08-IH1-T195 (b)(6)

SAF INJ/DAM

Deny, CERP, 2500

FOREIGN LANGUAGE

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

216-N-1

08-IH1-T195

(b)(6)

SAF INJ/DAM

Deny, CERP, 2500

RAKKASAN
CORRESPONDENCE CONTROL SHEET

Subject: CERP MEMO for (b)(6)	**Date: 10 May 2008**
From (Section): 3d BCT LEGAL	**Suspense Date:**

b)(3), (b)(6

(b)(2)High, (b)(3)(b)(6), (b)(5)

b)(3), (b)(6

(b)(6)

(b)(6)

)(3), (b)(

(b)(6)

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

CPT, JA
Brigade Operational Law Attorney

oon Completion Return to:

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER	ORDER NO.
3/21/2008 11:15:10 AM	

PRINT NAME AND ADDRESS OF SELLER *(Number, Street, and State)* (Phone)*

PAYEE (b)(6)

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	$2,500.00

AGENCY NAME AND BILLING ADDRESS*
PAYOR
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

TOTAL $2,500.00
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY *(Signature and title)*
1LT (b)(3), (b)(6) PPO

PURPOSE AND ACCOUNTING DATA
(b)(2)High

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

for over-the-counter delivery of items

RECEIVED BY

TITLE
CONDOLENCE PAY AGENT

DATE
18 Jun 08

SELLER

PAYMENT RECEIVED [X] $2,500.00

PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6)

(b)(6)

Signature

DATE
18 Jun 08

I certify that this account is correct and proper for payment in the amount of

$2,500.00

DIFFERENCES

NONE

ACCOUNT VERFIED CORRECT FOR

BY

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

MAJ

PAID BY CASH

OR .....
(Check No.)

DATE PAID
18 Jun 08

VOUCHER NO.

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

(b)(6)

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

08-IH1-T195

CLAIMS LOG

AMOUNT CLAIMED: $3,500.00
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 27 DEC 07
DATE OF INCIDENT: 7 SEP 05

PARALEGAL RECOMMENDATION: DENY - TOO OLD

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

COMMENTS / REMARKS: CLOSED S/L Approve CLR (b)(3)(b)(6)

CLAIMANT ALLEGES CF SHOT AT HIS BROTHER'S VEHICLE, KILLING HIM & DAMAGING THE VEHICLE.
NO SIGACT
CLAIM IS OVER 2 YEARS OLD.

216-N-1

"THE CLAIM'S CONTAINS"

The Claimant name:- (b)(6)

- 2 photos for the claimant's brother's car showing the shots place in the car.
- copy of the death certificate shows the caused of death is a car shot from the back.
- Copy of the death reservation for the claimant's Brother.
- copy of Iraqi ID and ration card and resident card for the claimant.
-
-

(b)(6)

Department

Date:- 12 / 10 Jan / 2008

COMC AL Mahmodia Claim Department

2/6-N-1

[redacted]

Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

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

My claim arose on:	Dec	27	2007
	(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.)

27/Sep/2005 at 5,00 PM My Brother was driving his car on the high way coming from Baghdad heading to Babil when MNF soldiers open fire toward his car caused death to him and damaged his car. I ask for compensation with respect

216-N-1

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

MNF open fire and Killed The claimant's house at the high way from baghdad to Babil and damaged his car

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 the claimant's brother	$2500
2-	
3- damages of his car	$1000
4-	
5-	
6-	

Total: $3500

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)

$ 3500 local 500000

(b)(6)

(Signature of Claimant)

Subscribed before me this 27 day of Dec, 2007.

