~~10~~

2A

[redacted]

Need to adjudicate

(b)(6)

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

Claim Number: 08-IJ6-T057

Name: (b)(6)

Date of Incident: 3-Mar-07
Date Received: 3-Apr-08

Summary: Claimant's wife and brother killed as a result of a vehicle accident with A/1-14 CAV

Circle Decision, Fill-in Date, and initial

DENY	INVESTIGATE	PAY - $_____
DATE	DATE	DATE
INIT	INIT	INIT

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

NOTES: ___ **CERP**

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

10DATE VOUCHER PREPARED: 5 Apr 08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
24th Finance Company
APO AE 09352
CAMP LIBERTY
DSSN: 5579

PAYEE'S NAME AND ADDRESS

CLAIM #: 08-IJ6-T057

(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 the loss of life of your family members and the personal suffering endured.				$12,000

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL $12,000

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

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

BY[1] SFC (b)(3), (b)(6)

TITLE 1BCT, 4ID FOREIGN CLAIMS PAY AGENT

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

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

5 Apr 08 (Date)

(b)(3), (b)(6) (Authorized Certifying Officer)[2]

(b)(3), (b)(6) CPT, JA Foreign Claims Officer (Title)

ACCOUNTING CLASSIFICATION

(b)(2) High

PAID BY

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

CASH $ 12,000 | DATE 5 Apr 08 | PAY (b)(3), (b)(6)

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 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

3 April 2008

Foreign Claims Commision IJ6

SUBJECT: Claim # 08-IJ6-T057

(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 **$12,000.00**.

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)

CPT, JA
Foreign Claims Commission

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: 5 April 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 08-IJ6-T057

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6) _____

tribal name

$100 note serial numbers:

___ through (b)(2)High and,

(b)(2)High ___ through _____ and,

___ through (b)(2)High _____ and,

_____ through _____ and,

_____ through _____ and,

_____ through _____ .

* Use additional forms if needed.
SNAR Report

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

Claim Settlement/Witness Agreement
Claim # 08-IJ6-T057

I, (b)(6) of Baghdad, Iraq, hereby agree to accept the sum of **$12,000.00** 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 March 3, 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)

ıre

Name: (b)(6)
Address: Baghdad, Iraq

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

Witness: Print and Sign (b)(3), (b)(6)

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

Claims Form
طلب تظلم

Name (b)(6) الأسم:

Address: (b)(6) العنوان:

I am

أنا

a. A national citizen of: Iragi أ. أحمل جنسية:

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

c. Employed by: / ت: أعمل 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)

A-1-14 CAV

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.)

Two person Death

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 (b)(2)High Baghdad Iraq

(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلد أو المحافظة

My claim arose on: 3 3 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. (Use back of this sheet if necessary.)

While the victam driving his Mother sitting be side him they going To visit their relatives when they reached Aldura

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

Near the D.A.C they exposed to an accident By American patrol Both of them were died.

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
Two person were death car damage	15130 000

Total: 15130 000

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

الشئ المتضرر	تكلفته

إجمالي التكلفة: _____

CENTCOM 011191
08-IJ6-T057-00008

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)

$1530 000 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.

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 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 التظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(b)(6)

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 10 day of Nov, 2003.

(Signature of Witness)

(Printed Name)

The story -

On 3/3/2007 afternoon his brother and his Mother coming out of the house. They going To visit their relatives while when they reached D.A.C. they exposed To the an accident Crashing by American patrol His brother Died immetatly and his Mother too. The American officer who was incharge of the unit closed the street. and he gave claim card To the witness (b)(6) who is officer in Iraq Security guard. he submitted him claim card and now he ask Compensation ~~about~~ for Lossing his Mother And brother-

foreign language, (b)(6)

The claimant statement

He said that while his brother driving
mother sitting beside him, they going to
visit their relatives - when they reached [illegible]
D.A.C. [illegible] area [illegible] exposed to accident crashing [illegible]
American patrol Bothers them [illegible] the Iraq Security Guard told
The claimant about [illegible]

(6), Foreign Language T (b)(6), foreign language

foreign language, (b)(6)

