

SAF Inj/Down

Deny
- Approval of Appeal \$5,000—

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

435-11
18-Nov-07

(b)(6)

T-173

SIR-

THIS IS THE ORIGINAL CLAIM
FOR THIS LADY (b)(5), (b)(6)

(b)(5), (b)(6)

IT WAS

DENIED BY CPT (b)(3), (b)(6) & SHE

APPEARED. I SEEM TO REMEMBER

YOU SAYING YOU WERE GOING TO
PAY, BUT I'M NOT CERTAIN.

I HAVE NO IDEA WHERE HER

APPEAL PAPERWORK IS.

- SGT (b)(3), (b)(6)

Standard Form 1034 (EO) Revised October 1967 Department of the Treasury 1 FPM 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			10 DATE VOUCHER PREPARED 29-Jun-08		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS CLAIM #: 07-IH1-T173 (b)(6) Baghdad			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
PAYEE'S ACCOUNT NUMBER		GOVERNMENT BAL 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
		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.				\$5,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)					TOTAL	\$5,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		BY: (b)(3),(b)(6)	=\$1.00			
<input checked="" type="checkbox"/> COMPLETE						
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						5,000.00
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify in:		TITLE: SFC, US Pay Agent		(b)(3),(b)(6)		
6/30/08 (Date)		(b)(3),(b)(6)		Foreign Claims Commission IK5 (Title)		
ACCOUNTING CLASSIFICATION						
(b)(2)High				\$5,000.00		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	(b)(6)			
\$5,000.00		30 JUN 08				
<small>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 received 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.</small>					TITLE	

Previous edition usable

PRIVACY ACT STATEMENT

NSN 7540-00-900-2234

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.



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-Jun-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-IH1-T173 / 435-11

1. Facts.

The claimant alleges that CF shot at her son while he was driving, killing him, and damaging his car.

Claimant has requested \$6,500.00

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 \$5,000.00

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

CPT, JA
Claim Attorney IK5

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: 30 Jun 08

PAY AGENT NAME: ~~EPT~~ (b)(3),(b)(6) 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)(6) _____ through _____ (b)(6) _____ and,
_____ through _____ and,
_____ through _____ and,
_____ through _____ and,
_____ through _____

* Use additional forms if needed.



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 June 2008

Foreign Claims Commission: IK5

RE: (b)(6) 07-IH1-T173 / 435-11

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your son. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA) Title 10, USC §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Your damages are of great concern to the United States. In accordance with the cited references and the facts our investigation into your claim, I find your claim is **compensable**. **The United States will compensate you for your losses in the amount of \$5,000.00.**

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالمتلكات الشخصية الخاصة بك، تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 162-27 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة، وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 5,000.00.

(b)(6)

Sincerely,

Claimant

Date

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

(b)(6)

Witness

Date

Captain, US Army
Claims Attorney, IK5

CENTCOM 015666

07-IH1-T173-00007



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team

101st Airborne Division (AASLT)

Camp Striker, Iraq, APO AE 09322

29-Dec-07

Foreign Claims Commission IIII

RE: Claim# 07-IIII-T173 / 435-11

(b)(6)

Bagnau

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. 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 loss you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s): Lack of Evidence – There is not enough evidence to prove that the proximate cause of your damages is the US Forces' negligence.

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 forwarded to this office for Foreign Claims Commission consideration. 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)

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

CENTCOM 015667

07-IIII-T173-00008

Page 9 redacted for the following reason:

(b)(6), Foreign Language Text

T-173

CLAIMS LOG

AMOUNT CLAIMED: 6,500
CLAIMANTS NAME: _____ (b)(6)
DATE CLAIM SUBMITTED: 21 Nov 01
DATE OF INCIDENT: 21 Dec 05

PARALEGAL RECOMMENDATION: ~~App 5,000~~ Deny

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:

- Almost over 2 years old. Why wait so long?
- No proof of U.S. involvement, no medical paperwork.
- If we killed, we probably would have taken to hospital w/ claim card?

GIC OPINION ABOUT CLAIMS

(b)(6)

Case no. 435-11

1. The claimant presented certification of death by ministry of health proved that the US army open fire on the victim (b)(6) during driving his vehicle type (COROLA) model 1998 yellow color plate no (b)(6) on AL KHAZALYA high way.
2. The claimant presented sworn statements (b)(6) supported that the US army shooting her son on 21-dec-05 which led to killed him and damaged his car.
3. The claimant presented investigation report by AL KHAZALYA police station .
4. The claimant asks amount of \$6500.00.
5. The claimant presented 4 bills for the fixing the car reached to \$4000.00.
6. We suggest compensate her the exact of amount \$2500.00 for killed her son and \$2000.00 for damaged the car.

