

Vehicle Accident

App 7K

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

406-11  
~~5-Nov-07~~

(b)(6)

07-141-724



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

29-Dec-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [redacted] (b)(6)  
07-IH1-T124 / 406-11

1. Facts.

The claimant alleges that a U.S. tank hit his fathers car, killing him.

Claimant has requested \$7,000.00

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

[redacted] (b)(3),(b)(6)

[redacted] (3)(b) Claim Attorney IH1

CENTCOM 015626

07-IH1-T124-00003

**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: 14 JAN 08

PAY AGENT NAME: SFC (b)(3),(b)(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)  
Print given name, father's name, grandfather's name, tribal name

Serial Number:

(b)(2)High through (b)(2)High and,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_.

\* Use additional forms if needed.

Standard Form 1034 (2007) Revised October 1987 Department of the Treasury 1750-0-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		DATE VOUCHER PREPARED <b>29-Dec-07</b>		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>		
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
CLAIM #: 07-IH1-T124				DISCOUNT TERMS		
PAYEE'S NAME AND ADDRESS <b>(b)(6) Baghdad</b>				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO		WEIGHT		
				GOVERNMENT BAL 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>	QUANTITY	UNIT PRICE COST 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.				\$7,000.00
<b>TOTAL</b>						<b>\$7,000.00</b>
Use continuation sheets if necessary. (Payee must NOT use the space below)						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		BY: <b>(b)(3), (b)(6)</b>	- \$1.00			
<input checked="" type="checkbox"/> COMMR. ETC.		TITLE: <b>SFC, US Pay Agent</b>		<b>(b)(3), (b)(6)</b>		<b>000.00</b>
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify that the voucher is correct and proper for payment.						
(Date)		<b>1LT (b)(3), (b)(6)</b>	Disbursing Agent		(Title)	
ACCOUNTING CLASSIFICATION						
<b>(b)(2)High</b>				<b>\$7,000.00</b>		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		<b>(b)(6)</b>		
	CASH	DATE				
	<b>\$7,000.00</b>			TITLE		
When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is required; if the ability to certify and authority to approve are combined in two persons, one signature only is required. When a voucher is received in the name of a company or corporation, the name of the person within 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 obsolete						
PRIVACY ACT STATEMENT						
The information requested on this form is required under the provisions of 31 U.S.C. 825 and 826 for the purpose of disbursing Federal monies. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish the information will hinder discharge of the payment obligation.						

# SETTLEMENT AGREEMENT

## اتفاقية تسوية وإعفاء

07-IH1-T124 Foreign Language  
406-11

(b)(6)  
Baghdad Foreign Language  
\$7,000.00 Foreign Language Text

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية  
ضباطها ووكلائها وعاملها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ  
12/20/2006 أو نحوه والمرتبب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية ضباطها ووكلائها وعاملها  
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 بالملكات أو أية إصابات أو وفيات 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 يزول  
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها  
وموظفيها.

(b)(6)  
DATE 14 January 08  
WITNESS SIGNATURE Foreign Language Text  
(b)(6)  
DATE 14-Jan-2008  
WITNESS SIGNATURE Foreign Language Text

(b)(6)  
Language Text

T-124

# CLAIMS LOG

AMOUNT CLAIMED: 7K  
CLAIMANTS NAME: [REDACTED] (b)(6)  
DATE CLAIM SUBMITTED: 10 Nov 07  
DATE OF INCIDENT: 20 Dec 06

PARALEGAL RECOMMENDATION: App 7K

FCC ACTION: [ ] DENY  APPROVE [ ] OTHER

17,000

COMMENTS / REMARKS:

- Confirmed w/ A Co 1-12 INF.
- Death certificate says cause of death is being hit from vehicle, like a big truck.
- Conway didnt stop.

## GIC OPINION ABOUT CLAIMS

(b)(6)

### Case no. 406-11

1. The claimant presented claim card proved that the US army destroyed the bus which belongs to him type (b)(6)  
(b)(6)
2. The claimant presented certificate of death proved that his father died in a crashed accident.
3. The claimant presented 2 bills for fixing the damages reached to \$ 7000.00.
4. The claimant asking amount \$7000.00.
5. We suggest give him the same amount that heasked because we found his demand so compensable.

