للتأكد و اثبات البقايا الادمية | ...
Person verifying identity

WIFE & BROTHER

(b)(6)

اسم الشخص المستلم |
Person receiving remains

(b)(6) |
العلاقة بالمرحوم |
Relationship to deceased

29 AUG 05

Foreign Language Text | التاريخ |
Date

I-IX-C-1

FOR OFFICIAL USE ONLY

foreign language



CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
(b)(6)		N/A	N/A	N/A
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
IRAQI CITIZEN		IRAQ	(b)(6)	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant
NEGROID Négréide		<input checked="" type="checkbox"/> MARRIED Marié		CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) SOUTH WEST ASIAN		WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.				GUN SHOT WOUND TO THE FACE - @ EYE 0 3 HRS.
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		(b)(6)	
<input checked="" type="checkbox"/> ACCIDENT Mort accidentelle	N/A			
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide	SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès		
1953 29 AUGUST 2005		CHARLIE MED 228 TH FSB CAMP RAMADI, IRAQ		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.				
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme		
DR. (b)(6)		MEDICAL CORP PHYSICIAN		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse			
LTC	Co (MED) 228 TH FORWARD SUPPORT BATTALION			
DATE Date	SIGNATURE			
29 AUG 05	X (b)(3)(b)(6) / LTC			
<small>1 State disease, injury or complication which caused death 2 State conditions contributing to the death, but not related to the disease or condition causing death. 3 Preciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. 4 Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.</small>				

Foreign Language Text

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

Standard Form 1034 Revised October 1987 Department of the Treasury 1 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 (b)(6) 07I57T002			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
			PAYEE'S ACCOUNT NUMBER			
			GOVERNMENT B/L NUMBER			
SHIPPED FROM		TO		WEIGHT		
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 COST PER	AMOUNT (!)	
		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		(b)(6)	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL					10,000	
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		1 = \$ 10000	= \$1.00			
<input type="checkbox"/> COMPLETE		BY:				
<input type="checkbox"/> PARTIAL		(b)(3)(b)(6), MSG				
<input checked="" type="checkbox"/> FINAL		TITLE	(S	Amount verified; correct for		
<input type="checkbox"/> PROGRESS		Pay Agent	(b)(3)(b)(6)			
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
13 JAN 07 (Date)		(b)(3)(b)(6) (Authorized Certifying Officer) 2		CPT, Certifying Officer 157/160 (Title)		
ACCOUNTING CLASSIFICATION						
(b)(2) High						
Account 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	(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.				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 discharge of the payment obligation.

NSN 7540-00-900-2234

USAPPC V1.00

CENTCOM 010420

07-157-T002-00015

Foreign Language Text

Foreign Language Text

Page 19 redacted for the following reason:

Foreign Language Text, (b)(6)

EVIDENCE / PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command.

MPR / CID SEQUENCE NUMBER _____
 ORD REPORT / CID ROI NUMBER _____

RECEIVING ACTIVITY
COALITION FORCES

LOCATION _____

NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED
 OWNER (b)(6)
 OTHER **290806-07**

ADDRESS (Include Zip Code)
RELEASE FROM MSS
30 AUG 2006

LOCATION FROM WHERE OBTAINED
(Batch 991)
These items were found with the following detainees:

 (b)(6)

REASON OBTAINED
 Personal Property

TIME / DATE OBTAINED

ITEM NO	QUANTITY	DESCRIPTION OF ARTICLES <small>(Include model, serial number, condition and unusual marks or scratches)</small>
1	1	(b)(6)

ITEM NO.	DATE	CHAIN OF CUSTODY		PURPOSE OF CHANGE OF CUSTODY
		RELEASED BY	RECEIVED BY	
1	30 AUG 06	SIGNATURE (b)(6)	SIGNATURE	
		NAME, GRADE OR TITLE (b)(6)	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

DA FORM 4137
1 JUL 76

Replaces DA FORM 4137, 1 AUG 74 and DA FORM 4137-R Privacy Act Statement 26 SEP 75 Which are obsolete.

LOCATION _____

DOCUMENT NUMBER _____

Pages 21 through 22 redacted for the following reasons:

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text

Pages 24 through 25 redacted for the following reasons:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



Page 28 redacted for the following reason:

Foreign Language Text, (b)(6)