

T: (b)(6)

07157T026

PA: A0027-20bDAJA

Filed: 13 Jan 06

(b)(6)

(b)(6)

5000

P.O.C.

Foreign Language Text

Foreign Language Text





Tort and Special Claims 1.0.2

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SSG (b)(3)(b)(6) COIC of Client Services Wednesday, 30 May 2007

Closed Claims - Claim Data - 07157T026 (b)(6)

Fiscal Year: 01-Oct-2006 - 30-Sep-2007  
Current Month: 01-May-2007 - 31-May-2007

Selected Office: 157 - 157 (Iraq)

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- Claim Data
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Printer Friendly Copy (MS Word) Printer Friendly (Adobe Acrobat) Printer Friendly-Expanded (Adobe Acrobat) Create File Labels (Avery 5162/5262 Compatible)

Claimant's Assertion

Claimant's husband was killed by US Forces.

Claimant Information

Claimant: (b)(6)  
 Insured, or Name of Deceased in Estate: (b)(6)  
 SSN: (b)(6)  
 DOB: (b)(2)High  
 Home Phone: (b)(6)  
 Address: (b)(6)  
 Claimant Attorney: (b)(6)  
 Amount: \$5,000.00

Claim Information

Claim ID: 07157T026  
 Companion Claim(s): AL RAMADI  
 Incident Date: 17-Jan-06  
 Date Filed: 14-Jan-07  
 Filed in This Current Owning: (b)(2)High  
 Chapters: CHAPTER 10 - FOREIGN  
 Damage Codes: DEATH, OTHER - MULTIPLE  
 Basis Codes: UNKNOWN  
 Incident: OTHER

The Army Team

Field Office Investigator: SSG (b)(3)(b)(6) at (b)(2)High, (b)(3)(b)(6)  
 Field Office Attorney: Cpl (b)(3)(b)(6) at (b)(2)High, (b)(3)(b)(6)  
 Area Action Officer: None Chosen.  
 HQ: None Chosen. See POCs  
 HQ: None Chosen. See POCs

Final Disposition

Action	Date	Who	Amount
Final Payment Claim	30-May-07	157 (Iraq)	\$5,000.00
Final Payment Claim	30-May-07	157 (Iraq)	\$5,000.00
Final Payment Claim	30-May-07	157 (Iraq)	\$5,000.00

Uploaded Documents  
 Document Upload Date Who

Claim Retirement Information  
 Shipment Box Date

(b)(2)High

UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission Today's Date 20.12.2006

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

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

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

(c) DETAINEE IDENTIFICATION NUMBER: \_\_\_\_\_

III. ADDRESS of person filing claim:  
(English): Baghdad Foreign Language Text, (b)(6)  
(Arabic): Foreign Language Text

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 victims wife

(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: \_\_\_\_\_

(d) The incident happened on 17.1.2006 at (b)(6) province.  
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: claimant states that he - her husband (b)(6) with his friend were traveling on the highway from Jordan to Baghdad. There are an American tank parked on the right road in area called five kilometers region, this area faraway five kilometers from Al-Ramadi city, the American soldier jump to the roof of the tank and fired one bullet led to the injury of her husband and his death immediately, the victim was sitting near his friend who was driving his car type kia color black. His friend carried the victim body to Al-Ramadi hospital.

Note the claimant is responsible for a family [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.]

of three sons, the incident happened at four o'clock p.m. Page 1 of 2



قبول بالتوقيع من قبل المدعى (المطالب) 0715770220

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.

لنا المدعى (المطالب) بالامضاء و بالتوقيع على تلك الامتياز و الموافقة على العرض (السلع) ايا  
يقبل عن حتى الكامل و الأهاء الكامل للقوات العسكرية الأمريكية أو حكومة الولايات المتحدة  
الأمريكية من أي مسؤولية مقابلة تنتج من المطالب و الموافقة على المبلغ المعروف على أنه عرض  
شخصي و ليس من حتى وأل الورثة من بعدى وأل أية شخص منسردر أو غير منسردر القيام بأي  
صل قانوني أو غير قانوني ضد القوات العسكرية الأمريكية أو الولايات المتحدة الأمريكية من  
المستقبل

Name of Claimant:

FCC #: IS7

(b)(6)

Amount Received: b)(6)

Date Received: MAY 29 2007

OSJA POC: (DSN) 318-822-2864

Office copy

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 <b>MAY 29 2007</b> CONTRACT NUMBER AND DATE REQUISITION NUMBER AND DATE		SCHEDULE NO. PAID BY 15th Finance Company Camp Liberty Iraq APO AE 09344 DSSN 5779	
PAYEE'S NAME AND ADDRESS  <b>071577020</b>		DATE INVOICE RECEIVED		DISCOUNT TERM	
SHIPPER FROM		WEIGHT		GOVERNMENT S/L NUMBER	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number or contract or Federal supply structure and other information deemed necessary)</small>	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 designated for such purpose under authority of 31 U.S.C. 3721 and AR 27-29, Chapter 19, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.			(b)(6)
(Use continuation sheets if necessary) (Payee must NOT use the space below) TOTAL					(b)(6)
PAYMENT APPROVED FOR		EXCHANGE RATE		DIFFERENCES	
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE BY <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS TITLE <input type="checkbox"/> ADVANCE Pay Agmt		\$ \$1.00			
(b)(3)(b)(6) MSG Amount verified correct for (b)(3)(b)(6)					
Pursuant to authority vested in the <b>MAY 29 2007</b> (b)(3)(b)(6) Captain, Certifying Officer, 157160					
ACCOUNTING CLASSIFICATION					
(b)(2) High					
Accounting Classification Symbol: 157160-15th Finance Office (Excluding) 46-010					
CHECK NUMBER		IN ACCOUNT OF U.S. TREASURY		CHECK NUMBER	
PAID BY		DATE		ON (Name of Bank)	
				(b)(6)	
When issued in foreign currency, insert name of currency.		When a voucher is prepared 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: "Lord & Taylor Company per John Smith, Secretary."		When a voucher is prepared 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: "Lord & Taylor Company per John Smith, Secretary."	
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PAYMENT REPORT