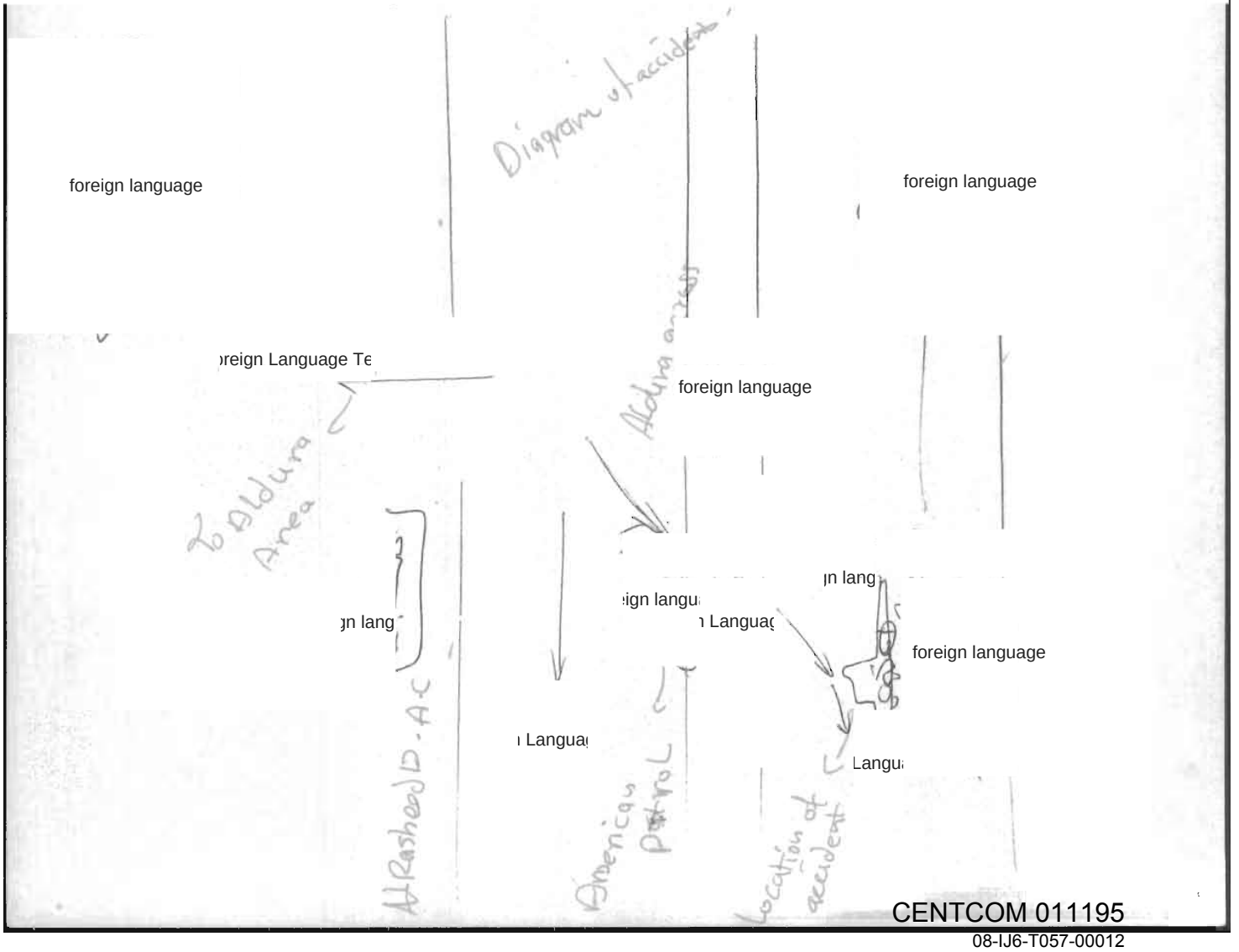
foreign language

foreign language

foreign language, (b)(6)

foreign language

foreign language



foreign language, (b)(6)

(b)(6)

(b)(6)

(b)(6)

foreign language

Witness statement

The witness is ~~commonderet~~ officer of Iraq security guard

his name

foreign language

(b)(6)

foreign language, (b)(6)

Certificate, Death of Mother.

Certificate death of brother claimant

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

Iraq - Baghdad - Al-nahda Exhibition - Bank Branch

(b)(6)

(b)(6), foreign language

E-mail:

CLAIMS CHECKLIST

CLAIM NUMBER: 08I92T 057

AMOUNT OF CLAIM: $ 30,000.00

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT:3 Mar 07 **DATE FILED: 4 Dec 07**

CLAIM TYPE:

- [x] **Vehicle Damage**
- [ ] **Detainee Property**
- [ ] **Damage During Raids**
- [ ] **SAF Damage/Injury**
- [ ] **Real Estate**
- [x] **Other**

CLAIM AROSE FROM:

- [ ] **Combat Activities**
- [x] **Non-combat Activities**

CLAIM IS:

- [x] **Payable**
- [ ] **Not Payable**

BRIEF OVERVIEW: Claimant states that his mother and brother were going to visit family when they got into an accident with US Vehicles killing them both.

REMARKS:

Recommend Approval / Denial

Recommend payment of $15,000.00

REVIEWED BY: SGT (b)(3), (b)(6) **DATE REVIEWED:** 4 Dec 07

FCC COMMENTS

Contact Division Ad Law - They Should have a copy of this 15-6 on the portal. offer $12,000 settlement.

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

DATE APPROVED/ DENIED: 26 MAR 08

- [ ] **DENIED**
- [ ] **Denial Memo**
- [x] **APPROVED**
- [x] **Amount Approved:** $12,000
- [ ] **Approval Memo**
- [ ] **Settlement Agreement**
- [ ] **SF 1034**

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 A-1-14 CAV

DATE 3 MaR 2007

LOCATION DORA Road

TYPE OF INCIDENT CAV Accident/Death

(b)6 Foreign Language

(b)6 Foreign Language

Foreign Language Text, (b)(6)

Page 20 redacted for the following reason:
- -
(b)6 Foreign Language

MULTINATIONAL
DIVISION-BAGHDAD

IRAQI CLAIM CARD

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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 A-1-14 CAV

DATE 3 MAR 2007

LOCATION

TYPE OF INCIDENT Car Accident/Death

(2)H

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 الى آخره ، أو موت لا سمح الله لأحد من الأقرباء ، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
للتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة ، ووصولات بالإستلام أو التسليم ، واثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورخصة السياقة ان كنت تحمل رخصة).
الرجاء إحضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر التاجي، بوابة كنر، البوابة الهندية في معسكر فالكون، المحمودية في معسكر قاب، معسكر هوك، معسكر كالسو ، معسكر دوك.
أو احد المراكز الحكومية، الثورة أو مدينة الصدر-٩ نيسان-الرشيد.
الرضوانية، الرصافة، الأمانات، الكرخ الأعظمية، الكرادة أو سبع البور.

[illegible] هذه فقرات (المستمسك) لا يعني الدفع المؤكد.

وشكراً لتعاونكم معنا

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Already Reviewed and Redacted for Release, (b)(6) foreign text

Foreign Language Text, (b)(6)

Already Reviewed and Redacted for Release, (b)(6) foreign language text

Already Reviewed and Redacted for Release, (b)(6) foreign language text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 011210

08-IJ6-T057-00027