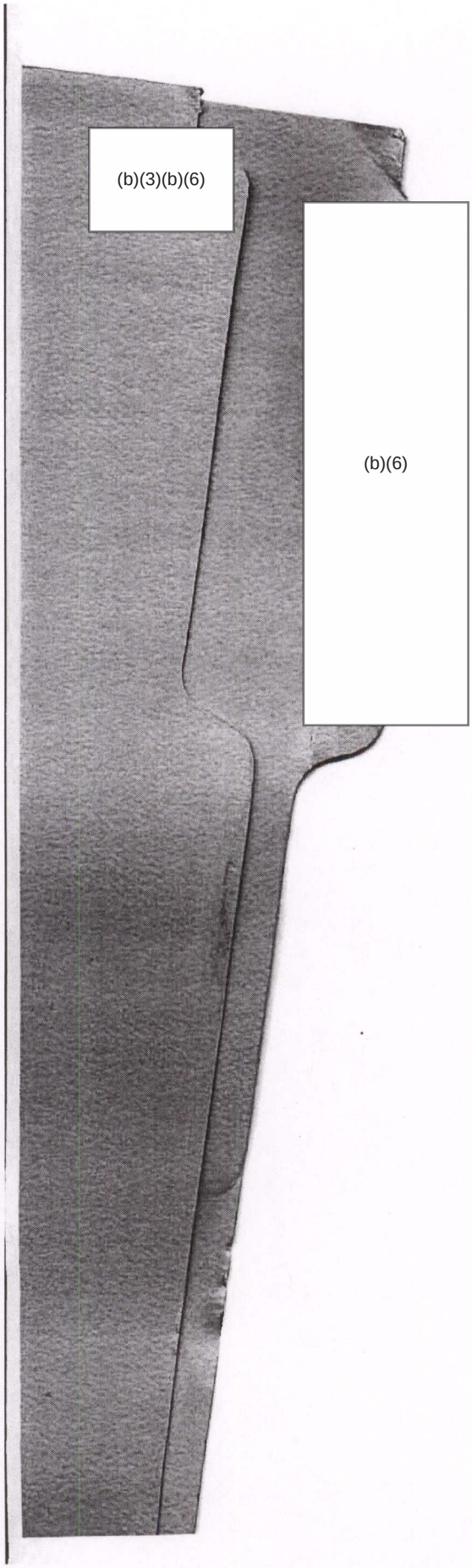

(b)(3)(b)(6)
(b)(6)

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

Vehicle Accident

- Claim ₱10,000 —

Foreign Language Text

Vehicle Accident

– Claim ₱10,000 –

FOREIGN LANGUAGE

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

SCHEDULE NO.

DEPARTMENT OF THE ARMY
24th FMC
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

DATE VOUCHER PREPARED
23-Apr-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

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

CLAIM #: 08-IH1-T060

PAYEE'S NAME AND ADDRESS

(b)(6)

DATE INVOICE RECEIVED

DISCOUNT TERMS

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
		(Payee must NOT use the space below)			TOTAL	$10,000.00

(Use continuation sheet(s) if necessary)

PAYMENT
- [ ] PROVISIONAL
- [x] COMPLETE
- [ ] PARTIAL
- [ ] FINAL
- [ ] CONTRACT TO DATE
- [ ] ADVANCE

APPROVED FOR
=$

EXCHANGE RATE
=$1.00

DIFFERENCES

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

$10,000.00

TITLE SFC, US
Pay Agent

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

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

23 APR 08
(Date)

(Authorized Certifying Officer)

Foreign Claims Commission IK5
(Title)

(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
23 APR 08

(b)(6)

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 necessary, otherwise the approving officer will sign in the space provided, over his official title.
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

NSN 7540-00-300-2214

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.

Page 5 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
FOREIGN LANGUAGE DOCUMENT, (b)(6)

CLAIMS LOG

AMOUNT CLAIMED: 2500
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 1-3-08
DATE OF INCIDENT: 4-13-06

PARALEGAL RECOMMENDATION: _____

FCC ACTION: [ ] DENY [ ] APPROVE [ ] OTHER

COMMENTS / REMARKS:

CLAIMANT ALLEGES CF ~~[illegible]~~ SET UP ROAD BLOCK AND HER SON'S VEHICLE RAN INTO ONE OF THE VEHICLES, RESULTING IN HIS DEATH.