With our respect,

(b)(6)

The lawyer,

(b)(6)

18 NOV 2007

Government Information

(b)(6)

GIC MANAGER,

(b)(6)

20-NOV-2007

Claim Department

"THE CLAIM'S CONTAINS"

Case no; 435-11

The Claimant name:-

(b)(6)

- 5 Pictures shows the damages
- Death of certification
- 2 Sworn statements
- 4 Bills
- Investigation reports by Iraqi police station
- Power attorney desposition by the vehicle
- Form details the car
- Personal documents



SIGN;

(b)(6)

NAME;

Date:- 18-Nov-07

CENTCOM 015671

07-IH1-T173-00012



Claims Form



To: United States Department of Defense, Claims Commission
From: Name: (b)(6)

Address: Baghdad - Abu Ghraib

Iraqi ID No. (b)(6)

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad - Iraq
- c. Employed by: (b)(6)
- 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 (AL.Khazalya) highway Baghdad Iraq
(Town) (City) (Country)

My claim arose on Dec 21 2005
(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 21-Dec-05 the U.S troops made open fire
On my son (b)(6) during was driving
His vehicle in (AL.Khazalya) highway caused to
Killed him and damage his car. So am asking
For a compensation.

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

Killed my son and damage his vehicle because the U.S army open fire on him

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.)

<u>Item</u>	<u>Amount</u>
1- About value death my son + damage car	\$ 6500,00
2-	
3-	
4-	
5-	
6-	

Total: \$ 6500,00

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)

\$ 6500,00 local 8,125,500 I.D

(Signature of Claimant)

Subscribed before me this 18 day of Nov, 2007.



(SIC)

(b)(6)

(PRINT NAME)

**SWORN
STATEMENT**

For use this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION GIC	2. DATE 13-Nov-07 (YYYYMMDD)	3. TIME 10:20	4. FILE NUMBER
5. LAST NAME MIDDLE NAME (b)(6)	6. SSN Iraqi I.D (b)(6)	7. GRADE/STATUS Married	
8. ORGANIZATION OR ADDRESS Baghdad - Abu Ghraib			

9. I, (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

On date 21-Dec-05 the U.S forces made open fire
Random after happend attack I don't know with
Who. on Mr (b)(6) when he was
Driving his vehicle on (AL.Khazalya) high way
Which led to Killed him and damage his vehicle
After hit it in the pier on the street
And this my statement.



(b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____.		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

• STATEMENT OF _____ TAKEN AT _____ DATED _____

• STATEMENT (Continued)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:
law to

at

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT.

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by administer oaths, this _____ day of

(Signature of person Administering Oath)

(Typed Name of person Administering Oath)

(Authority to Administer Oaths)

PAGE
OF
PAGES

SWORN STATEMENT

For use this form, see AR 190-45; the proponent agency is ODCSOPS

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 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATIO GIC	2. DATE 13-Nov-07 (YYYYMMDD)	3. TIME 10:20	4. FILE NUMBER
5. LAST NAME, FIRST NAME MIDDLE NAME (b)(6)	6. SSN Drugi I-E (b)(6)	7. GRADE/STATUS Married	
8. ORGANIZATION OR ADDRESS Baghdad - Abu Ghraib			

I, (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On date 21-Dec-05 the U.S forces made open fire Random after happend attack I dont know with who On Mr((b)(6)) when he was driving his Vehicle on(Al. Khazalya) highway which led to Damaged in the car and hit it to the pier in Street.

And this my statement.



(b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____."

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• STATEMENT (Continued)

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I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE _____ I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:
law to

Subscribed and sworn to before me, a person authorized by
administer oaths, this _____ day of

at _____

ORGANIZATION OR ADDRESS

(Signature of person Administering Oath)

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE
OF
PAGES

Pages 19 through 22 redacted for the following reasons:

(b)(6), Foreign Language

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Page 24 redacted for the following reason:

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03 04

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07-IH1-T173-00025

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07-IH1-T173-00029

Pages 30 through 31 redacted for the following reasons:

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Foreign Language Text, (b)(6)

Pages 34 through 35 redacted for the following reasons:

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(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

