

Feb 19 1968

19 Feb 2008

(b)(6)

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

(b)(6)

(b)6 Foreign Language

(b)6 Foreign Language

(b)(6)

19/Feb/2008

(b)6 Foreign Language

- Death Certificate
- Statement of what happened
- How much money he is

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

(b)(3), b(6)

CENT

082

Claim Number: 08-IJ6-A101

Name: (b)(6)

Date of Incident: 31-Dec-07

Date Received: 21-Apr-08

Summary:

Husband was walking by base and was shot by (b)(2) High in tower.

Circle Decision, Fill-in Date, and initial

DENY	INVESTIGATE	PAY - \$ <u>12,000</u>
DATE	DATE	DATE <u>25 Apr 2008</u>
INIT	INIT	INIT <u>(b)(3), (b)(6)</u>

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

NOTES:

CERP

Claims/Condolence Form

Name: \_\_\_\_\_

(b)6 Foreign Language

Address: \_\_\_\_\_

I am

a. A national citizen of: \_\_\_\_\_

(b)6 Foreign Language

b.

(b)6 Foreign Language

c. Employed by: \_\_\_\_\_

(b)6 Foreign Language

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

E/7-2 506 (b)(2)High \_\_\_\_\_

(b)6 Foreign Language

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 هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم

(b)6 Foreign Language

My claim arose at: (b)(2)High  
(10000)

Baghdad, Iraq  
(City) (Country)

تظلم قدم في: القرية. المدينة البلد أو المحافظة

(b)6 Foreign Language

Handwritten signature and date: 25/12/2000

My claim arose on: DEC 31 2007  
Month Day Year

تظلمى قدم فى: \_\_\_\_\_  
شهر يوم المن

(b)6 Foreign Language

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).

---

---

---

باختصار اشرح ما حدث والاضرار التى اصابتك جراء ذلك ، سواء كانت جسدية او ممتلكات . (الرجاء استعمال خلفية هذه الورقة ان لم تكن

(b)6 Foreign Language

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>
_____	_____
_____	_____
_____	_____

Total: \_\_\_\_\_

اشرح بالتفصيل متى تضرر والكلفة للممتلكات او للإصابات الجسدية وتكلفتها (الرجاء اضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوحدة)

<u>الشئ المتضرر</u>	<u>تكلفته</u>
_____	_____
_____	_____
_____	_____

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:

\_\_\_\_\_

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

(b)6 Foreign Language

\$ \_\_\_\_\_ I.D

اطالب بتعويض للأضرار يوازي (اكتب 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 Foreign Language

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this (b)6 Foreign Language day of 31/12/2007 (b)6

(b)6 Foreign Language

(b)6 Foreign Language, (b)6

Foreign Language Text, (b)(6)

CENTCOM 011087

08-IJ6-A101-00007

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> HQ, 1st Brigade Combat Team, 4th Infantry Division Office of the Command Judge Advocate APO AE 09361	DATE VOUCHER PREPARED <b>24 May 2008</b>	SCHEDULE NO.
		PAID BY <b>24th Finance Company</b> <b>APO AE 09352</b> <b>CAMP LIBERTY</b> <b>DSSN: )(2)Hiç</b>

PAYEE'S CLAIM #: <b>08-I2A-A101</b> (b)(6) NAME AND ADDRESS <b>Baghdad, Iraq</b>	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>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
		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.				\$12000
<b>TOTAL</b>						<b>\$12000</b>

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

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 BY: <b>SFC (b)(3), (b)(6)</b> TITLE: <b>1BCT, 4ID FOREIGN CLAIMS PAY AGENT</b>	EXCHANGE RATE = \$ <b>1.00</b>	DIFFERENCES	Amount verified (Signature or initial) <b>(b)(3), (b)(6)</b>
---	--	-----------------------------------	-------------	--

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

(b)(3), (b)(6) **MAJ, JA**  
**Foreign Claims Officer**  
 (Title)

**24 May 2008**  
 (Date)

(b)(2)High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	(b)(6)
	\$ 12000	24 May 2008		

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> 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.  
<sup>3</sup> 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.

**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-A101

24 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 **\$12000.00**.