COMC AL_Mahmodia Claim Department

AL_Mahmodia Claim Department

COMC AL_Mahmodia Claim Department

189-N-1

"THE CLAIM'S CONTAINS"

The Claimant name: (b)(6)

- Copy of death certificate for the claimant's son
- Copy of Iraqi I.D for the claimant's son
- The case document
- Copy of the court reports from Babil court
- Copy of the diagram for the accident's place
- Copy of Iraqi I.D for the claimant and national card

(b)(6)

AL Mahmodiah Claim Department

Date:- 7/Jan/2008

COMC AL Mahmodia Claim Department

189-N-1

[redacted]

Claims Form

To: United States Army Foreign Claims Commission
From: **Name** (b)(6)
Address: Iraq - Babil (b)(6)
I.D. number (b)(6)
I am

a. A citizen and national of: Iraq
b. A permanent resident of: Same address above
c. Employed by:
d. Check one ( ) An insurer (X) Not an insurer
e. Check one ( ) A subrogee (X) 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)

MNF

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: MMD (Town) Baghdad (City) Iraq (Country)

My claim arose on: Jan (Month) 3 (Day) 2006 (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 13/Apr/2006 My Son died in car accident when the MNF closed the road from Baghdad to Babil, when his car hit one of the vehicles caused his death. I ask for compensation with all the respect.

189-N-1

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

the claimant's son get Killed Inacc accident where the MNF suddenly closed The road Between Baghdad and Babil

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- death of My Son	$ 2500
2-	
3-	
4-	
5-	
6-	

Total: $ 2500

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)

$ 2500 **local** 3000 000 — IQD

(b)(6)

(Signature of Claimant)

Subscribed before me this 3 day of Jan, 2008.

(Print Name)

(b)(6)

(Signature)

CENTCOM 016140

08-IH1-T060-00009

Claim for (b)(6)

on the date of 04. 13. 2006 my son ~~during~~ during his driving on the heigh way between Babilon and Mahawil due to the cars accident caused by the A.m. forces which suddenly chang its driving lane from one lane to another which led to hit by other truck which lead to his death, I am asking compensation for ~~2~~ Three million Iraqi dinars, here by the (1) death certificate. (2) copy of the investigation papers. (3) Car registration (4) Personal I.D. with respect

Pages 11 through 13 redacted for the following reasons:
- -
FOREIGN LANGUAGE DOCUMENT
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Death certificate

Name:- (b)(6)

Birth date:- (b)(6)

Death date:- 04-12-2006

Cause of Death:- many injuries and broken bones.

Foreign Language Text, (b)(6)

Page 16 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
FOREIGN LANGUAGE DOCUMENT, (b)(6)

car certificate

Car No: (b)(6)

Color green

model (b)(6) Sang yong Bus

The owner of the car name (b)(6)

The person have the authorization to used it and get advantage of it is

(b)(6)

CENTCOM 016148

08-IH1-T060-00017

Pages 18 through 22 redacted for the following reasons:
- -
FOREIGN LANGUAGE DOCUMENT, (b)(6)

claim of the witnes

Name:- [redacted] (b)(6)

On the date of the accident, I was in my way traveling from Baghdad to Babilon and a cross the bridge N.º (18). The american forces closed the way to Baghdad and all the cars using ~~on~~ on line and as a result of that the accident happened which lead to the death of [redacted] (b)(6) who driving a car Kia (astna) which make accident by the other car (truck) which both of them died at the time.

