

08-I93-T033

08.10 2148157



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB PROSPERITY, BAGHDAD, IRAQ
APO AE 09348

AFVA-2BCT-BJA

23 November 2007

MEMORANDUM FOR International Zone, Finance Department, ATTN: 2LT (b)(3)(b)(6),
Baghdad, Iraq, APO AE 09344

SUBJECT: Tracking of U.S Currency

1. I hereby acknowledge that on 21 November 2007, I made a foreign claims payment for claim number 08-I93-T033 using the following currency and serial numbers:

\$100 - Serial Numbers (b)(2)High (100)

2. If you have any questions regarding this memorandum please contact the undersigned at VOIP 678-7068 or by email at (b)(3)(b)(6)

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

SFC, USA
Claims Paying Agent

CENTCOM 003172

GOVERNMENT 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
 8 Nov 07

SCHEDULE NO.

CONTRACT NUMBER AND DATE

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

REQUISITION NUMBER AND DATE

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 <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT (¹)
				COST	PER	
		FOREIGN CLAIMS NUMBER 08-I93-T033 LOSS OF LIFE				10,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

10,000.00

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	= \$ 10,000.00	= \$ 1.00		
	BY ? CPT (b)(3)(b)(6)			
	TITLE FOREIGN CLAIMS COMMISSION	(Sig) t	(b)(3)(b)(6)	Amount verified, correct for

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

8 Nov 07

(Date)

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

(Authorized Certifying Officer) ?

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

G AGENT

ACCOUNT CLASSIFICATION NUMBER ?

(b)(2)High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAY	
	\$ 10,000.00	21 NOV 07	(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

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.

CENTCOM 003173

FORM 1034-121 (Rev. 10-87) 540-00-900-2234

USAPA V-1 00



DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, IRAQ
APO AE 09348

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 **25 November 2006**, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of **loss of life** 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 21 day of NOVEMBER 2007, at Baghdad, Iraq.

(b)(6)

 Claimant Signature
 Name: (b)(6)
 Address:

(b)(6)

 Witness Signature
 (b)(6)

 Witness Signature



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, BAGHDAD, IRAQ
APO AE 09348

AFVA-2BCT-BJA

Claim of

(b)(6)

08-I93-T033

ACTION

1. Facts: Claimant states that on 25 November 2006, her husband was killed in an automobile accident involving U.S. Forces. He was returning home from work when an American convoy approached counter-flow and struck his vehicle.
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 I93

CENTCOM 003175



REPLY TO
ATTENTION OF:

**DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, BAGHDAD, IRAQ
APO AE 09348**

FCC I93

8 November 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 08-193-1033

Dear Ma'am:

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

Foreign Claims Commission (FCC) I93 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 I93 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 thirty (30) days of signing this letter.

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

Sincerely,

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

Captain, U.S. Army
FCC I93

CENTCOM 003176

CLAIM CARD

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

Fill out the required information below.

1. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
2. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
3. 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 only to substantiate a claim against the US Army.

UNIT 451 m. IT 1-7

DATE 25 NOV 2006

LOCATION (b)(2)High

TYPE OF INCIDENT Accident

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضرار
جسدية من إصابات إلى آخره، أو موت لا سمح الله لأحد من الأقرباء، وكان
السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
للتقدم بطلب والمطالبة بحقوقك الرجاء إحضار الآتي، هذه البطاقة ومعلوماتك
الغنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تتضمن الموضوع مثل
(صور الحادث، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو
التسليم، وثائق الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض
عنه، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستندات إلى مركز المساعدة العراقي في معسكر
التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، الحمودية في معسكر

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

127

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

Pages 9 through 10 redacted for the following reasons:

foreign language, (b)(6)
foreign language,(b)(6)

CLAIMS CHECKLIST

CLAIM NUMBER: (b)(2)High

AMOUNT OF CLAIM: \$18,000.00

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT: 25 Nov 06

DATE FILED:

DATE RECEIVED: 26 Oct 07

CLAIM TYPE:

- Vehicle Damage Detainee Property Damage During Raids
 SAF Damage/Injury Real Estate Other *Death*

CLAIM AROSE FROM:

- Combat Activities Non-combat Activities

CLAIM IS:

- Payable Not Payable

BRIEF OVERVIEW: Claimant's husband was killed in a traffic accident involving U.S. Forces.

