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

Dam Home / Buiding

App 10K

7-114

(b)(6)

121M-10

(b)(6)

121K-10

Foreign Language Text

REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
Headquarters, 3d Brigade Combat Team
101st Airborne Division (Air Assault)
Camp Striker, Iraq, APO AE 09322

AFZB-KC-JA 06-Feb-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-IH1-T114 / 121m-10

1. Facts.

The claimant alleges that U.S. aircraft bombed his house destroying it, injuring his wife and daughter, and killed his son.

Claimant has requested $15,000.00

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 $10,000.00

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

CPT, JA
(3)(b)Claim Attorney IH1

DEPARTMENT OF THE ARMY
Headquarters, 3d Brigade Combat Team
101st Airborne Division (AASLT)
Camp Striker, Iraq, APO-AE 09322

REPLY TO
ATTENTION OF:

06-Feb-08

Foreign Claims Commission IH1

RE: Claim # 07-IH1-T114 / 121m-10

(b)(6)

Baghdad

Dear Claimant:

You have submitted a claim seeking compensation for the damage to your personal property. 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 damage to your personal property. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 3rd Infantry Division Claims Office will compensate you for your losses in the amount of $10,000.00

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 based on new or additional evidence and should be forwarded to this office. 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.

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

Captain, US Army
)(3)(b)(Claims Attorney IH1

Standard Form 1034 (EG)
Revised October 1967
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
24th FMC
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

10DATE VOUCHER PREPARED: 06-Feb-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

CLAIM #: 07-IH1-T114

PAYEE'S NAME AND ADDRESS
(b)(6)
Baghdad

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
		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.				$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 =$ | EXCHANGE RATE =$1 00 | DIFFERENCES

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

TITLE: SFC, US Pay Agent

Amount verified; correct for $10,000.00
(Signature or initials)

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

(Date) | 1LT (b)(3),(b)(6) (Authorized Certifying Officer)[2] | Disbursing Agent (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $10,000.00

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH $10,000.00	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.

PER

TITLE

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.

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

07-IH1-T114 # n Languag
121m-10

(b)(6), Foreign Language Text

Baghdad_angu

أوافق هاهنا على قبول مبلغ مجموعه $10,000.00

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 6/15/2007 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

آخذاً 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 بالممتلكات أو أية إصابات أو وفايات نتجت عن هذه الحادثة .

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10' قانون الولايات المتحدة 2734' وعليه فيجب ألا يؤول على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها وموظفيها .

DATE

WITNESS SIGNATURE توقيع الشاهد الأول

Language Tex

(b)(6)

DATE

WITNESS SIGNATURE توقيع الشاهد الأول

T- 114

CLAIMS LOG

AMOUNT CLAIMED: 15K
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 1 NOV 07
DATE OF INCIDENT: 15 Jun 07

PARALEGAL RECOMMENDATION:

FCC ACTION: [ ] DENY [X] APPROVE $10,000 [ ] OTHER

COMMENTS / REMARKS:

AL_Mahmodia Claim Department

"THE CLAIM'S CONTAINS"

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

The Claimant name:

- Report from (b)(3)(b)(6) CPT B BAT DC 2-15 FA/2 Bct, 10MTN. explane the accident details.
- copy of death certificate for the claimant's son
- Note: we asked for copy of Iraqi ID for the claimant But till now we didn't received it.
- copy of the photos for the claimant's dead son and the house damages and burned daughter and cars damages
- Copy of The claimant's documents Iraqi ID Ration card resident card
-

(b)(6)

AL Mahmodiah Claim Department
Date:- 30/oct/2007

Claim Department

[redacted]

Claims Form

To: United States Army Foreign Claims Commission

From: **Name** (b)(6)

Address (b)(6)

I am

a. A citizen and national of: Iraq

b. A permanent resident of: Iraq - Same address above

c. Employed by:

d. Check one ( ) An insurer (✓) Not an insurer

e. Check one ( ) 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, Telephone Number)

Multi National Forces

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.)