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Death
3-26-64

CENTCOM 015705

07-IH1-T173-00046



GENTCOM 015706

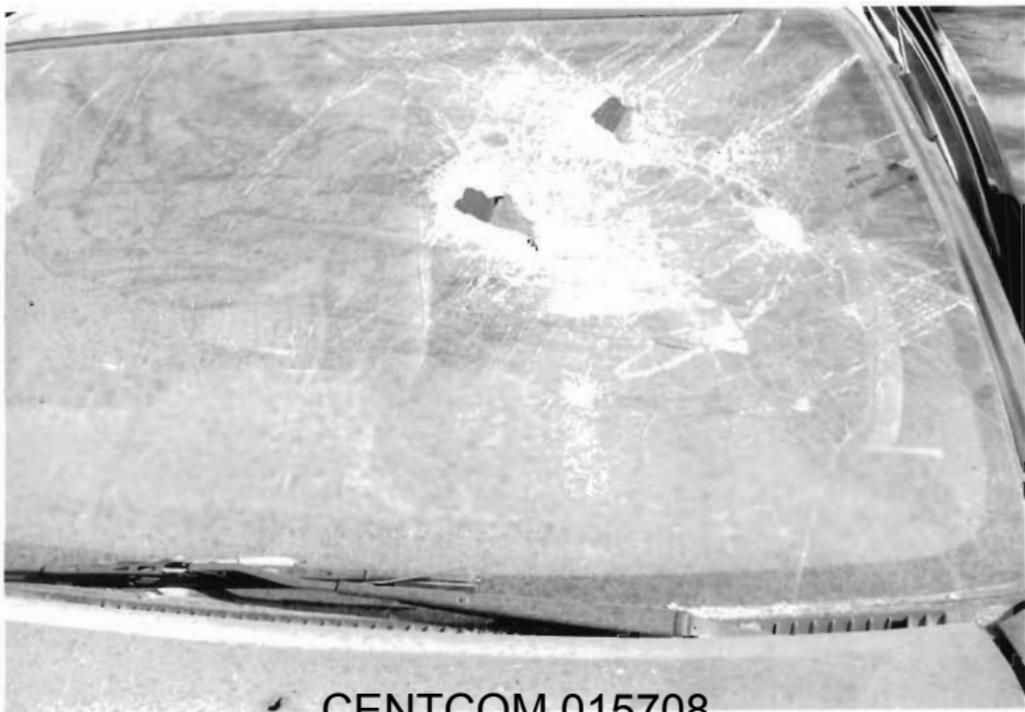
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(b)(6)

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07-IH1-T173-00048



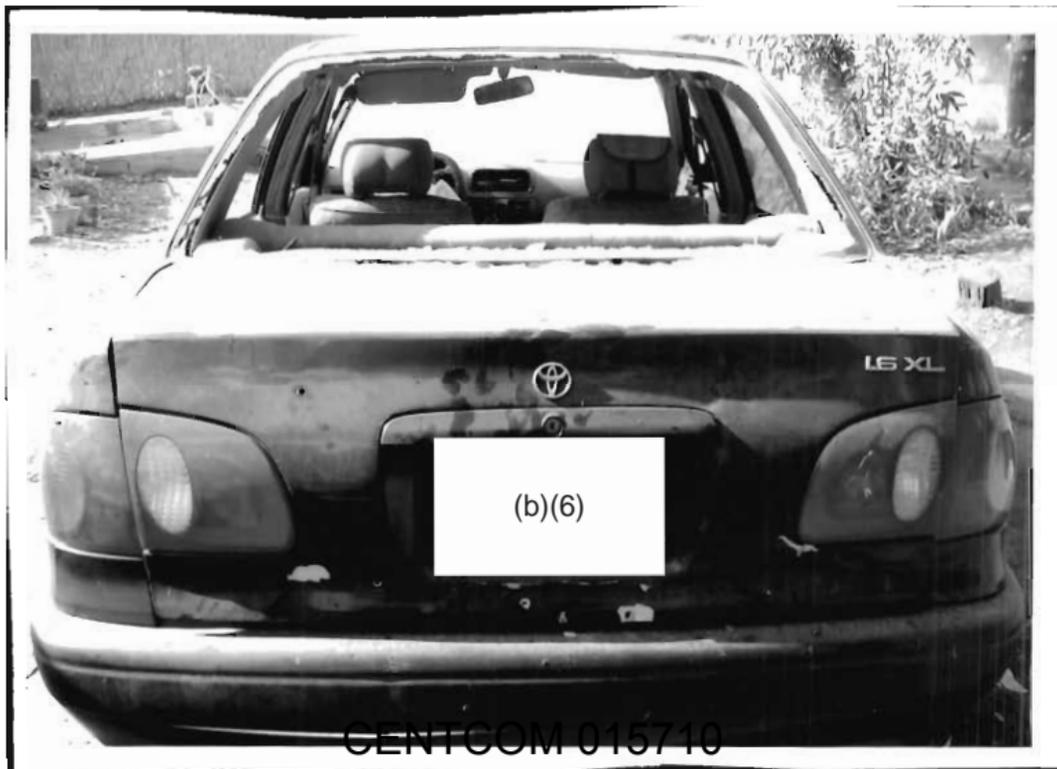
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07-IH1-T173-00049



CENTCOM 015709

07-IH1-T173-00050



CENTCOM 015710

07-IH1-T173-00051