REMARKS: I couldn't find any SIGACTs regarding the incident, nor was I able to locate the unit listed on the claim card. However, the claimant submitted documents which indicate that this may be a valid claim. In particular, I find the statement written by 1LT (b)(3)(b)(6) (who issued the claim card), which states that the accident did occur and that the victim was not at fault, to be particularly persuasive. A document from the Iraqi Ministry of Justice also links the claimant to the victim as his wife. In light of the totality of the evidence in the packet, I recommend that this claim be approved.

RECOMMEND: APPROVAL DENIAL (b)(3)(b)(6) *\$10,000*

REVIEWED BY: CPLT (b)(3)(b)(6)

DATE REVIEWED: 26 Oct 07

FCC COMMENTS

DATE APPROVED/DENIED: 7 Nov 07

- DENIED
 Denial Letter
 Denial Action Memo

- APPROVED
 Amount Approved: *\$10,000.00*
 Approval Action Memo
 Settlement Agreement
 Settlement Letter
 SF 1034
 Disbursing Officer Memo

INPUT INTO JAS *CENTGOM 003181*
23 NOV 07

26 Oct - no SIGACTs found
- can not locate unit
- spoke w/ MAJ^{(b)(6), (b)(3)}; the
only involvement he has
was to write the note so
she could file the claim
- MAJ^{(b)(6), (b)(3)} has no knowledge
of the accident

Claim Form

طلب تظلم

To: United States Army Foreign Claims' Commission

الى : مفوضية التظلم لجيش الولايات المتحدة

From: Name

(b)(6)

من: الاسم

Address:

(b)(6)

العنوان:

Telephone

(b)(6)

الهاتف:

I am *Iraqi*

a. National citizen of

Iraq

انا
احمل الجنسية

b. Permanent address

(b)(6)

ب-عنواني الدائم

c. Employed by

(b)(6)

ت-اعمل لدى

d. Check one () an insurer not an insurer

ث-ضع علامة على احدهم () احمل التأمين () لا احمل التأمين

e. Check one () a subrogate not subrogate

ج-ضع علامة على احدهم () دانن او () ليس دانن

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

U.S. Forces

أننى أنتظم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من:

الاسم

المنظمة

الوحدة العسكرية

العنوان

رقم التليفون

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.)

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: Al-Muthana airport Baghdad Iraq
(Town) Street (City) (Country)

Foreign Language Text

البلد او المحافظة

المدينة

القرية

تظلمي قدم في:

My claim arose on: Oct 25 2006
Month Day Year

Foreign Language Text

السنة

يوم

شهر

تظلمي قدم في:

Brief

According to the claimant statement Mrs. (b)(6) the wife of the victim Mr (b)(6) that in Nov/25/2006 at 5 o'clock evening when he was coming back from his work with the engineers his friends, he gave one of his friends a ride to his house in Al-Ghazaliya district then when cameback when he was at Al-Muthana Airport intersection an American convoy from the opposite side (wrong side). They struck his car and because of that the car got turn over 4 times and her husband got thrown form the car and his friends got injured (simple injuries) but my husband was the only dead one. Then U.S Forces came back after the accident to give his friends a claim card and send them to the compensation committee. 03185

Note : and my husband was the responsible to feed us , and we (b)(6)

(b)(6)

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.)

بإختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال
خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

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

A husband death and destroying his car completely.

أشرح متى وطبيعة ما حدث من أضرار سواء كانت جسدية أو لممتلكاتك والتي أصابتك جراء ما حدث بسبب الحادث المقصود .

