(b)(6)

07I92T018

(4)

(b)(6)

(b)(6)

Paid 26 May 07

(b)(6)

1st Mar 08

CLAIM FILE CHECKLIST

- ☑ SF 1034 (Signed by FCC, Pay Agent, Claimant If Paid)
- ☑ Action Memo Approving the Claim
- ☑ Claim Release and Settlement Agreement
- ☑ Decision Memo
- ☑ Claim Summary Sheet
- ☑ Supporting Documents (ID Card, Ownership, Statements, etc.)

(b)(6)

CLAIM FILE CHECKLIST

- [x] SF 1034 (Signed by FCC, Pay Agent, Claimant)
- [ ] Action Memo Approving the Claim
- [x] Claim Release and Settlement Agreement
- [x] Decision Memo
- [x] Claim Summary Sheet
- [x] Supporting Documents (ID Card, Ownership, Statements, etc.)

CLAIMS CHECKLIST

CLAIM NUMBER:

AMOUNT OF CLAIM: $ 11,000

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT: 15 OCT 06 **DATE FILED:** 5 Feb 07 **DATE RECEIVED:**

CLAIM TYPE:

- [x] Vehicle Damage
- [ ] Detainee Property
- [ ] Damage During Raids
- [x] SAF Damage/Injury
- [ ] Real Estate
- [ ] Other

CLAIM AROSE FROM:

- [ ] Combat Activities
- [x] Non-combat Activities

CLAIM IS:

- [x] Payable
- [ ] Not Payable

BRIEF OVERVIEW:

Claiment States That His vehicle was Struck while driving and his mother was Killed.

REMARKS:

Recommend Approval / Denial For Lessor Amount

REVIEWED BY: SGT (b)(3)(b)(6) **DATE REVIEWED:** 2 mar 07

FCC COMMENTS

Approve for $10,000. Vehicle hit from rear showing negligence by CF. IZ claims office lost original file → negligence of gov't.

DATE APPROVED/ DENIED: 23 MAR 07

- [ ] DENIED
- [ ] Denial Memo
- [x] APPROVED
- [x] Amount Approved: $10,000
- [ ] Approval Memo
- [ ] Settlement Agreement
- [ ] SF 1034
- [ ] Disbursing Officer Memo

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2060
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
APO AE 09352

DATE VOUCHER PREPARED: 25 May 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
15th FIN BN
3rd FIN, 3rd SSB
APO AE 09352
DSSN 5579

PAYEE'S NAME AND ADDRESS
(b)(6)
BAGHDAD, IRAQ

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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (1)
		FOREIGN CLAIMS NUMBER 07-I92-T018 Vehicle Damage/Death of Family Member				10,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 10,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$ 10,000.00

EXCHANGE RATE =$1.00

DIFFERENCES

BY[2] CPT (b)(3)(b)(6)

TITLE FOREIGN CLAIMS COMMISSION

Amount verified; correct for 10,000.00

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

Pursuant to authority vested in me, I certify (b)(3)(b)(6) payment.

26 MAY 2007 (Date) (b)(3)(b)(6) (Authorized Certifying Officer) CLAIMS PAYING AGENT (Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER (b)(2) High

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank)

CASH $ 10,000.00 DATE 26 MAY 2007 (b)(6)

PER

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

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
USAPA V4.00

REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

AFZN-BC-JA

Claim of (b)(6) 07-I92-T018

ACTION

1. Facts: Claimant states that on 15 October 2006, a US Forces vehicle hit his vehicle and killed his mother.

2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.

3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action: Pay this claim in the amount of $10,000.00.

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

CPT, JA
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, IRAQ
APO AE 09361

FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I, (b)(6), of **Baghdad, Iraq,** hereby agree to accept the sum of **$10,000.00** (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 15 October 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of **Vehicle Damage and Death of Family Member** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 26th day of May 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature
Name: (b)(6)
Address: Section:
Street:
House:
(b)(6)
Baghdad, Iraq

(b)(6)

(b)(6)

Witness Signature

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Already Reviewed and Redacted for Release

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFNATRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO ATTENTION OF:

FCC I92

24 May 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 07-I92-T018

Dear Sir:

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

Foreign Claims Commission (FCC) I92 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 I92 offers you $10,000.00 to settle your claim.

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 signing this letter.

