

SAF INJ/DAM

- Approve - non combatant \$1500-
- death & car damage

DR-T1055

Death certificate: No. (b)(6)

(b)(6)

Name: (b)(6)

Tragic born in (b)(6)  
address: (b)(6)

Date of death: 02-02-2007

Cause of death: Fire shots and burning of the  
body according to the decision of the judge  
and the post office.

(b)(6)

Dated 02-04-07

Baghdad  
Baghdad

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-123		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			10 DATE VOUCHER PREPARED <b>03-Aug-08</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IK5-T1055 (b)(6)			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM		TO	WEIGHT		GOVERNMENT BAL 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 AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$15,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$15,000.00
PAYMENT.		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		(b)(6)				\$15,000.00
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE SFC, US		(b)(6)		
<input type="checkbox"/> ADVANCE		Pay Agent				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		CPT (b)(6)	Foreign Claims Commission IK5		(Title)	
ACCOUNTING CLASSIFICATION						
(b)(2)High			\$15,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE		
	\$15,000.00	11 AUG 08		(b)(6)	(b)(6)	
<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 received 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.						TITLE

Previous edition usable

NSN 7540-00-500-2234

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.



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

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

AFZB-KC-JA

03-Aug-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T1055 / 346-5

1. Facts.

The claimant alleges that CF shot at his wife while she was driving, killing her and destroying the vehicle.

Claimant has requested \$15,000.00

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 \$15,000.00

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

CPI, 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: 11 Aug 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 \_\_\_\_\_

\* Use additional forms if needed.



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

3 August 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1055 / 346-5

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your wife. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA) Title 10, USC §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Your damages are of great concern to the United States. In accordance with the cited references and the facts our investigation into your claim, I find your claim is **compensable**. **The United States will compensate you for your losses in the amount of \$15,000.00.**

If you are dissatisfied with this decision and wish to present additional evidence, you have thirty (30) days submit and appeal in accordance with AR 27-20.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالامتلاكات الشخصية الخاصة بك, تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 162-27 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة, وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 15,000.00.

اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية, لديك ثلاثين يوما ( 30 ) و يقدم الطعن وفقا للمادة ( 27-20 ) من قانون الجيش. AR.

Sincerely,

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

(b)(6)

Captain, US Army  
Claims Attorney, IK5

CENTCOM 016570

## THE GIC OPINION ABOUT A CLAIM

(b)(6)

**Case No** (b)(6)

1. The claimant presented investigation documents and death certificate all supported that the victim (the claimant's wife) burned inside the car because of gunshots.
2. The certificate of death said the reason of death is (body burned inside car because of US Army open fire on it.)
3. The claimant asks compensation amount \$ **15,000**.
4. We are suggesting give him the same amount what he asks.

With our respect,

(b)(6)

LAWYER

(b)(6)

14 June 08

(b)(6)

MANAGER

(b)(6)



# Claims Form



To: United States Government

From: Name: (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of:
- c. Employed by:
- d. Check one ( ) an insurer ( ) Not an insurer
- e. Check one ( ) A subrogate ( ) Not a subrogate

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

M. N. F.

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 - Dorrak (Town) Bag. (City) Iraq (Country)

My claim arose on - Feb. (Month) 2 (Day) 07 (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 2 Feb 07 the US Army open fire on my wife when she was driving which led to burn the car and killed her, so that I ask for compensation.

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

Killing my wife

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>
1-	
2-	for the death of my wife \$15,000
3-	
4-	
5-	
6-	

Total: \$15,000

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)

\$ 15,000 local 18,000,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 25 day of May 2008

(b)(6)

(SIGNATURE)

(PRINT NAME)

CENTCOM 016573

Pages 10 through 11 redacted for the following reasons:

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(b)(6), Foreign Language  
Foreign Language, (b)(6)



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

① certificate of death.

② investigation papers from Abu Ghraib police station.

③ Marriage documents.

④ Iraq documents.

