

T1371

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

Foreign Language Text, (b)(6)

511-N-8

Foreign Language Text

(b)(6)

511-N-8

~~OTHER~~ vehicle Acc.
- translate

- Approve \$10,000-

511-N-8



Foreign Language Text, (b)(6)

INTERNATIONAL
 DIVISION - BAGHDAD
IRAQI CLAIM CARD

السلم عليكم ورحمة الله وبركاته
 اخي المواطن الكريم، اعقاب الاضرار التي لحقت بك، سواء كانت اضرار
 جسدية من اصابات الى اخره، او موت لا تمنح لك احد من الاقرباء،
 وكان السبب وراء ذلك القوات الامريكية فقد يكون لك الحق في التعويض.
 للتقدم ببلاغ والحالية بحقت الرجاء، احضار الاتي هذه البطاقة و هو يملك
 المتوفرة مع كمل الاوراق الرسمية المتعلقة بهذه الاضرار والتي تقدم
 للوزارة مثل (صور للاصابات، شهادة الشهود، تقرير الشرطة،
 وبمالات بالاستلام او التسليم، والبيانات المكتبة لنا حفظه او تفسر ولنا
 تحاول ان نحصل على تعويض عنة، ورحمة سيلافة ان كنت تحمل
 رغبة).
 الرجاء احضار هذه المستمكات الى مركز المساعدة العراقي في معسكر
 الخاص برعاية كثر، البوابة الهندية في معسكر فالكون، العمودية في
 معسكر جلي، معسكر هولممعسكر كالمسو، معسكر دوك.
 او معسكر كوكو الحكومية، السوررة او معينة الصدر 9 بجان الرشيد
 والعمودية او سلة الامانة الكسح الاعلمية الكسرة او مسبح

هذا هو رقم التماسك الخاص بالبلغ الذي يؤكد
 شكر الامم المتحدة

INTERNATIONAL
 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 Iraq Assistance Center. Do not promise them anything
4. Upon return to your FOB, complete a SF 97 or DA Form 2623. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the Soldier's involved and will be used only to substantiate claims against the US Army.

UNIT B 2169
 DATE 14 JAN 08
 LOCATION (b)(2)High
 TYPE OF INCIDENT vehicle was crashed and the man is dead by us Army

Standard Form 1034 (EO) Revised October 1987 Department of the Treasury 1770-4-2000 102-1-171		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		100 DATE VOUCHER PREPARED 26-Aug-08		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		
CLAIM #: 08-1K5-T1371				DISCOUNT TERMS		
PAYEE'S NAME AND ADDRESS (b)(6)				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 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.				\$10,000.00
TOTAL						\$10,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		(b)(6), (b)(3)				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE: SFC, US Pay Agent		(b)(3), (b)(6)		
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify that		payment				
3 SEP 08 <i>(Date)</i>		(b)(3), (b)(6)		Foreign Claims Commission IK5 <i>(Title)</i>		
ACCOUNTING CLASSIFICATION						
(b)(2) High						\$10,000.00
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)
PAID BY		DATE				
CASH		3 SEP 08		(b)(6)		
\$10,000.00						
When stated in foreign currency, insert name of currency.						PER
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.						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.						

NSN 7540-00-900-2234

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

26-Aug-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T1371 / 511n-8

1. Facts.

The claimant alleges that her husband was hit by a CF convoy while he was driving. The claimants husband died on the scene.

Claimant has requested \$12,500.00

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 \$10,000.00

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

CPT, JA
Claim Attorney IK5

CENTCOM 016723

08-IK5-T1371-00005

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: 3 SEP 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 _____ 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

26 August 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1371 / 511n-8

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage caused by U.S. Forces. 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 \$10,000.00.**

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.

عزيري 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 طلبك 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, 10,000.00

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

(b)(6)

Date

(b)(6)

23 Sep 08
Date

Sincerely,

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

Captain, US Army
Claims Attorney, IK5

CENTCOM 016725

08-IK5-T1371-00007

CLAIMS LOG

AMOUNT CLAIMED: \$17500
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 14 Jan 10 Aug 08
DATE OF INCIDENT: 14 Jan 08
LOCATION OF INCIDENT: NMD
IRAQI ID NUMBER: 396701
PARALEGAL RECOMMENDATION: _____

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:

The claimant alleges that her husband was hit by a CF Convoy
while he was driving.

- Claims card is a little suspicious.
- ~~evidence~~ translate death cert.



AL Mahmudia Claim Department



"THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- claim card.....
- one photo for the car damages.....
- copy of death certificate for the claimant's husband.....
- copy of the car registration card and the car buying contract.....
- copy of Iraqi ID and National card for the claimant.....
-

(b)(6)

AL Mahmudiah Claim Department

Date:- 11/3/2008.....



Claims Form

To: United States Army Foreign Claims Commission

From: Name (b)(6)

Address: Iraq Baghdad (b)(6)

I.D. number (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: same address above
- c. Employed by: _____
- d. Check one () An insurer Not an insurer
- e. Check one () A subrogee Not a subrogee

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

MAF

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: MMD Baghdad Iraq
(Town) (City) (Country)

My claim arose on: Aug 10 2008
(Month) (Day) (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 14/Jan/2008 My husband (b)(6) was driving his car (Kia Car) (b)(6) at Al-Yusifiyah Baghdad road cross an American vehicle hit his car and destroyed it and killed him inside it, his brother was driving in another car saw the accident and stopped behind him, then MAF soldier gave him a claim card ask for compensation with respect.

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

MVF vehicle with the claimant's husband's car caused death to her husband and destroyed his car at the road (Yousiflyeh - Radhunnayeh)

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
1- The death of My husband	\$ 2500
2-	
3- The value of his car	\$ 10000
4-	
5-	
6-	

Total: \$ 12500

I was insured to the following extent against the damage 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)

\$ 12500 local 15000000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 10 day of Aug, 2008

(Print Name)

(b)(6)

(Signature)

Pages 12 through 13 redacted for the following reasons:

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

(b)(6)

claim for

On the date of 01-14-2008 My
husband left my his vehicle Typ
Kia Krecidi white in colour model (b)(6)
and when he reach the crossing part
of Radhwania and Xousipia, he got
hit by U.S. vehicle which led to be
killed at the time 9 am asking compensation
for the car \$ 10,000 and for the death
of my husband \$ 2500 total of \$ 12,500

Foreign Language

Page 15 redacted for the following reason:

(b)(6), Foreign Language Text

Contract #06 hunting and sellin case
The seller
The buyer
was vehicle: Type Kia Radoon make
color: silver plate
Registration No. [redacted]
color: white
date of the contract is 08.05-2008

[redacted] (b)(6)

[redacted] (b)(6)

[redacted] (b)(6)

[redacted] (b)(6)

Page 17 redacted for the following reason:

(b)(6), Foreign Language Text

Personal id. Card NO.

(b)(6)

Name:

(b)(6)

gender: male

Personal id. Card NO.

(b)(6)

Name:

(b)(6)

gender: Female

vehicle certificate

vehicle NO.:

(b)(6)

Baghdad.

owner:

(b)(6)

Type: Kia Rideni

(b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Death Certificate No.:-

(b)(6)

dated:- 01-14-2008

Name of the died Person:-

(b)(6)

Birth date :-

(b)(6)

(b)(6)

death date :- at the hour ten in the morning
on the day 01-14-2008

location :- Ingh cross between Yankin
and Radkwanin

Cause of accident :- car accident by
The U.S. forces

Foreign Language Text, (b)(6)



CENTCOM 016740

08-IK5-T1371-00022