(b)(6)

562.N.9.

T1544

foreign language

562-N-9

~~TSH~~

vehicle Accident

Translate Death cert.

- Approve $15,000 -

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 actions against the US Army

UNIT Aco 1-38 INF

DATE 21 Nov 07

LOCATION

TYPE OF INCIDENT Vehicle Accident death

2) H

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

اخي المواطن الكريم ،مقابل الاضرار التي لحقت بك ، سواء كانت اضرار جسدية من اصابات الى اخره ، او موت لاسمح الله لاحد من الاقرباء ، وكان السبب وراء ذلك القوات الامريكية فقد يكون لك الحق في التعويض المتقدم ببلاغ والمطالبة بحقك الرجاء احضار الاتي: هذه البطاقة وهويتك المدنية مع كل الاوراق الرسمية المتعلقة بهذا الامر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة ، وايصالات بالاستلام او التسليم ، واثبات الملكية لما حطم او تضرر ولما تحاول ان تحصل على تعويض عنه ، ورخصة السياقة ان كنت تحمل رخصة).

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر [illegible] بوابة كنر ، البوابة الهندية في معسكر فالكون ، المحمودية في معسكر [illegible] ، معسكر هوك ، معسكر كالسو ، معسكر دوك.

[illegible] المركز الحكومية ، الثورة او مدينة الصدر ٩ نيسان الرشيد [illegible] الكرخ الاعظمية الاكرادة او سبع [illegible]

[illegible] (المستمسك) لايعني الدفع المؤكد.

[illegible]

CLAIMS LOG

AMOUNT CLAIMED: $14,000
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 02 Sep 08
DATE OF INCIDENT: 21 Nov 07
LOCTION OF INCIDENT: Baghdad
IRAQI ID NUMBER: (b)(6)
PARALEGAL RECOMMENDATION:

FCC ACTION: [ ] DENY [ ] APPROVE [ ] OTHER

COMMENTS / REMARKS:
The claimant alleges that a CF convoy hit his vehicle resulting in the death of his brother and the damage to his car.

- Translate Death Cert

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

REPLY TO ATTENTION OF:

AFZB-KC-JA 02-Nov-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T1544 / 562n-9

1. Facts.

The claimant alleges that his vehicle was hit by a speeding CF convoy. His brother was a passenger in the vehicle and died from the accident.

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)(6)

CPT, JA
Claim Attorney IK5

Standard Form 1034 (SG)
Revised October 1967
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
24th FMC
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

10DATE VOUCHER PREPARED
02-Nov-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

CLAIM #: 08-IK5-T1544

PAYEE'S NAME AND ADDRESS
(b)(6)
Mahmudiyah

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 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:
- [ ] PROVISIONAL
- [x] COMPLETE
- [ ] PARTIAL
- [ ] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

BY (b)(6)

TITLE: SFC, US Pay Agent

Amount verified; correct for $15,000.00

(b)(3), b(6)

Pursuant to authority vested in me, I certify this voucher

(b)(3), b(6)

(Date) | C (Authorized Certifying Officer)[2] | Foreign Claims Commission IK5 (Title)

ACCOUNTING CLASSIFICATION

(b)(2) High $15,000.00

PAID BY[3]

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

CASH $15,000.00 | DATE | PAYEE (b)(6)

[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; otherwise the 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.

(b)(6)

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

REPLY TO
ATTENTION OF

AFZB-KC-JA

2 November 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1544 / 562n-9

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 $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 بالممتلكات الشخصية الخاصة بك, , تنظيم الجيش 27-20 و ادارة شؤون USوقد قمت بمراجعة طبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 27-162 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

(b)(6)

12 Nov 08

Claimant Date

Sincerely,

(b)(3), b(6)

(b)(6)

12 Nov 08

Witness Date

Captain, US Army
Claims Attorney, IK5

AL_Mahmodia Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:-.. (b)(6)

- Two photoes for his destroying car.
- IRAQ claim card.
- IRAQ's death certificate
- A contract for selling and buying cars.
- A temporary car document.
- IRAQ's ration card
- IRAQ's resident card
- A copy of his brother (dead) (b)(6)
- A copy of his natsonality (b)(6)

(b)(3), b(6)

AL Mahmodiah Claim Department
Date:- 7/9/08

COMC AL Mahmodia Claim Derpatment

[redacted]

Claims Form

To: United States Army Foreign Claims Commission
From: **Name:** (b)(6)
Address: IRAQ - BAGHdad
I.D. number (b)(6)
I am
a. A citizen and national of: IRAQ - BAGHdad
b. A permanent resident of: BAGHdad. (b)(6)
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)

MNF

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:	11	21	07
	(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 21 nov 07, when the Americans doing their duties in the south of IRAQ - AL-RASheed neibourHood; my car was destroyed completly by American Humwees in the intersection of Roads (Highspeed or express way). that leads to my brother's death (b)(6) that's why, I am asking double compensation ((12)) million on my car damages and "3" million ID on my Brother's death. the Total compensation 15 million I.D

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

His car destroyed completly by American Humvee and Killing His Brother. Asking for 15 million I.D

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- Destroying His car	(b)(6)	12 000 000
2- Killing His Brother	(b)(6)	3 000 000
3-		
4-		
5-		
6-		

Total: 15 000 000

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)

$ 14 000 **local** 15 000 000

(Signature of Claimant)

Subscribed before me this 21 day of Nov, 200 7

(b)(6)

(Signature)

Pages 11 through 12 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

claim for the claimant: (b)(6)

(b)(6)

On the date of 11-21-2007. while the M.N.F. doing its jobs in the district of Al Rashid - South Baghdad near the the Bridge of the heigh way, while they were driving in the wrong side. one of the hummer vehicles struck my car No (b)(6) Baghdad Type Daewo Sonata grey colour, which led to be destroyed compeletly and to the killing of my brother (b)(6). So I am asking compensation of 12 milion Iraqi dinar for the damages of the car and 3 milion I.D. for the death of my Brother (b)(6). So the total of 15 milion I.D. here are the proofs I have 1) compensation card 2) car registration. 3) contract of buying the vehicle (4) death certificate to my brother (b)(6) (5) Personal I.D card for the claimant.

asking of 15 milion I.D.

(b)(6)

Page 14 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6), foreign language

Death certificate:- No:- (b)(6)
dated:- 11-21-2007

Name of the died Person (b)(6)
:

death date:- at the hour 08:00 in the
morning of the day 11-21-2007
place of death:- Yousifia
Cause of death:-
car accident by U.S. vehicle
according to the Al rashid Police
office dated 11-21-2007

CENTCOM 011239
08-IK5-T1544-00015

Foreign Language Text, (b)(6)

contract of buying and selling Cars

The ~~buyer~~ Seller :-, (b)(6)
The buyer :-
vehicle No :- Hyondai Sonata (b)(6)
gray colour, Saloon
Price :- $ 11 000.00 .

stamp (b)(6)

Pages 18 through 19 redacted for the following reasons:
- -
(b)(6), foreign language
Foreign Language Text, (b)(6)

(b)(6)

(b)(6)

(b)(6)

foreign language, (b)(6)

Personal id Card No (b)(6)

Name:-

Gender:- Male

Birth date:-

Baghdad

(b)(6)

(b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

registration card for the vehicle No,
Baghdad. owner Name:
, the User Name

type :- Hyondani Sonata grey
dated 08-15-2007

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

CENTCOM 011247
08-IK5-T1544-00023

Page 24 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
foreign language, (b)(6)

08-IK5-T1544-00025

CENTCOM 011250

08-IK5-T1544-00026

CENTCOM 011251

08-IK5-T1544-00027