With our respect,

(b)(6)

**The lawyer,**

(b)(6)

5 Nov. 2007

(b)(6)

**GIC MANAGER,**

(b)(6)

6 - Nov. 2007

# Claim Department

## "THE CLAIM'S CONTAINS"

Case no; 406-11

The Claimant name:-

(b)(6)

- Claim card
- One of picture for the damaged bus
- Death of certification
- 2 Bills
- Registration of the bus document
- Buying contract
- Investigation report by Iraqi police station
- Personal documents

(b)(6)

Date:- 5 Nov 07



# Claims Form



To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Baghdad Al Shoiab

Iraqi ID No. 569248

(b)(6)

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad - Iraq
- c. Employed by: Free job
- d. Check one ( ) an insurer (X) Not an insurer
- 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 Multi National Forces

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.) (b)(6)

My claim arose at Abu Ghraib Baghdad Iraq  
(Town) (City) (Country)

My claim arose on Dec 20 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 date 20-Dec-06 at 8:00 A.M my father (b)(6)

(b)(6) I went to visiting some of our relative  
In (Abu Ghraib) region. Mr (b)(6)

The witness to the accident. Said saw one of tank  
Hit vehicle my father. which he let to coup it  
And died him. So am asking for a compensation

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

Death my father and coup his car because  
The U.S tank hit it

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 the death +	\$ 7000/00
2- Damage of the car	
3-	
4-	
5-	
6-	

Total: \$ 7000/00

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:

(Name) (Address)

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

\$ 7000/00 local 8,750/000

(Signature of Claimant) (b)(6)

Subscribed before me this 5 day of Nov, 2007

(SIGNATURE) (b)(6)

(PRINT NAME) (b)(6)

Government Information Centre  
Baghdad Al Radwania  
مركز المعلومات  
WE WORK TO HELP YOU

Pages 12 through 18 redacted for the following reasons:

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(b)(6), Foreign Language  
Foreign Language

Human Rights Organization in Iraq  
Established in 1960

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

(b)(6), Foreign Language Text



Foreign Language Text

Foreign Language Text, (b)(6)

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(b)(6), Foreign Language

Foreign Language Text

Foreign Language Text

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Incident

CENTCOM 015645

Location Diagram

07-IH1-T124-00022

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(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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(b)(6), Foreign Language

Foreign Language Text

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

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Foreign Language Text, (b)(6)

Page 33 redacted for the following reason:

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(b)(6), Foreign Language

**IRAQI CLAIM CARD**

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

Fill out required information below:

- Give this card to the Iraqi civilian, or other appropriate person in the case of death.
- Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
- Upon return to your FOB, complete a SF 11 or DA Form 1047. Describe the incident completely and forward it to your nearest legal office. (NOTE: This information is NOT an admission of liability or a claim against the US Army.)

UNIT AC 01-12 IN

DATE 20 Dec 86

LOCATION Albu Gharbi

TYPE OF INCIDENT Accident

**IRAQI CLAIM CARD**

مستلزم عليك ورحمة الله وبركاته

أنتي المواطن الكرم مقابل الأضرار التي لحقت بك ، سواء كنت أضرار جسدية من أسلحة إلى أخرى ، أو موت لأسلمح الله لأحد الأقران ، وكان السبب وراء ذلك القوات الأمريكية ، فقد يكون لك الحق في التماس .

لتقديم بلاغ والطالبة بحقوقك الرجاء إضمار الأتي ، هذه للتعليق وحيثك المتفق مع كل الأوراق الرسمية المتفق بهذا الأمر والتي تدعم الموضع مثل ( صور لصامت ، شهادة الشهود ، تقرير الشرطة ، وصول بالاستلام أو التوقيم ، وأبواب الملكية لما حطم أو تدمر ولإتصاله في تفضل على تدوين على ، ورحمة الله وبركاته كنت تعمل رطبة )

الرجاء إضمار هذه المستندات إلى مركز المساعدة العراقي في مسكر التاجي ، بوابة كثر ، البوابة الهندية في مسكر فالكون ، المحددة في مسكر طالب ، مسكر هوك ، مسكر كاسو ، مسكر دوك