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

Total: \$ 18,000

شرح بالتفصيل متي تضرر و الكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات و المستمسكات و الفواتير الضرورية لكل شئ لو حدة)

تكلفته

الشئ المتضرر

إجمالي التكلفة:

I was insured to the following extent against the damage or injury I have sustained:

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

(Name)

(Address)

إذا كان لديك أي تأمين الرجاء ذكر أسم وعنوان شركة التأمين:

(العنوان)

(الأسم)

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

\$ 18,000 Local 22,320,000 ID

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية

\$

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(b)(6)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this _____ day of _____, 200_____.

(Signature of Witness)

(Printed Name)

عُيِّنَ في يوم _____ الموافق _____ من عام _____

(توقيع الشاهد)

(إسم الشاهد بالكامل)

Dec/1/2006

The Judge Decision

1. Recording the claimant (Mrs. (b)(6) statement .
2. the car must be giving to the leagal inheritance with a copy of the investigation papers.
3. recording the witness (b)(6) statement judicialy.
4. Behalf of the prosecution information.

Page 20 redacted for the following reason:

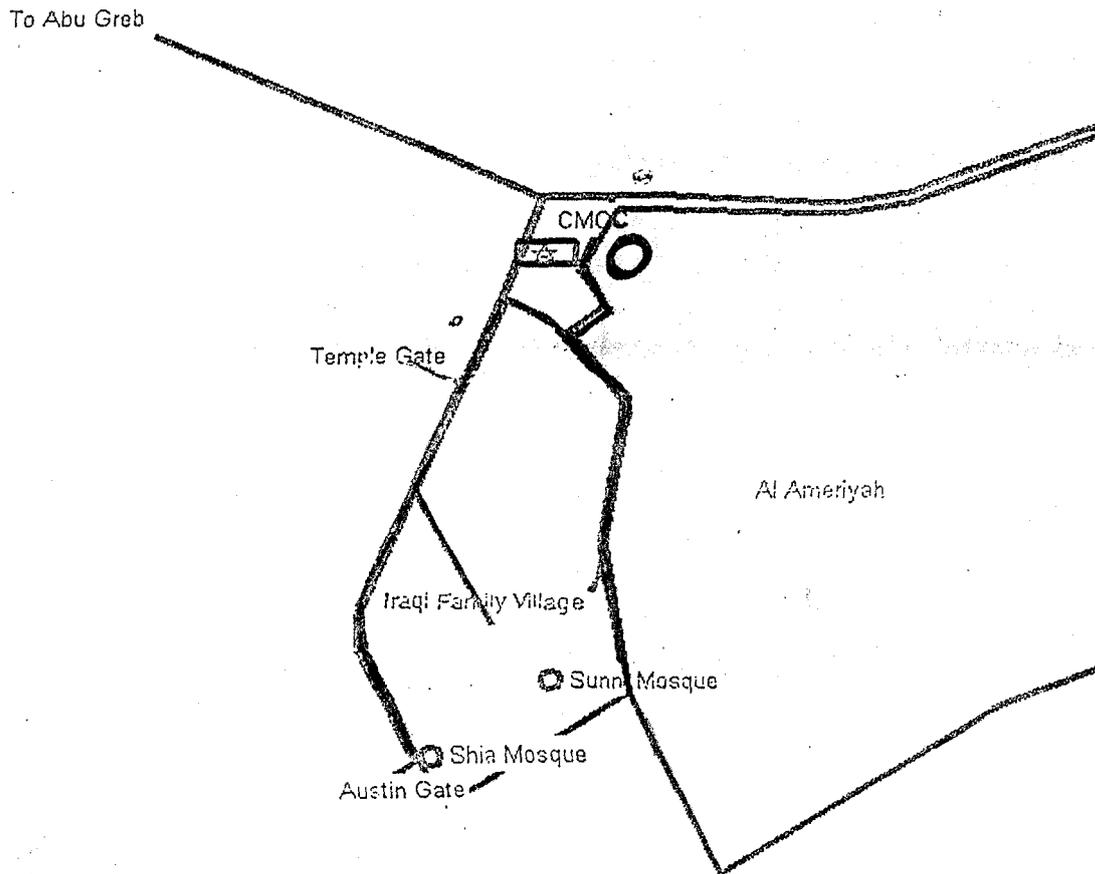
foreign language, (b)(6)