071577026

TO: DFAS, DSSN \_\_\_\_\_ DATE: MAY 29 2007

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: 071577026
- (6) Amount Claimed: 5000
- (7) Fund Code: (b)(2)High
- (8) Payee: \_\_\_\_\_
- (9) Address: IRAQ
- (10) SSN: N/A
- (11) Payment Amount: (b)(6)
- (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 same subject matter that gave rise to the claim(s) by reason of the same subject matter.

Date: MAY 29 2007 (b)(6)

C. AGENCY CERTIFYING OFFICER

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

MAY 29 2007 (b)(3)(b)(6) (b)(3)(b)(6) FCC  
 (Date) (Signature Authorizing Certifying Officer) (Title)

Date Payment Recorded in Record: \_\_\_\_\_

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.



REPLY TO  
ATTENTION OF

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

HC1-JA-C

Claim of (b)(6) 07-157-T026

ACTION

1. Facts: The claimant alleges that on 17 January 2006, U.S. Soldiers shot her husband in Al Ramadi Province for no reason. During a meeting with the undersigned Claimant explained that her husband was making a business trip. Claimant explained how everyone is scared of U.S. troops and her husband was careful not to do anything to provoke fire. Claimant still has three children at home. The amount requested is \$5,000 for the claim.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Here the U.S. Soldiers were clearly negligent by firing upon someone who was not a threat. 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 \$5,000.

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

Captain, JA  
Foreign Claims Commission 157

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

REPLY TO  
ATTENTION OF

FCC I57

30 April 2007

CLAIM OF: (b)(6)  
CLAIM NUMBER: 07-157-T026

Dear Sir or Ma'am:

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

Foreign Claims Commission (FCC) I57 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.

FCC I57 offers you \$5,000 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 I57



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

REPLY TO  
ATTENTION OF:

FICI-JA-C

Claim of [REDACTED] (b)(6) 07-157-T026

ACTION

1. Facts: The claimant alleges that on 17 January 2006, U.S. Soldiers shot her husband in Al Ramadi Province for no reason. During a meeting with the undersigned Claimant explained that her husband was making a business trip. Claimant explained how everyone is scared of U.S. troops and her husband was careful not to do anything to provoke fire. Claimant still has three children at home. The amount requested is \$5,000 for the claim.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Here the U.S. Soldiers were clearly negligent by firing upon someone who was not a threat. 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 \$5,000.

[REDACTED]  
(b)(3)(b)(6)

Captain, JA  
Foreign Claims Commission I57

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Foreign Language Text

Housing card.

Foreign Language Text, (b)(6)

Tort & Special Claims Application Claim: 07157T026

Current Owning Office: (b)(6)

Incident Date: 01/17/06

Subrogated Name: N/A

Title: NONE SELECTED

Incident Location: AL RAMADI

Claim Amount Currency: U.S. DOLLARS

Property Damage: (U.S. Dollars) 0

Chapter Code(s): CHAPTER 10 - FOREIGN CLAIMS ACT

Damage Code(s): UNKNOWN

Basis Code(s): UNKNOWN

Incident Source: OTHER

Historical (PCE) Date: None

Date Filed: 01/14/2007

Companion Claims Name: None

First Name: (b)(6)

Personal Injury: (U.S. Dollars) 0

Wrongful Death: (U.S. Dollars) 2

TOTAL: (U.S. Dollars) (b)(6)

(b)(6)

(b)(6)

(b)(6)

Claim Synopsis: CLAIMANT'S HUSBAND WAS KILLED BY US FORCES.

Memo:

(b)(6), Foreign Language Text

(b)(6)

Claimant ID

Foreign Language Text

Food ration card

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

~~The claimant obligated~~  
~~that he didn't receive~~  
~~any money from U.S. Army.~~

(b)(6), Foreign Language Text

VECTIM ID

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text

(b)(6), Foreign Language Text

*Victim's daughter I.D.*

Foreign Language Text

Foreign Language Text, (b)(6)

*victim's daughter I.D.*

Foreign Language Text

Foreign Language Text

The chairman got the authority guardianship  
on his family.

Foreign Language Text, (b)(6)

Foreign Language Text

*The official inheritance paper*

Foreign Language Text, (b)(6)

Foreign Language Text

The investigation of the Iraqi police

Foreign Language Text

The claimant attended to complaint against  
U.S. Army as she submitted description of  
the incident to the investigator

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Court investigation of Al-Ramadi  
Sent the investigation paper to  
AL-Ramadi compensation section.

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

~~The claimant attended  
complaints against U.S. Army~~

Foreign Language Text, (b)(6)

~~The decision to open  
the investigation.~~

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

~~The Chairman record  
description of the incident~~

Foreign Language Text

Foreign Language Text, (b)(6)

*Certification of victim death.*

Foreign Language Text, (b)(6)

Pages 31 through 32 redacted for the following reasons:

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