Claim Number: 08-IJ6-A025

Name: (b)(6)

Date of Incident: 7-Aug-07
Date Received: 11-Apr-08

Summary: Claim card does not state fault. Needs retrans of statement to get relationship of dead guy. Investigatition needed. Must send to DIV

PLEASE ASK TAHA TO CALL CLAIMANT TO ASCERTAIN RELATIONSHIP OF CLAIMANT TO DECEDENT and provide evidence of relationship to the deceased

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

Circle Decision, Fill-in Date, and initial

DENY	INVESTIGATE	PAY - $ 11,000.00
DATE	DATE	DATE 24 April 2008
INIT	INIT	INIT (b)(3), (b)(6)

___ Insufficient Evidence
___ Combat Exception
___ US Involvement
___ Lack of Causation
___ Statute of Limitations
___ Not a Proper Claimant
___ Non-Cognizable Claim

NOTES: ___ **CERP**

(b)(6)

Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
1 TFM 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
HQ, 1st Brigade Combat Team, 4th Infantry Division
Office of the Command Judge Advocate
APO AE 09361

DATE VOUCHER PREPARED: 3 May 2008

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
24th Finance Company
APO AE 09352
CAMP LIBERTY
DSSN:))(2)Hig

PAYEE'S NAME AND ADDRESS

CLAIM #: 08-I2A-A025

(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 (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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				$11000

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL $11000

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

BY: SFC (b)(3), (b)(6)

TITLE: 1BCT, 4ID FOREIGN CLAIMS PAY AGENT

Amount

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

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

3 May 2008 (b)(3), (b)(6) (b)(3), (b)(6) MAJ, JA
(Date) Foreign Claims Officer (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

(b)(6)

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CH | ON (Name of bank)

CASH $ 11000 | DATE 3 May 2008 | PAYEE

PER

TITLE

[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.

Previous edition usable

NSN 7540-00-900-2234

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.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM
4TH INFANTRY DIVISION
FOB FALCON, IRAQ APO AE 09361

SUBJECT: Claim # 08-I2A-A025 3 May 2008

(b)(6)
Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the loss of your loved one. 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 of your loved one. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 4th Infantry Division Claims Office will compensate you for your losses in the amount of **$11000.00**.

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 based on new or additional evidence and should be forwarded to this office. 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.

Sincerely,

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

MAJ, JA
Foreign Claims Commission I2A

1ST BRIGADE COMBAT TEAM
4TH INFANTRY DIVISION
FOREIGN CLAIMS OFFICE

Claim Settlement/Witness Agreement
Claim # 08-I2A-A025

(b)(6) , of Baghdad, Iraq, hereby agree to accept the sum of **$11000.00** U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident occurring on or about August 7, 2007 at Baghdad, Iraq, involving U.S. 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 the said incident. This release / 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 statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of, the United States of America, its officers, agents and employees.

(b)(6)

Claimant's Signature
Name: (b)(6)
Address: Baghdad, Iraq

(b)(6)

Witness: Print and Sign

(b)(6)

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

Witness: Print and Sign

Office of the U.S. Treasury Department Financial Attaché
Embassy of the United States of America - Baghdad, Iraq

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 Iraqi recipient. **Pay agents** should turn this form in to their respective finance offices as part of the reconciliation process. **Finance offices** should retain this form with their original reconciliation file, and provide a scanned copy to (b)(3), (b)(6), (b)(2)High

DATE OF TRANSFER: 3 May 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 08-I2A-A025

NAME OF PERSON ACCEPTING PAY N BEHALF OF FIRM:

(b)(6)

$100 note serial numbers:

(b)(6) ___ through (b)(6) ___ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ .

* Use additional forms if needed.
SNAR Report

Claims Form
طلب تظلم

Nar (b)(6) الأسم:

Address (b)(6) العنوان:

Phone Number (b)(6)

I am Iraq

أنا

a. A national citizen of: Iraq أ. احمل جنسية:

b. A permanent resident of: Above address ب. عنوانى الدائم:

c. Employed by: ت: اعمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)
Cco 2-14 INF

أننى أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابت التى نجمت من:(المنظمة , الوحدة العسكرية)

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.)
Person death + car damage

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

My claim arose at: Alyousefea - High way Baghdad Iraq.
(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلد أو المحافظة

My claim arose on: AUG 7 2007
Month Day Year

تظلمي قدم في: _____
السن يوم شهر

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.)

While he was driving his vechile on the high way closed Alyousefea check point. he exposed Toan

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

accident by C-5 and Transudered his body To Bol at Alshohda police they left claim card there.

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
person death + car Compeltely Damaged.	17800

Total: 17800

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة: _____

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

no insurance

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

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

$ 17800 I.D. _____

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

$ _____ العملة المحلية _____

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

سابقا (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 علمى 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 فأن تقسم على أن كل المعلومات المقدمة فى هذا اتظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الو[illegible] ف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(b)(6)

(Si[illegible]

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 31 day of Dec, 2007.

(Signature of Witness)

(Printed Name)

foreign language, (b)(6)

Statement of claimant as to claim form

foreign language

Pages 10 through 12 redacted for the following reasons:
- -
(b)6 Foreign Language

Foreign Language Text

foreign language

سعر المفرد	الكمية	التفاصيل	المبلغ الكلي
		foreign language	
		Costal repairing	
		foreign language	

foreign language

foreign language

foreign language

Foreign Language Text, (b)(6)

Page 15 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)6 Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

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

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. 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 Cco 2-14 INF

DATE 7 AUG 07

LOCATION

TYPE OF I

and the driver was killed by US

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

اخي المواطن الكريم ،مقابل الاضرار التي لحقت بك ، سواء كانت اضرار جسدية من اصابات الى اخره ، او موت لاسمح الله لاحد من الاقرباء ، وكان السبب وراء ذلك القوات الامريكية فقد يكون لك الحق في التعويض.

المتقدم ببلاغ والمطالبة بحقك الرجاء احضار الاتي: هذه البطاقة وهويتك المدنية مع كل الاوراق الرسمية المتعلقة بهذا الامر والتي تدعم الموضوع مثل (صور الحادث، شهادة الشهود، تقرير الشرطة ، ووصولات بالاستلام او التحليم ، واثبات الملكية لما حطم او تضرر ولما تحاول ان تحصل على تعويض عنه ، ورخصة السياقة ان كنت تحمل رخصة).

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر [illegible] ، البوابة الهندية في معسكر فالكون ، المحمودية في معسكر [illegible] معسكر كالسو ، معسكر دوك.

[illegible] الحكومية ، الثورة او مدينة الصدر - ٩ نيسان - الرشيد.

[illegible] - الكرخ - الاعظمية - الكرادة او سبع البور.

[illegible] (المستمسك) لايعني الدفع المؤكد.

[illegible]

(2)Hi

Foreign Language Text, (b)(6)

CENTCOM 011079

08-IJ6-A025-00021

CENTCOM 011080
08-IJ6-A025-00022