UNCLASSIFIED

(b)(2)High

The HAWK FOB CMOC is located at the Iraqi Army base, also called HAWK FOB, just north of Iraqi Family Village. The HAWK FOB CMOC accepts claims on Saturday through Thursdays from 0900 TO 1500 hours.

تقع قاعدة النصر للعمليات الميدانية شمال قرية العانلة . تقبل الإغعاءات والعرائض في القاعدة
إعتباراً من يوم السبت إلى يوم الخميس من الساعة 09:00 وحتى الساعة 15:00



1-B-1

UNCLASSIFIED

CENTCOM 003191

To whom it may concern

This unit that made the accident had left
to U.S. since they finish the tour in Iraq
and that approval since they needed for
the compensation

ESPs Camp Victory. Temple gate

(b)(6)

To AL-Jeaifer police station

Nov/28/2006

The claimant statement

According to the claimant statement Mrs. (b)(6) the wife of the victim Mr. (b)(6) that in Nov/25/2006 at 5 o'clock evening when he was coming back from his work (his work was installing an internet nets) in Al-Tajee base with the engineers his friends, he gave one of his friends a ride to his house in Al-Ghazaliya district then when cameback when he was at Al-Muthana Airport intersection an American convoy from the opposite side (wrong side).

They struck his car and because of that the car got turn over 4 times and her husband got thrown form the car and his friends got injured (simple injuries) but my husband was the only dead one. Then U.S Forces came back after the accident to give his friends a claim card and send them to the compensation committee.

Note : and my husband was the responsible to feed us , and we

(b)(6)

(b)(6)

Pages 24 through 31 redacted for the following reasons:

foreign language
foreign language, (b)(6)

Foreign Language Text

Cause of death is Fractures in his bones and tears
and bloody bleeding because of an encephalic shock.

CENTCOM 003202

Pages 33 through 38 redacted for the following reasons:

foreign language
foreign language, (b)(6)

7 APR 07

ATTN: US Army Security
@ International Base

① I, (b)(6), (b)(3) MAJ USA

ask you to admit:

(b)(6)

if she presents two forms
of photo ID.

② Allow her to proceed to
the National Iraqi Ass Council
trailer 15. Then proceed to
trailer 13 to schedule appt.

③ She has documentation
of the events requiring
some measure of condolence

④ PoC is undersigned.
Contact if any issues.

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

0770-442-6332
TCOM 003209

Pages 40 through 47 redacted for
the following reasons:-----

foreign language
foreign language, (b)(6)

TODAY ON WEDNESDAY 29 Nov 2006

THIS DRIVER

(b)(6)

WAS INVOLVED

IN AN AUTO ACCIDENT WITH THE COALITION
FORCES AT 1800 HRS HIS VEHICLE IS A PROTON
MIRA RED IN COLOR AND ONE OF OUR
VEHICLES CRASHED WITH HIS CAR AND CAUSED
IT TO TURN OVER AND GET DESTROYED AND
KILLED THE DRIVER THE CAR IS COMPLETELY
DAMAGED AND BEYOND REPAIR
THE DRIVER WAS NOT AT FAULT

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

GENTCOM 003218

Page 49 redacted for the following reason:

(b)(2)High

(b)(2)High

(b)(6)

08-193-7033

\$10,000.00

CENTCO

21 Nov 05

CLAIM.



CENTCOM 003221