(b)(6)

(Print Name)

(b)(6)

(Signature)

Pages 10 through 13 redacted for the following reasons:
- -
FOREIGN LANGUAGE DOCUMENT
FOREIGN LANGUAGE DOCUMENT, (b)(6)

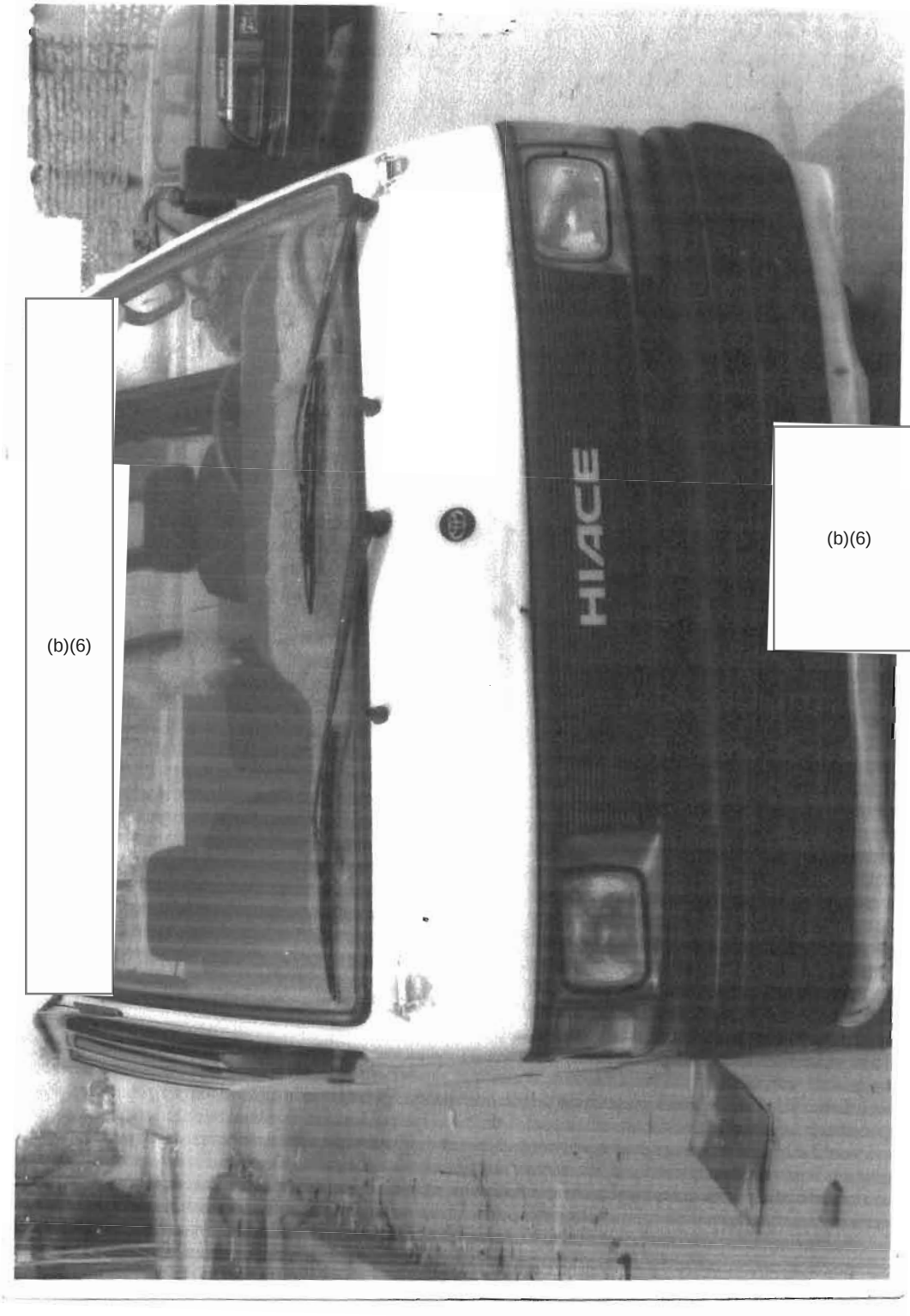
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)



(b)(6)

(b)(6)

Claim Department

216-N-1

"THE CLAIM'S CONTAINS"

The Claimant name:- (b)(6)

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- Copy of the death reservation for the claimant's Brother.
- copy of Iraqi ID and Ration card and resident card for the claimant.
-
-

(b)(6)

Department

Date:- 12 / 10 Jan / 2008

Pages 20 through 25 redacted for the following reasons:
- -
Already Reviewed and Redacted for Release, (b)(6)
Already Reviewed and Redacted for Release, Foreign Language Text
Already Reviewed and Redacted for Release, Foreign Language text
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Pages 27 through 28
redacted for the following
reasons:- - - - - - - - - - - - - - - - - - - -
- - - - - - - - -FOREIGN LANGUAGE
DOCUMENT, (b)(6)