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-A101**

(b)(6) of Baghdad, Iraq, hereby agree to accept the sum of \$12000.00 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 December 31, 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, but as a release of, the United States of America, its officers, agents and employees.

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

(b)(3), (b)(6)  
\_\_\_\_\_

(b)(6)  
\_\_\_\_\_  
Witness: Print and Sign



### 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: 24 May 08

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 08-I2A-A101

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)  
*ribal name*

\$100 note serial numbers:

<u>(b)(6)</u>	through	<u>(b)(6)</u>	and,
<u>                    </u>	through	<u>                    </u>	and,
<u>                    </u>	through	<u>                    </u>	and,
<u>                    </u>	through	<u>                    </u>	and,
<u>                    </u>	through	<u>                    </u>	and,
<u>                    </u>	through	<u>                    </u>	.

\* Use additional forms if needed.  
SNAR Report

Claims Form

Foreign Language

Name: (b)(6) Foreign Language

Address: (b)(6)

Phone Number: (b)(6)

I am Iraqi

a. A national citizen of: Iraqi أنا أحمل جنسية:

b. A permanent resident of: above address ب. عنواني الدائم:

c. Employed by: / ت: أصلي 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)

أنتي أتطلب لدي حكومي الولايات المتحدة للأضرار والإصابات التي 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

الممتلكات المتضررة مملوكة من: (إذا كان هذا 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 بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: Al-Jorah Muhalla 834 Baghdad Iraq  
(Town) (City) (Country)

البلد أو المحافظة

المدينة

CENTCOM 011092

08-IJ6-A101-00012

My claim arose on: Dec 31 2007  
Month Day Year

تظلمى قدم فى: \_\_\_\_\_  
الس \_\_\_\_\_ 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 (The back of this sheet if necessary.)

The claimant (b)(6) wife of the victim she said that while her husband was walking the sniper at the

باختصار اشرح ما حدث والاضرار التي اصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

Base shot him and he died immediately - the claimant has (b)(6) kids -

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>
<u>person killed</u>	<u>5122000</u>
<u>Total: 5122000</u>	

اشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء اضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لو حدة)

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 الجسدي المتضرر بما يوازي:

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

\$ 22000

I.D. \_\_\_\_\_

اطالب بتعويض للأضرار يوازي (اكتب 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 مقلد أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this

19 day of Feb

, 2018

(Signature of Witness)

(Printed Name)

Pages 15 through  
16 redacted for the  
following reasons:-----

-----  
--(b)6 Foreign  
Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

السلام عليكم ورحمة الله وبركاته

أخي هو نحن نكريم مطالب الأضرار التي لحقت بك ، سواء كانت إضراراً  
جسدية من أصلحت في آخره ، أو موت لا منحه الله لأحد من الأقرباء ،  
وكان حسب وراثة تلك القوات الأمريكية فقد يكون لك الحق في التعويض.  
للتكلم ببلدك والمطالبة بحدك الرجاء إخبار الأبي ، هذه البطاقة هي بطاقة  
المساعدة مع كل الأوراق الرسمية المتعلقة - بهذا الأمر والتي تدعم  
الموضوع مثل (صوره للحدث، شهادة: لاشهوان، تقرير الشرطة ،  
والمسائل بالاستعلام أو التسليم ، وثبات الدفعية إما خطاب أو تقرير وإما  
تحاول أن تحصل على تعويض عنه ، ورخصة المساعدة أن كانت تحصل  
رخصاً)

الرجاء انتظار هذه المستندات التي يركز المساعدة لغيره في معسكر  
التابع بولاية قطر ، البوابة الثانية في معسكر فاكورن ، المحمودية في  
معسكر قلب ، معسكر هوك ، معسكر كفسو ، معسكر بونك .  
أو أحد المراكز الحكومية للثورة - في مدينة الصدر - 9 نيسان - الرشيد  
الرضوانية - الرصافة - الأحياء - كرخ (الخطيرة - الأمانة - في سبيع  
البور .

ملاحظة : امتلاك هذا الكرت (المستندات) الأبي الطبع الموكد .  
وشكراً لتعاونكم معنا

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 to substantiate a claim against the US Army.

UNIT E/3-7-34

DATE 31 DEC 07 (2)H

LOCATION

TYPE OF INCIDENT: Shooting of FLN