

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

VEHICLE ACCIDENT

Temp - verify death cert date

(b)(5)

115-3
6-Mar-08

(b)(6)

08-T1239



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

07-Aug-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of

(b)(6)

08-IK5-T1239 / 115-3

1. Facts.

The claimant alleges that a CF convoy ran into his vehicle while he was driving and killed his son.

Claimant has requested \$13,000.00

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 \$13,000.00

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

Claim Attorney IK5

| Standard Form 1034 (G) Revised October 1987 Department of the Treasury 11744-0-2000 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 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579 | | 10 DATE VOUCHER PREPARED 07-Aug-08 | | 6 SCHEDULE NO. | | | |
| | | CONTRACT NUMBER AND DATE | | PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579 | | | |
| | | REQUISITION NUMBER AND DATE | | DATE INVOICE RECEIVED | | | |
| PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T1239 (b)(6) Baghdad | | | | DISCOUNT TERMS | | | |
| | | | | PAYEE'S ACCOUNT NUMBER | | | |
| SHIPPED FROM | | TO | | WEIGHT | | | |
| | | | | GOVERNMENT BL. 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 COST 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 AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service. | | | | \$13,000.00 | |
| TOTAL | | | | | | \$13,000.00 | |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) | | | | | | | |
| PAYMENT: | | APPROVED FOR | EXCHANGE RATE | DIFFERENCES | | | |
| <input type="checkbox"/> PROVISIONAL | | (b)(3),(b)(6) | = \$1.00 | | | | |
| <input checked="" type="checkbox"/> COMPLETE | | | | | | | |
| <input type="checkbox"/> PARTIAL | | | | | Amount voided/correct for | | |
| <input type="checkbox"/> FINAL | | | | | \$13,000.00 | | |
| <input type="checkbox"/> PROGRESS | | | | | | | |
| <input type="checkbox"/> ADVANCE | | | | | | | |
| Pursuant to authority vested in me, I certify | | TITLE: SFC. US | (b)(3),(b)(6) | | | | |
| (Date) | | (b)(3),(b)(6) | Foreign Claims Commission IK5 | | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | |
| (b)(2)High | | | | | | | |
| \$13,000.00 | | | | | | | |
| CHECK NUMBER | | ON ACCOUNT OF U.S. TREASURY | | CHECK NUMBER | | ON (Name of bank) | |
| PAID BY | | CASH | | DATE | | (b)(6) | |
| | | \$13,000.00 | | | | | |
| <small>*When stated in foreign currency, insert name of currency. *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. *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.</small> | | | | | | TITLE | |

Previous edition usable

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

6 August 2008

Foreign Claims Commission: IK5

RE: [REDACTED] (b)(6) 08-IK5-T1239 / 115-3

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your son. 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 \$13,000.00.**

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 الأضرار المزعومة والتي لحقت بالملكات الشخصية الخاصة بك، تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طبيك و بدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 , الجيش 162-27 من اجراءات المطالبة.

ان الأضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة. وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 13,000:00.

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

Sincerely,

[REDACTED] (b)(6)
[REDACTED] (b)(6)
Witness Date

[REDACTED] (b)(3),(b)(6)
Captain, US Army
Claims Attorney, IK5

GIC OPINION ABOUT A CLAIM

CASE NO.

(b)(6)

(b)(6)

(b)(6)

1. The claimant presented claim card from the US Army proved that they killed his son (b)(6) and destroyed the claimant vehicle.
2. The claimant proved the ownership of the car type Opel Astra 1995 No. (b)(6)
3. The claimant ask amount of \$ 13000.00.
4. We suggest letting his son compensation go to you, notifying that the vehicle price now at the local market is \$ 7500.00.