(b)(6), Foreign Language Text

(b)(6)

(b)(6)

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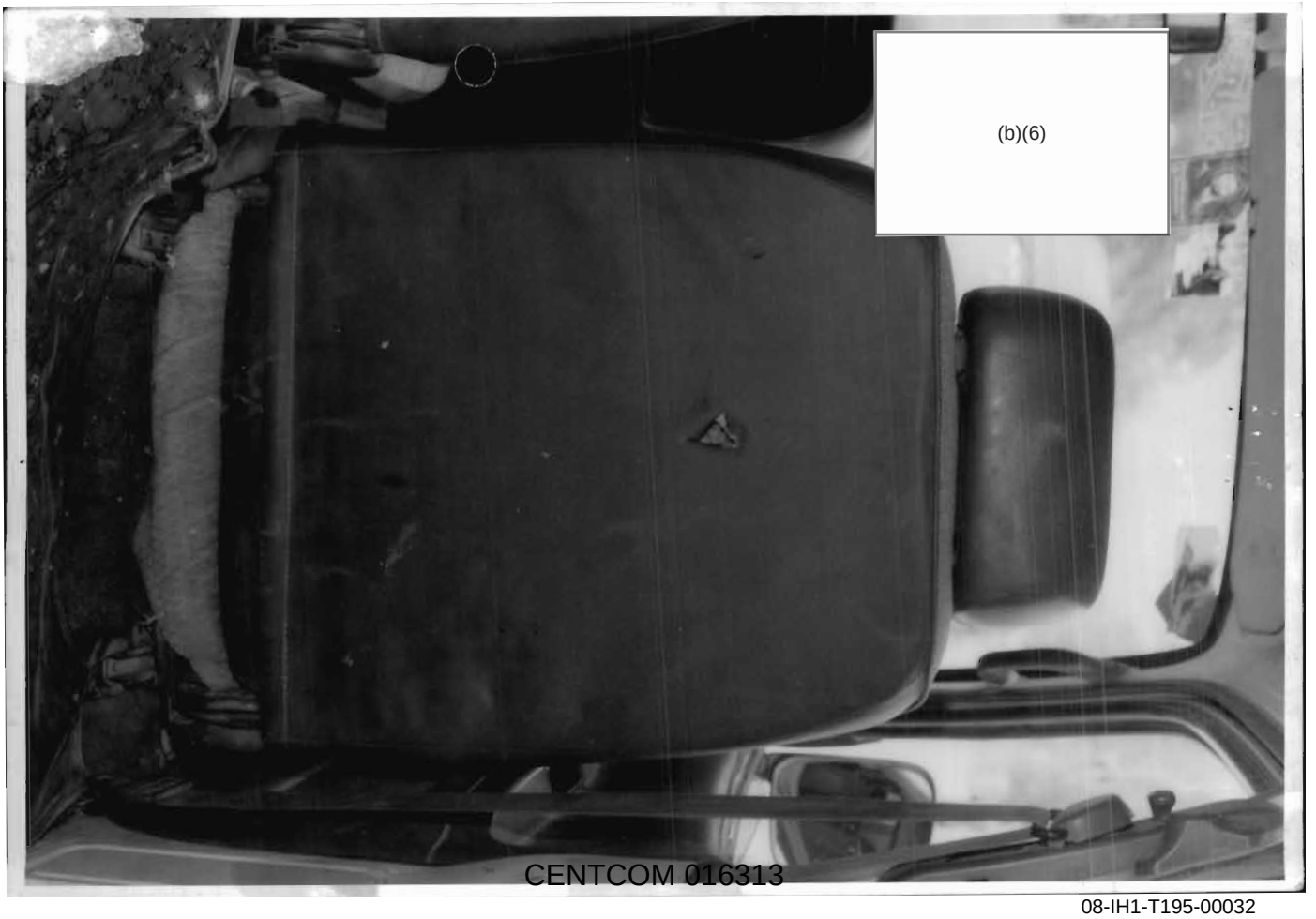
08-IH1-T195-00030

FOREIGN LANGUAGE



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FOREIGN LANGUAGE