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

Sincerely,

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

CPT, U.S. Army
FCC I92

I. To: United States Army Foreign Claims Commission.

Today's Date: 5/Feb/07

II. From: Name (Englis (b)(6)
Name (Arabic):
(a) IRAQI IDENTIFICATION NUMBER: (b)(6)
(b) DETAINEE IDENTICATION NUMBER: —

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

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

V. CIRCLE ONE: Claimant/ Attorney/ Authorized Rep/ Parent/ Brother/ Sister/ Son/ Daughter
[Attorney or representative MUST attach proof of authorization]
Other: —
(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: (Name, Organization, Military Department, Address, and Telephone Number) No claim Card.
(c) The property damaged is 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):
(d) My claim arose at: City Baghdad in Abu Dasher area.
(city/ town/ neighborhood/ highway name & number/ Country)
(e) My claim arose on: oct 15/06
Month Day Year

VI. The facts of the incident are as follows (Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based.)

On oct/15/06 At 08:30 while the claimant was going to one of his relative for Condolence. when he reached Near the garage at Abu Dasher area the american Military vehicles at fourth car come across and the last vehicle crashed the claimant car and caused Damages as well at killed his mother too.

(neighborhood/ highway name & number/ country)

VII. The following is a detailed list of what was damaged or destroyed and the estimates for repair if
damaged and replacement if destroyed (Attach bills and receipts, if applicable.):

ITEM	PRICE
His car Compelly Damaged Type Victra model (b)(6)	6000
His Mother was Died beaused of accident	5000

Total: 11000 Dollars

(a) I had insurance for the following extent against the damage or injuries I have sustained:

No insurance.

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

/ /

(Name) (Address)

VIII. My total claim in U.S. dollars against the United States Government is:$ 11000
and in Iraqi Dinars is: 14300000

*****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.

(Signature of Claimant)

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

This claimant was assisted in completing this claim form by:

(b)(6)

(Print Name)

(Contact Information: e-mail, address, DSN/DNVT, location)

In the Name of God

Abu Dsher Police Office
No.:
Date:

To\ American Forces in Abu Dsher
Sub\ Complaint

The complaint (b)(6) resides in Baghdad that his car no. (b)(6) model (b)(6) (b)(6) was crashed with an Amercian Hammer car No. 34 at 8:00 in 15/10/2006 near the garage. He was going to one of his relatives for condolence. The accident caused his mother to die and his car to be damaged. Therefore, he asks for compensation on the damage.

The summary of this accident is that on the said date the above person was going to Abu Dsher with his mother ans he came across Amercian Military vehicles of four cars. His car crashed with the fourth Military Vehicle, an American private came up hurriedly and apologized for that.

He is now claiming for compensating him for the damage.

The story of the accident

Encloses:
Investigation papaers
Photographs of the car
Death certificate of his mother

The commander of
Abu Dsher Police station

His current address is:
(b)(6) – Baghdad
The boss he is working with is (b)(6) KBRCamp
Hope- phone: (b)(6)

To: Whom it may concern,

From: Jackie Emil Polaner
KBR/ O&M HVAC Forman
0790-881-4696

Sir,

I can not recall the dates. I can how ever give you a sequence of events.
(b)(6) came to me with the help of an interpreter and explained that his auto had been hit by an American military vehicle. Wh at do I do. We went to the embassy TOC, and asked where (b)(6) needed to file a report. The TOC directed us to camp victory or if he could wait for two weeks there was an office opening up in the convention center in the IZ. After three weeks, (b)(6) and I went to the convention center. We were directed to the right side of the building to a desk operated by an Iraqi person who spoke to (b)(6) gave him all of his pictures and a report was made. Some time after this we were installing the exhaust system at ocean cliff. (b)(6) took me to one of the offices in the complex. I explained the advents of above to the lady for (b)(6) She asked us to return later. Upon our return she explained to us that she was unable to locate any report and (b)(6) would have to start over.

(b)(6)

This note from (b)(6) boss - please read it carefully -

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

Foreign Language Text

(b)(6), Foreign Language Text

Foreign Foreign Text, (b)(6)

The claimant asks compensation for his vehicle damages and for his mother died

(b)(6)

Foreign Language Text, (b)(6)

(b)(6)

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Foreign Language Text, (b)(6)

Certificate Date of his Mother

CENTCOM 010515

07-I92-T018-00019

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Foreign Language Text, (b)(6)

CENTCOM 010516
07-I92-T018-00020

Foreign Language Text, (b)(6)

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(b)(3), b(6)

Management Officer
U.S. Embassy, Baghdad

Phone: (703) 343-9152
DSN: (318) 239-9152
Cell: (914) 622-2781 E-mail:

(b)(3), b(6), (b)(2)High

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07-I92-T018-00027

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07-I92-T018-00030

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