With our respects

(b)(6)

LAWYER

(b)(6)

19 March 2008

(b)(6)

(b)(6)

(b)(6)

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- claim card
- 1 Picture shows the damaged car
- Investigation document from Abogred Police station
- Death Certificate
- The cars document ~~is~~ shows the ownership
- Personal document

SIGN; _____

NAME; _____

DATE: _____

(b)(6)

4 MAR 08



Claims Form



To: United States Army Foreign Claims Commission
 From: Name: (b)(6)
 Address: Baghdad (b)(6)
 Iraqi ID No: (b)(6)
 I am: A citizen and national of: Iraq
permanent resident of: Baghdad Alwazeriya
 employed by:
 an insurer () Not an insurer
 A subrogee () Not a subrogee

I hereby file a claim against the United States Government for damages or injuries caused by the Organization, Military Department, Address and Telephone Number

M.W.F

The property damaged had 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 the person sustaining the damage or injuries.)

My claim is for: (b)(6) Baghdad Iraq
 (City) (Country)

My claim is for: Dec. 2nd 2007
 (Month) (Day) (Year)

Give a brief description of the accident or incident on which the claim for damages to property or personal injury is based. (Use back of this sheet if necessary.)

on the 2nd of Dec. 07 we were driving
our vehicle on (b)(6) suddenly we saw
the US army convey were driving wrong side and
they hit our vehicle which led to killed my
son at once and they moved me to the
hospital, an American officer gave me the
claim card. for that I ask for compensation.

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

killed my son and destroyed my vehicle

List itemize amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item

Amount

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-

killing my son and destroyed my vehicle type opel astra \$ 13000.00

Total: \$ 13000.00

I was injured to the following extent against the damager or injuries I have sustained:

The names of my insurer (if any) is:

(Name)

(Address)

I claim the amount (indicate amount in U.S. dollars and local currency)

\$ 13000.00 local 13,600.00 USD

(Signature of Claimant)

Submitted on this 6 day of may, 2002

(SIGNATURE)

(PRINT NAME)

(b)(6)

Pages 10 through 12 redacted for the following reasons:

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

(b)(6), Foreign Language Text

Witness Statement

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text

Page 14 redacted for the following reason:

(b)(6), Foreign Language Text

vehicle temporary certificate

Type of vehicle:

(b)(6)

owner's name :-

(b)(6)

Manufacturer's No

Model :-

(b)(6)

Opel Astra colour blue

sig. of officer

Contract of selling and buying cars

Contract No

(b)(6)

The seller name :-

Amir Rashid

(b)(6)

The buyer name :-

Car No

(b)(6)

Opel Astra Model 1995

Manufacturer's No

(b)(6)

Price paid is :- \$ 9,600.00 cash

Date :-

(b)(6)

sig. of seller

sig. of Buyer

Page 16 redacted for the following reason:

(b)(6), Foreign Language Text

Death Certificate

No. (b)(6) date issued: 02-02-2007
Died person name: (b)(6)
Sex: male Birth date: (b)(6) place: (b)(6)
residency in: (b)(6) Baghdad
date of death: - at the hour nine on the day
02-02-2007
cause of death: - impact with U.S. Convoy
which led to the broken of
the skull ~~bones~~ and face bones, and to
hemorrhage of the brain.