My claim arose at: Mahmodiyah (Town) Baghdad (City) Iraq (Country)

My claim arose on: Oct (Month) 27th (Day) 2007 (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 15/Jun/2007 MNF attacked My House by Airstrike and destroyed My House and injured My wife and daughter and shipmiles and burnes and killed My son (b)(6) I ask for compensation with all due respect.

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

M.N.F attaked The claimant's house by Air Strike and destroyed his house and killed his Son and injured his wife and daughter

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- damages of the house	$ 15000
2-	
3-	
4-	
5-	
6-	

Total: $ 15000

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:

(Name) **(Address)**

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

$ 15000 **local** 19000 000 IQD

(b)(6)

(Signature of Claimant)

Subscribed before me this ____ day of _____, 200__.

(Print Name) (b)(6)

(Signature)

Pages 12 through 13 redacted for the following reasons:
- -
(b)(6), Foreign Language Text
Foreign Language Text

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

(b)(3),(b)(6) **MSG CAT TM LDR A/478 CA/2BCT, 10MTN**

From: (b)(3),(b)(6) CPT B BAT BC 2-15 FA/2BCT, 10MTN

Sent: Thursday, October 11, 2007 2:20 PM

To: (b)(3),(b)(6) MSG CAT TM LDR A/478 CA/2BCT, 10MTN; (b)(3),(b)(6) CPT Govt A/478 CA/ 2 BCT, 10 MTN

Subject: Condolence Payment

Attachments (b)(6) (b)(6) (b)(6) (b)(2)High (b)(6) (b)(6) (b)(6)

MSG,
I had a gentlemen come in today with his kids to talk to me about a condolence payment from a big firefight of ours on the 15JUN. I have attached all the information that I had and that he gave me concerning the matter. The facts are:

1. The oldest boy sustained shrapnel wounds and had to have exploratory surgery to look for more damage. He still has some shrapnel in his arm…I felt it.
2. The middle boy was killed.
3. The youngest girl was burned. The pictures or her are a little emotional.
4. The wife sustained wounds as well but he didn't have pictures of her because she's a woman.
5. Their home was pretty much destroyed.
6. The picture of their car doesn't look that bad, but he says it doesn't work anymore.

AQI had taken refuge in their home, with their weapons when (b)(2)Hig engaged the house. Unfortunately, the family was in the home when this happened.

COL (b)(3)(b)(6) said he would escort them up to MMD for their payment.

Let me know when or if we can take care of this.

Thanks.
3)(b

(b)(3),(b)(6)
CPT, FA
Commander B/2-15
PB Lutifiyah, Iraq
VOIP 674-7501

I claim for house
I claim for car
I claim for condolence payment

10/16/2007

Foreign Language Text, (b)(6)

AMBULANCE DIRECTION/PATIENT SUMMARY

Foreign Language Text, (b)(6)

Name of Patient:

Patient Number: (b)(6)

Plan/Recommendations:

1) General Surgery

2) See DC Summary

Hospital Location: _Baghdad Teaching
_____Medical City_____

Hospital Directions:_____

Foreign Language Text

On behalf of the 28th Combat Support Hospital, special thanks for assistance in the transfer of Iraqi patients to host nation facility for further care. We highly appreciate your support and further management of this case.

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 18 through 24 redacted for the following reasons:
- -
Already Reviewed and Redacted for Release

Benefit Inquiry
11 1200 OCT 07

(b)(6)

- Father: (b)(6) (b)(6)
- Noted that is daughter & son received burns, shrapnel, and injuries which were sustained while being in between CF & AIF firefight on 15 JUNE 07.
- Noted that a second son was killed.
- They are requesting condolence payment from CF for death of child, injuries to the children and to the mother, and for the home and vehicle.

CENTCOM 015611
07-IH1-T114-00025

Page 26 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Already Reviewed and Redacted for Release

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

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilains 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 to substantiate a claim against the US Army.

UNIT Bravo 2-15 FA

DATE 19 Oct 07

LOCATION (b)(2)High

TYPE OF INCIDENT Loss of House

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم مقابل الأضرار التي لحقت بك ، سواء كانت اضرار جسدية من اصابات الى اذى ، أو موت لا سمح الله لأحد من الأقرباء ، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.

لتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الآتي ، هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صورة للحادث، شهادة الشهود، تقرير الشرطة ، وإيصالات بالإستلام او التسليم ، والإثبات الملكية لما حطم أو تضرر ولما تحاول ان تحصل على تعويض عنه ، ورخصة السياقة ان كنت تحمل رخصة)

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر التاجي بوابة كنر ، البوابة الهندية في معسكر فالكون، المحمودية في معسكر فاب ، معسكر هوك، معسكر كالسو، معسكر دوك.

أو احد المراكز الحكومية الثورة - أو مدينة الصدر - 9 نيسان - الرشيد الرضوانية - الرصافة - الأمانات - الكرخ الأعظمية - الاكرادة - أو سبع البور.

ملاحظة : إمتلاك هذا الكرت (المستمسكات) لايعني الدفع المؤكد.

وشكرا لتعاونكم معنا

07-IH1-T114-00028

CENTCOM 015615

07-IH1-T114-00029

CENTCOM 015616

07-IH1-T114-00030

CENTCOM 015617

07-IH1-T114-00031

CENTCOM 015618

07-IH1-T114-00032

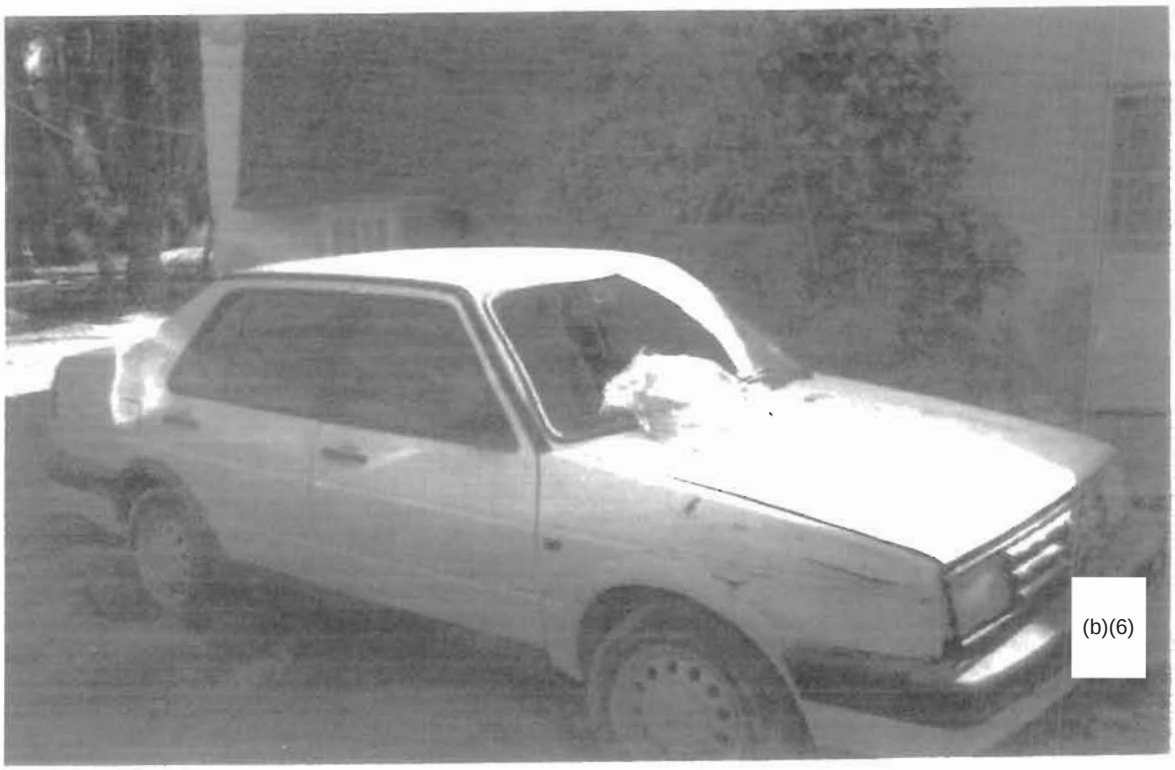
CENTCOM 015619

07-IH1-T114-00033

(b)(6)

Page 35 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6)

(b)(6)


(b)(6)