Other

$15,000

(b)(6)

194-4
7-Apr-08

08-IK5-T706

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 وللمطالبة 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 او التسليم ، وإثبات الملكية لما حطم او 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 فاب، معسكر هوك، معسكر كالسو ، معسكر دوك.
أو أحد المراكز الحكومية، الثورة أو مدينة الصدر-٩ نيسان-الرشيد-الرضوانية- الرصافة-الأمانات-الكرخ-الأعظمية-الكرادة أو سبع البور.

ملاحظة: إمتلاك هذا الكرت(المستمسك) لايعني الدفع المؤكد.

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 ACO-1-121N

DATE 2 OCT 07

LOCATION Abu-Grib Road

TYPE OF INCIDENT Car Accident/Death

HE WAS NOT AT FAULT

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

10DATE VOUCHER PREPARED
03-Jul-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

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

PAYEE'S NAME AND ADDRESS
CLAIM #: 08-IK5-T706
(b)(6)
Baghdad

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)(3), (b)(6)
TITLE: SFC, US Pay Agent
(b)(3), (b)(6)
.00

Pursuant to authority vested in me, I certify

14 July 08 (Date) (b)(3), (b)(6) (Authorized Certifying Officer) 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 $15,000.00 | DATE 14 Jul 08 | (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.

PER
TITLE

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 03-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

08-IK5-T706 / 194-4

1. Facts.

The claimant alleges that, while her husband and son were driving, a CF convoy hit their car, killing them and damaging the car.

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)

CPT, 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: 14 Jul 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.

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

3 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T706 / 194-4

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your husband and 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 $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, وقد قمت بمراجعة طبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 US, تنظيم الجيش 27-20 و ادارة شؤون 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)

14 July 08

Claimant Date

Sincerely,

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

(b)(6)

14 July 08

Witness Date

Captain, US Army
Claims Attorney, IK5

CLAIMS LOG

AMOUNT CLAIMED: 15.000
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 6 Apr 08
DATE OF INCIDENT: 10 Oct 07

PARALEGAL RECOMMENDATION: (b)(5)

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

COMMENTS / REMARKS:

THE GIC OPINION ABOUT A CLAIM

(b)(6)

Case No (b)(6)

1. The claimant presented claim card from the US Army proved their responsibility about the damages and the death which happened to the claimant's husband and son.

2. The claimant proved the ownership of the car which belongs to the husband.

3. The claimant asks amount of $ **15000.00**.

4. We suggest compensate her same amount that she asks.

With our respect,

(b)(6)

(b)(6)

LAWYER
F. M.
13 April 08

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name (b)(6)

- Claim card
- One picture
- Investigation report
- Death certification
- Vehicle ID
- Iraqi documents

SIGN;- (b)(6) -----

;

NAME; -----

DATE: 6-Apr-08

Pages 10 through 11 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

Claims Form

To: United Stat[illegible] Foreign Claims Commission
From: **Name**: (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No

I am

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

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

Against. M.N.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 party sustaining the damage or injuries.)

My claim arose at AL. Shaab (Town) Baghdad (City) Iraq (Country)

My claim arose on Oct (Month) 10 (Day) 2007 (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 10/Oct/07 while my husband and son was driving His car type (Ford model 1991) back to home. Happen to U.S convoy coming towards them. Fact led to hit them. resulted to Killed my husband And son and great damaged in the vehicle For that am asking for compensation

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

Killed my husband and son and Damage vehicle because their hit by U.S convoy

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- For the damages	$15,000,00
2-	
3	
4	
5	
6	

Total: $15,000,00

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)

$ 15,000,00 **local** 18,000,000 ID

(b)(6)

imant)

Subscribed before me this 6 day of Apr, 2008

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 14 through 15 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Death Certificate

Foreign Language Text, (b)(6)

Foreign Language Text

(b)(6), Foreign Language Text

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08-IK5-T706-00018

Pages 19 through 20 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

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(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

08-IK5-T706-00027