Death Certificate

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

ABO Ghazik Police office!-

Date :- 12.02.2007

accident location diagram

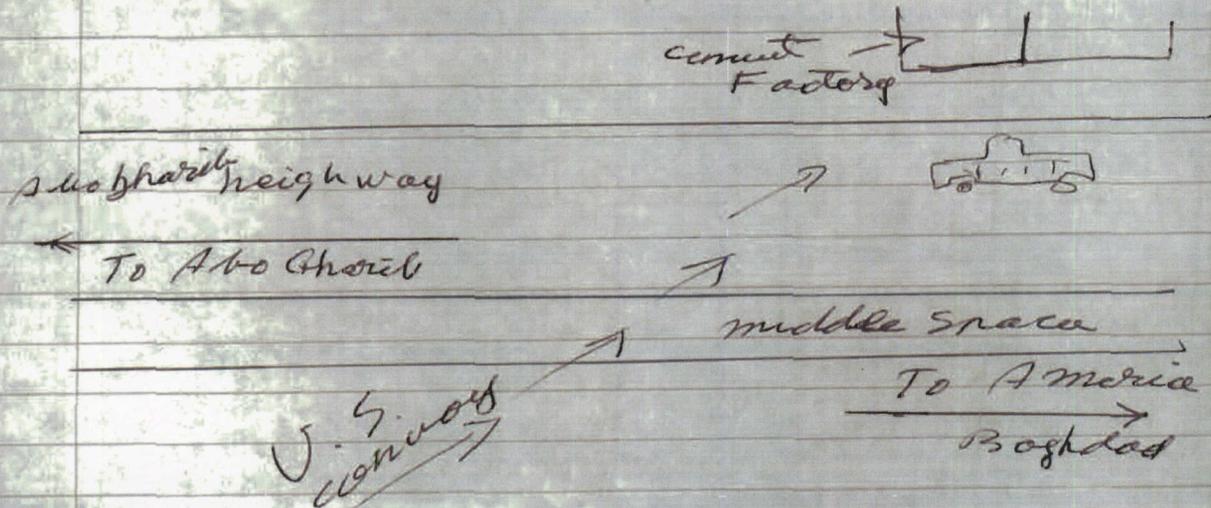
1- accident happened about (b)(6) far away from our office.

2- it's general road connecting america to ABO Ghazik district

3- I have watch in the place of the accident a vehicle type OPEL Astra no. (b)(6) thrown on the right hand side of the road.

4- I have seen the traces of the blood the driver (b)(6) on the steering and on the dash pole and on the drivers door, and his father ~~was~~ had some simple Bruises in his body

5- I did not seen any other thing help me in the investigation.



accident location diagram

Foreign Language Text, (b)(6)

Foreign Language

Foreign Language Text, (b)(6)

accident location diagram

CENTCOM 016686

Foreign Language Text

08-1K5-T1239-00021

Page 22 redacted for the following reason:

(b)(6), Foreign Language

Personal Iraq Id. issued on: Rusofa Baghdad

Folder no 10911 Page no

(b)(6)

id. no

(b)(6)

Name:

(b)(6)

Sex: male

date issued: 06-14-2007

Birth date:

(b)(6)

(b)(6), Foreign Language Text

Personal Iraqi Id. card issued on Baghdad

Foldor No: (b)(6) Page No: (b)(6)

id. No: (b)(6)

Name: (b)(6)

sex: male

date issued: 06-16-2006

Birth date: (b)(6) Baghdad

Page 28 redacted for the following reason:

(b)(6), Foreign Language Text, Illegible Text

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضراراً جسدية من إصابات إلى آخره، أو موت لا سمح الله لأحد من الأقرباء، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض. للتقدم ببلاغ والطالبة بذلك الرجاء إحضار الآتي، هذه البطاقة وهويتك الشخصية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادثة، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو التسجيل، وإشبات الكمية لا حطام أو تضرر ولا تحاول أن تحصل على تعويض عنده، وخصوصية السيفارة ان كنت تحمل رخصة).

الرجاء إحضار هذه المستمسكات إلى مركز المساعدة العراقي في معسكر التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، للصمودية في معسكر قلب معسكر هولك، معسكر كاسو، معسكر فوك.

أو أحد المراكز الحكومية، الثورة أو مدينة الصدر - نيمان الرشيد الرضوية. الرسالة الأمارات الكرخ الأعظمية الكردية أو سبع البور.

ملاحظة: ابتداءً من هذا التاريخ (المستمسك) لايشي للدفع المؤبد.

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.