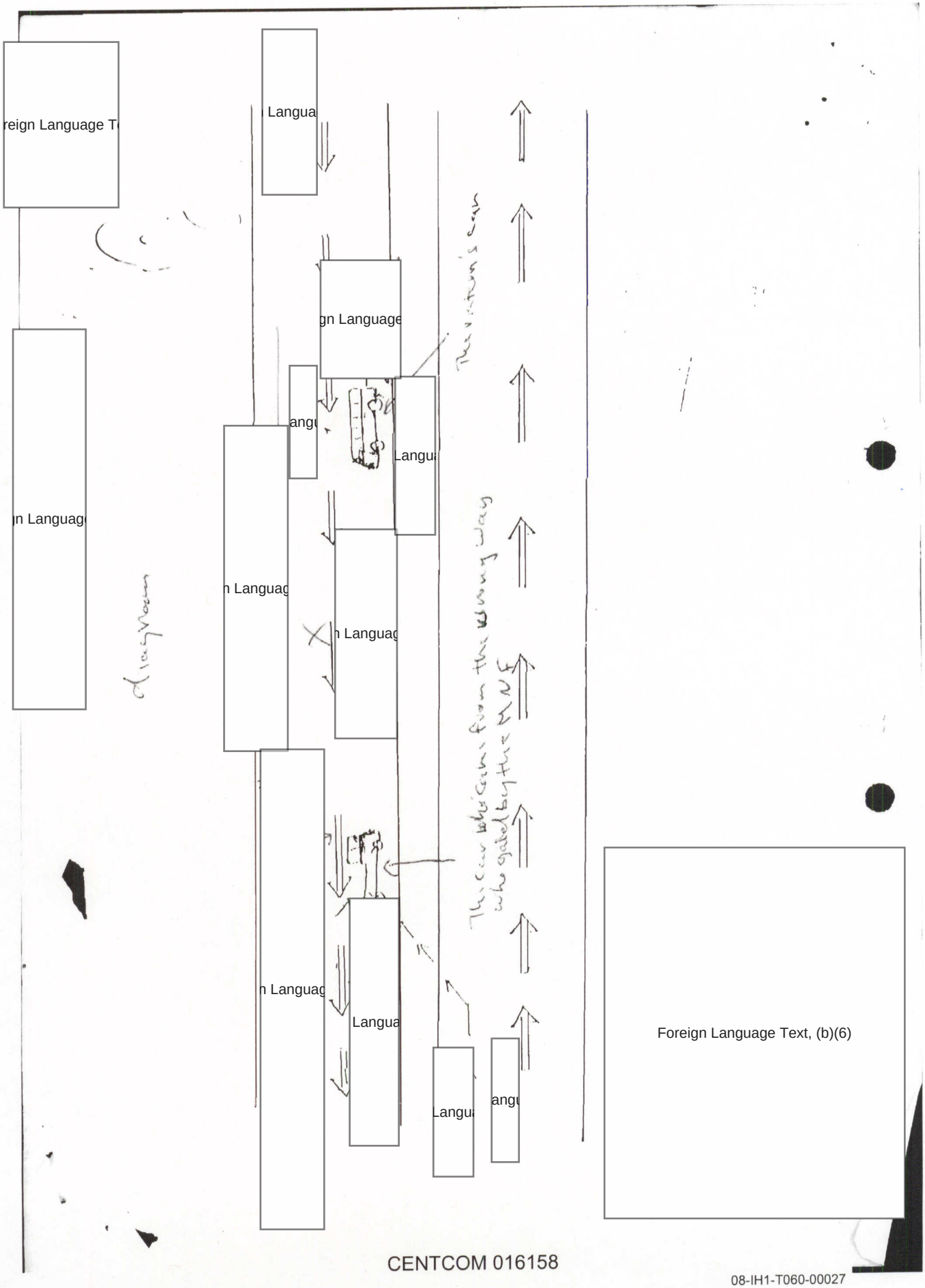
Foreign Language Text

witness

(b)(6)

Foreign Language Text, (b)(6)

Pages 25 through 26 redacted for the following reasons:
- -
FOREIGN LANGUAGE DOCUMENT, (b)(6)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Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

Pages 30 through 39 redacted for the following reasons:
- -
Already Reviewed and Redacted for Release
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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

REPLY TO
ATTENTION OF:

AFZB-KC-JA

23-Apr-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim o (b)(6)
08-IH1-T060 / 189n-1

1. Facts.

The claimant alleges that when CF closed down the road, her son's car hit one of the U.S. vehicles and he died.

Claimant has requested $10,000.00

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
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: 23 Apr 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)(6) through (b)(6) and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____.

* Use additional forms if needed.

SETTLEMEMENT AGREEMENT

Foreign Language Text

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189n-1

(b)(6) Langu

$10,000.00 Foreign Language Text

Foreign Language Text

(b)(6), (b)(3) DATE 23 APR 08
WITNESS SIGNATURE Foreign Language T

(b)(3)(b)(6) DATE 23 Apr 08
WITNESS SIGNATURE Foreign Language Tex

(b)(6)

(b)(6)

* Representative picked up pymt.

CENTCOM 016174

08-IH1-T060-00043