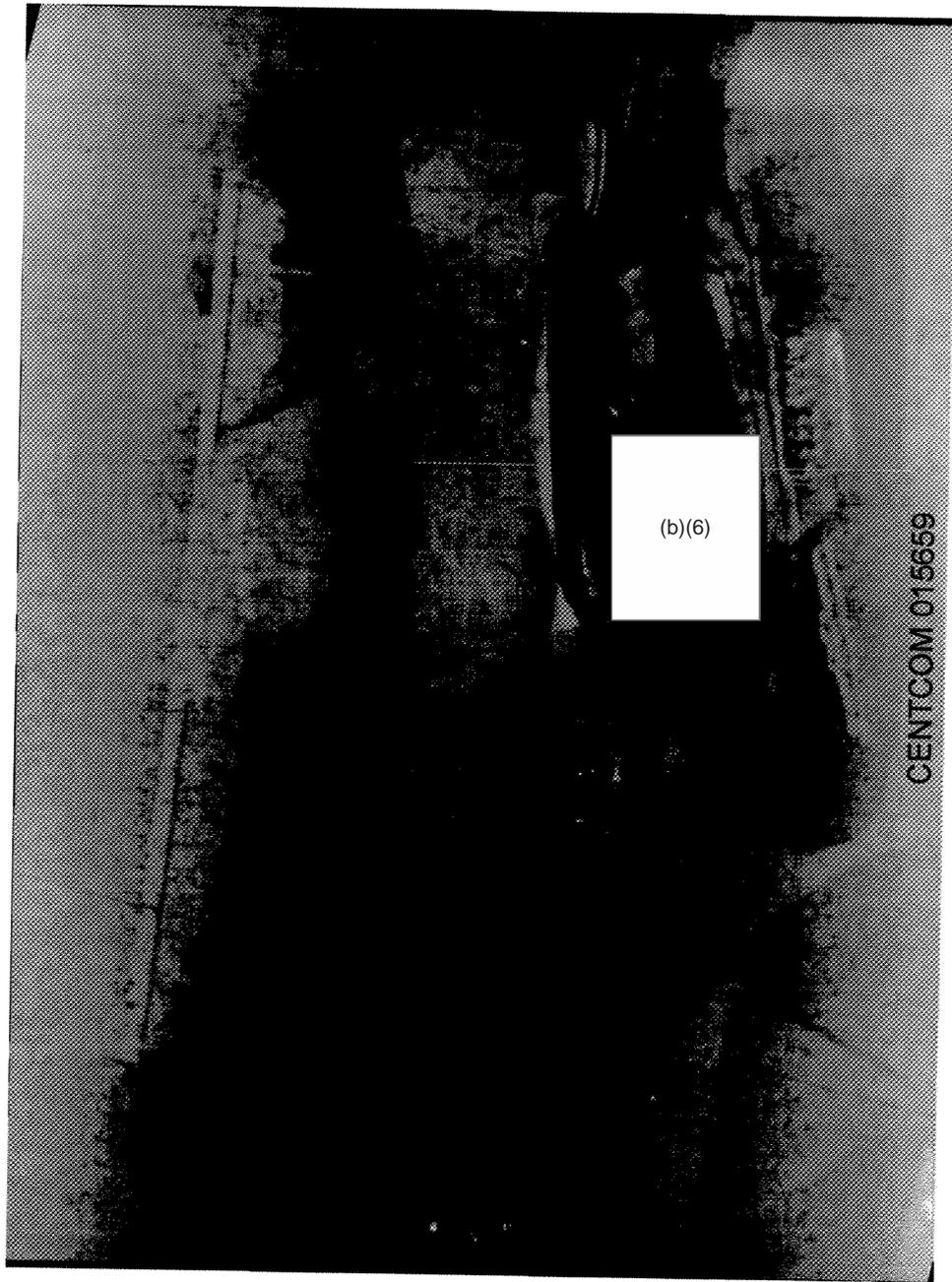
أو أحد المراكز العسكرية ؛ الثورة أو مدينة الصدر ، أ. نيمان ، الرشيد ،

مستشفى الرشيد ، والأمانات ، الكرخ ، الأصطبة الكراد ، أو سبع البور

مستلزم هذه الخطوات لإعزتي الدفع المؤكد

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Foreign Language Text, (b)(6)



(b)(6)

CENTCOM 015659

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