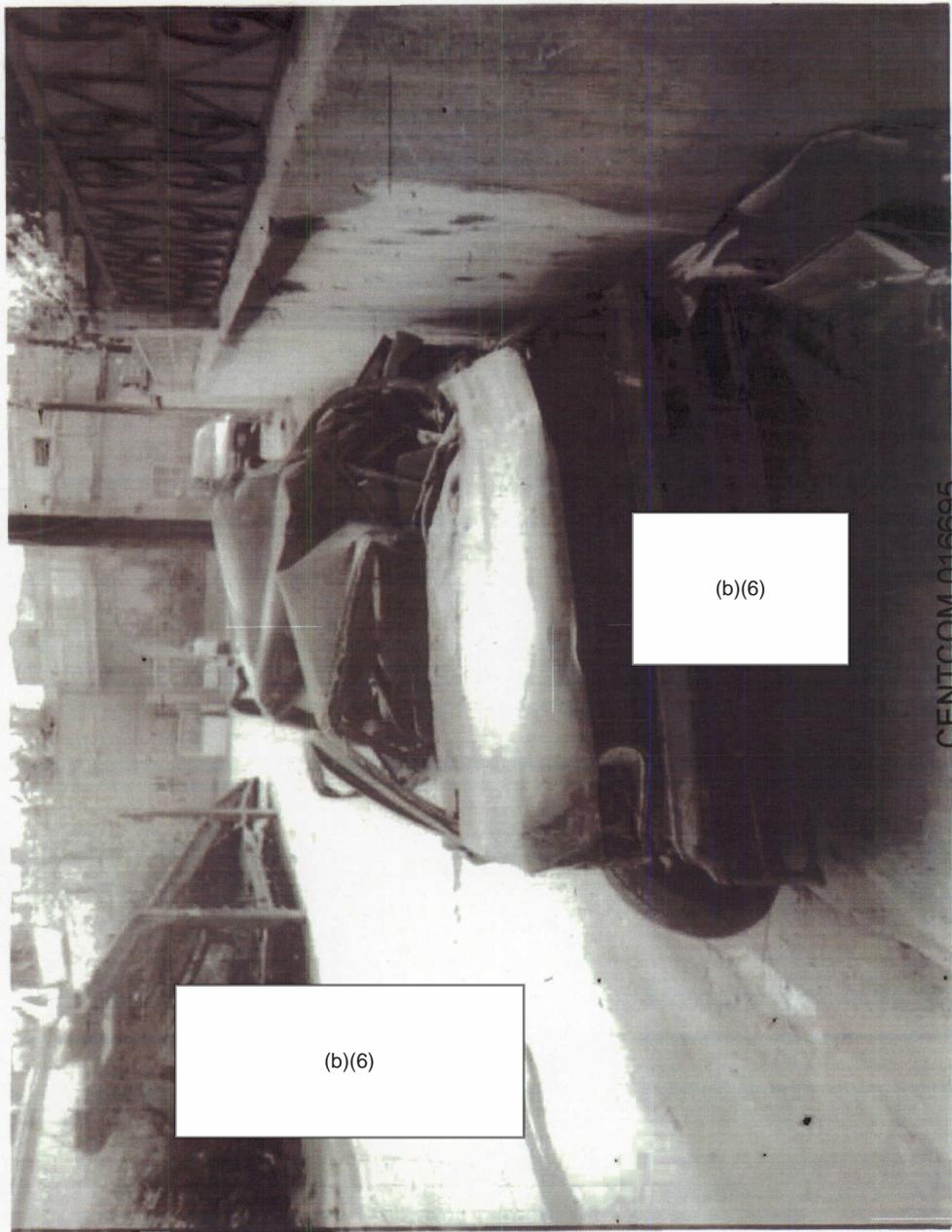
1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 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 only to substantiate a claim against the US Army.

UNIT OUT-ANNEX 6, C-1-7

DATE 2 DEC 2007

LOCATI (b)(2)High

TYPE OF INCIDENT ACCIDENT-DEATH



(b)(6)

(b)(6)

CENTCOM 016695

08-1K5-T1239-00030