SIGN; -----

NAME; -----

DATE; -----

Pages 13 through 17 redacted for the following reasons:

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(b)(6), Foreign Language

Investigating Court in Abo Gharik 02-04-2007

testimonies ~~to~~ of the claimants:

(b)(6)

(b)(6)

live !

in

(b)(6)

On the date of yesterday. My mother

(b)(6)

and the wife of my brother

no name is

(b)(6)

to opened

fire by the U.S. Forces in the district of  
AL-DORA The accident led to the burning  
of the vehicle, and at the time they are  
inside it, and the complete burning of their  
bodies. We cannot register the accident  
in the police office of Aldora, we came  
to the Abo Gharik Police office to register  
the accident, and the bodies right now  
in Abo Gharik Hospital, and because my  
father has been died from time ago - I  
come here to claim against the U.S. Forces,  
I ask am asking you to give me the dead  
bodies of the killed women. I am asking  
compensation

sig & stamp of court  
and the judge

(b)(6)

sig of the  
claimant

(b)(6)

Page 19 redacted for the following reason:

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(b)(6), Foreign Language Text

Abo Gharib Investigation Court

date: 02-04-2007

claim: - for the claimant:

(b)(6)

(b)(6)

live in abo Gharib.

he testify in front of the investigating judge by the following.

On the date of yesterday. My killed daughter and her aunt who killed

(b)(6)

also her name is

(b)(6)

They got

fire shots by the U.S. Army in Dura District, which led to the vehicle to be destroyed and burned completely, and the two mentioned names ladies were inside it, so they burned out, and the reason we did not register the accident in dura area because of security condition, so I came here to abo Gharib Police office to register the accident, and the burned ladies right now are in the Abo Gharib Hospital. I am asking compensation and claim from the U.S. to and asking you to handle me the ladies and that is my testimony.

s/c of the judge

(b)(6)

sig. of the claimant

(b)(6)

stamp of the court

Pages 21 through 22 redacted for the following reasons:

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(b)(6), Foreign Language

Ministry of Interior affairs

Memo.

No:

(b)(6)

Dated: 02-03-2007

To All check points

Subject Transfer of Body

Will you please help in making the transfer of the body of

(b)(6)

which got to be killed by mistake by the U.S. Forces, which led to its burning inside the car, in the area of Dora Baghdad on the date of 02-02-2007. please make it easy to transfer them to the holy city of Najaf to be buried there. Thank you

enclosed is

photos for the car and the body

sig. & stamp

of the office

02-03-2007

Pages 24 through 26 redacted for the following reasons:

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(b)(6)

(b)(6), Foreign Language Text



(b)(6)

CENTCOM 016591

The appeal consist of Baghdad-Al-Karak  
court of Personal Affairs in Baghdad  
Feclos No: (b)(6) to all (b)(6)

marriage agreement;

I am the holder of Personal Affairs  
here the 11.00.00

present in my office  
and the lady

and they are in good health they  
The medical report they submitted and I signed  
and agreed their marriage, on the date of

28 of the July

Page 29 redacted for the following reason:

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(b)(6), Foreign Language Text

Personal id. Card. No: 012 15 249 read 0206.05

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

(b)(6)

Spells: - Mass

Please and date of Birth: \_\_\_\_\_

(b)(6)

(b)(6)

Page 31 redacted for the following reason:

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(b)(6), Foreign Language Text

Claim for Mr

time in Baghdad

prescription of the accident

(b)(6)

(b)(6)

On the date of 02-02-2007 in the area  
district. My wife got fired shot by the  
U.S. Forces which led to the killed and  
the burning of the vehicle which was whole  
it. am asking compensation for \$ 15000.00

529 of the

claimant

04-19-2008

Page 33 redacted for the following reason:

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(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

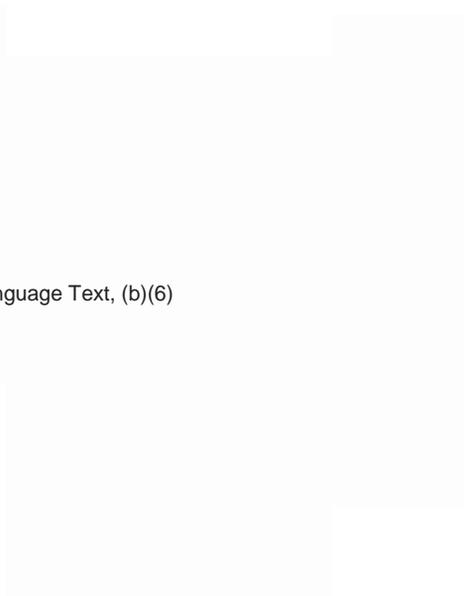
(b)(6), Foreign Language Text

CENTCOM 016598

(b)(6), Foreign Language Text



Foreign Language Text, (b)(6)



CENTCOM 016599

Page 36 redacted for the following reason:

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(b)(6), Foreign Language Text