

(9)(q)(3)(q)

Other

- Approve \$15,000 -

195-4
7-APR-08

(9)(q)

08-1K5-T-707

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم برحمة الله وبركاته

أخي المواطن الكريم، مقابيل الأضرار التي لحقت بك، سواء كانت أضرار جسدية من إصابات إلى أخرى، أو موت لا سمح الله لأحد من الأقرباء، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض. للتقدم ببلاغ وللطالبة بحقوق الرجاء إحضار الآتي، هذه البطاقة وهويتك الشخصية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تندرج الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، وصورات بالإستلام أو التسجيل، وإثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، وخدمة السياحة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمسكات إلى مركز المساعدة العراقي في معسكر التاجية بولاية كركوك، البوابة الهندية في معسكر فالكون، لعمودية في معسكر فاب، معسكر هوك، معسكر كاتسو، معسكر دوك.

أو أحد المراكز الحكومية، الثورة أو مدينة الصلحة - نيسان الرشيد.

الرسالة: الرسالة الأمانات الكرخ الأعظمية - الكرادة أو سبع البور.

نحن نأمل أن تكون هذا الكرت (المستمك) لإعني للدفع للموكد.

وشكراً لتعاونكم معنا

MULTINATIONAL
DIVISION - BAGHDAD

HE WAS NOT AT KARBALA

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

- Fill out the required information below.
- Give this card to the Iraqi civilian, or other appropriate person in the case of death.
- Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
- 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.

UNITY 451 MATT 1-71

DATE 22 DEC 06

LOCATION (b)(2)High

TYPE OF INCIDENT CAR ACCIDENT/DEATH

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: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR _____ (b)(3), (b)(6)	EXCHANGE RATE = \$ _____ = \$1.00	DIFFERENCES _____		_____ 0.00		
Pursuant to authority vested in me, I certify to: <u>14 July 08</u> (Date)		_____ (b)(3), (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		(b)(6)				
\$15,000.00		14 Jul 08						
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 approving officer will sign in the space provided, over his official title. ³ 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 7540-00-903-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 3725 and 3726 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.

CENTCOM 017185

08-1K5-T707-00003



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-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T707 / 195-4

1. Facts.

The claimant alleges that a CF convoy hit her husband while he was driving, killing him and destroying 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

CENTCOM 017186

08-IK5-T707-00004

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 _____.

* 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 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T707 / 195-4

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your husband. 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.

عزيري مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الأضرار المزعومة والتي لحقت بالمتلكات الشخصية الخاصة بك، تنظيم الجيش 20-27 و إدارة شؤون US وقد قمت بمراجعة طلبك وبدقة 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 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)

Sincerely,

Claimant

14 July 08
Date

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

(b)(6)

Witness

14 July 08
Date

Captain, US Army
Claims Attorney, IK5

CENTCOM 017188

08-IK5-T707-00006

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.
2. The claimant proved the ownership of the car which belongs to the husband type Chevrolet 1999 P No. 415084/baghdad.
3. The claimant asks amount of \$ **15000.00**.
4. We suggest compensate her same amount that she asks.

With our respect,

(b)(6)

LAWYER

(b)(6)

13 April 08

(b)(6)

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- Claim card
- One picture
- Death certificate
- The vehicle ID
- Investigation report by Iraqi police station
- Personal documents

SIGN; (b)(6) _____

NAME, _____

DATE: Apr 16 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. A citizen and national of:
- b. A permanent resident of:
- c. Employed by:
- d. Check one () an insurer Not an insurer
- e. Check one () A subrogee Not a subrogee

Iraqi
Baghdad - Iraq

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 Abo. Ghraib way Baghdad Iraq
(Town) (City) (Country)

My claim arose on Dec 22 2006
(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 22-Dec-06 while my husband was driving his Vehicle type Chevrolet Superpan mode (b)(6) on Abo Ghraib way. surprised the U-S convoy coming Toward him led to hit accident. which caused to Killed my husband and destroyed his car. After That The Iraqi police station contact me for received his body also The Iraqi officer gave me claim card That The U-S convoy gave it to him

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

Killed my husband and destroyed his car
By The 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 18,000,00 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 6 day of Apr. 2008

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 12 through 15 redacted for the following reasons:

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Foreign Language Text, (b)(6)



Foreign Language 1

Foreign Language 1

Foreign Language Text

Foreign Language

Foreign Language Text, (b)(6)

Foreign Language

Accident

CENTCOM 017199

08-1K5-T707-00017

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Witness Statement

Mr

(b)(6)

Foreign Language Text, (b)(6)

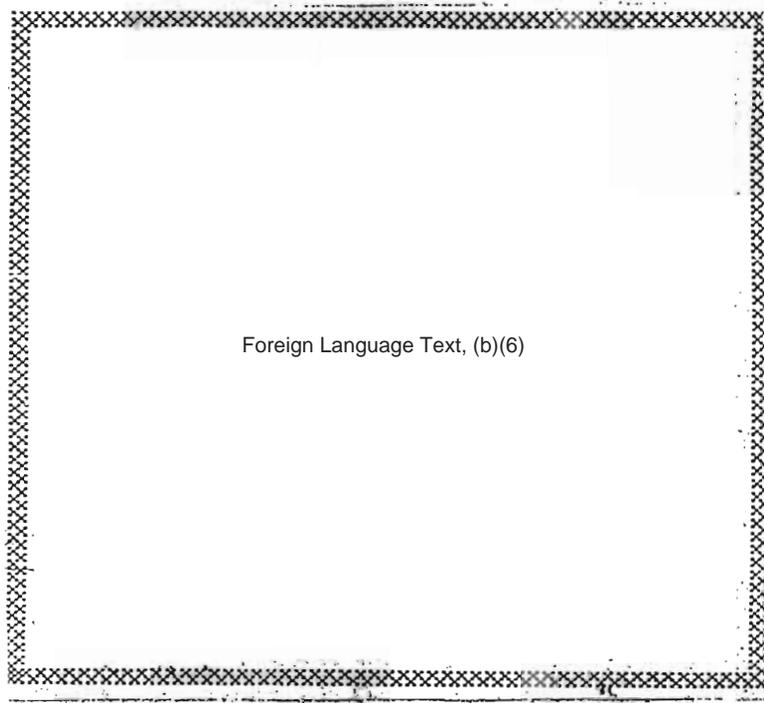
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CENTCOM 017205

08-1K5-T707-00023

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(b)(6)

CENTCOM 017209

08-IK5-T707-00027