

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

Vehicle Accident

- Approve \$7,000 -

2/5-4  
13-Apr-08

(b)(6)

DB-1K5-T-722



| Standard Form 1034 (EO)<br>Revised October 1997<br>Department of the Treasury<br>17FM 4-2000<br>1034-121                                                                                                                                        |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>                                                                                                                                                                                                                                    |                                       |                   |                                                                         | VOUCHER NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|-------------------------------------------------------------------------|------------|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br><b>DEPARTMENT OF THE ARMY<br/>24th FMC<br/>Camp Liberty, Iraq<br/>APO-AE 09344<br/>DSSN: 5579</b>                                                                                     |                             |                                                                                                                                                                                                                                                                                                         | 10 DATE VOUCHER PREPARED<br>03-Jul-08 |                   | SCHEDULE NO                                                             |            |
|                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                                                                                                                                                         | CONTRACT NUMBER AND DATE              |                   | PAID BY<br>24th FMC<br>Camp Liberty, Iraq<br>APO AE 09344<br>DSSN: 5579 |            |
|                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                                                                                                                                                         | REQUISITION NUMBER AND DATE           |                   |                                                                         |            |
| PAYEE'S NAME AND ADDRESS<br>CLAIM #: 08-1K5-T722<br>(b)(6)<br>Baghdad                                                                                                                                                                           |                             |                                                                                                                                                                                                                                                                                                         |                                       |                   | DATE INVOICE RECEIVED                                                   |            |
|                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                                                                                                                                                         |                                       |                   | DISCOUNT TERMS                                                          |            |
|                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                                                                                                                                                         |                                       |                   | PAYEE'S ACCOUNT NUMBER                                                  |            |
| SHIPPED FROM                                                                                                                                                                                                                                    |                             |                                                                                                                                                                                                                                                                                                         | TO                                    |                   | WEIGHT                                                                  |            |
|                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                                                                                                                                                         |                                       |                   | GOVERNMENT BA. NUMBER                                                   |            |
| NUMBER AND DATE OF ORDER                                                                                                                                                                                                                        | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule and other information if required)</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. |                                       |                   |                                                                         | \$7,000.00 |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below)                                                                                                                                                                   |                             |                                                                                                                                                                                                                                                                                                         |                                       |                   | TOTAL                                                                   | \$7,000.00 |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input checked="" type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE |                             | APPROVED FOR<br>RV: (b)(3), (b)(6)<br>TITLE: SFC, US Pay Agent                                                                                                                                                                                                                                          | EXCHANGE RATE<br>=\$1.00              | DIFFERENCES       |                                                                         | 00.00      |
| Pursuant to authority vested in me, I certify this                                                                                                                                                                                              |                             | (b)(3), (b)(6)                                                                                                                                                                                                                                                                                          |                                       |                   |                                                                         |            |
| 14 July 08<br><i>(Date)</i>                                                                                                                                                                                                                     |                             | Foreign Claims Commission IK5<br><i>(Title)</i>                                                                                                                                                                                                                                                         |                                       |                   |                                                                         |            |
| ACCOUNTING CLASSIFICATION                                                                                                                                                                                                                       |                             |                                                                                                                                                                                                                                                                                                         |                                       |                   |                                                                         |            |
| (b)(2)High                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                                                                                                                                         | \$7,000.00                            |                   |                                                                         |            |
| PAID BY                                                                                                                                                                                                                                         | CHECK NUMBER                | ON ACCOUNT OF U.S. TREASURY                                                                                                                                                                                                                                                                             | CHECK NUMBER                          | ON (Name of bank) |                                                                         |            |
|                                                                                                                                                                                                                                                 | CASH                        | DATE                                                                                                                                                                                                                                                                                                    | PAYEE                                 | PER               |                                                                         |            |
|                                                                                                                                                                                                                                                 | \$7,000.00                  | 14 Jul 08                                                                                                                                                                                                                                                                                               | (b)(6)                                | (b)(6)            |                                                                         |            |
|                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                                                                                                                                                         |                                       | TITLE             |                                                                         |            |

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 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

**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

03-Jul-08

MEMORANDUM FOR RECORD

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

08-IK5-T722 / 218-4

1. Facts.

The claimant alleges that CF tanks hit his vehicle, killing his brother and wife.

Claimant has requested \$7,000.00

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 \$7,000.00

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

CP1, JA  
Claim Attorney IK5

CENTCOM 017265

08-IK5-T722-00004

**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 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-T722 / 218-4

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your brother and wife. 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 \$7,000.00.**

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 بالمتلكات الشخصية الخاصة بك، تنظيم الجيش 27-20 و ادارة شؤون US وقد قمت بمراجعة طلبك 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 7,000.00.

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)

Claimant

Date

14 July 08

Sincerely,

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

(b)(6)

Claimant

Date

14 July 08

Captain, US Army  
Claims Attorney, IK5

CENTCOM 017267

08-IK5-T722-00006

# CLAIMS LOG

AMOUNT CLAIMED: 7,000  
CLAIMANTS NAME: \_\_\_\_\_ (b)(6)  
DATE CLAIM SUBMITTED: 13 Apr 08  
DATE OF INCIDENT: 9 Oct 07

PARALEGAL RECOMMENDATION: \_\_\_\_\_ (b)(5)

FCC ACTION:     DENY             APPROVE             OTHER

COMMENTS / REMARKS:  
Payment is for vehicle, no evidence for the  
deaths of family members

ID- \_\_\_\_\_ (b)(6)

Description: CF tanks hit his vehicle killing his  
brother & wife.

type: ~~01111~~ Vehicle Accident



## THE GIC OPINION ABOUT A CLAIM

(b)(6)

**Case No.** (b)(6)

1. The claimant presented tow pictures shows that the US Army crashed and step over his car which led to killed his relatives and wounded him and his friend with destroyed his car totally type Toyota (B)(6) (b)(6) white colors.
2. The claimant presented investigation documents with a diagram from the police station showing how the US Army damaged the Vehicle.
3. The claimant presented two statements supported the accident.
4. The claimant asks amount of \$ 7000. For the injury and for the Vehicle type Toyota (b)(6) white colors.
5. We suggest letting the case go to you.

With our respect,

(b)(6)

LAW IER

(b)(6)

19 April 08

(b)(6)

(b)(6)

# Claim Department

## "THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- Two pictures.....
- Plan of accident location.....
- Two sworn statements.....
- Buying contract.....
- Personal documents.....
- .....

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

NAME; -----

DATE: 4/13/08



# SWORN STATEMENT

For use this form, see AR 190-45; the proponent agency is ODCSOPS

## PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately  
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval  
 DISCLOSURE: Disclosure of your social security number is voluntary.

|                                       |                    |         |                 |
|---------------------------------------|--------------------|---------|-----------------|
| 1. LOCATION<br><i>Baghdad</i>         | 2. DATE (YYYYMMDD) | 3. TIME | 4. FILE NUMBER  |
| 5. LAST NAME, FIRST NAME, MIDDLE NAME |                    | 6. SSN  | 7. GRADE/STATUS |

8. ORGANIZATION OR ADDRESS

9. I, *(b)(6)* WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

*I swear that on th 9th of oct. 2007 all the evening on my way out from my brother's house for buying fuel an accenent occurs near me an american tanks moved on the wrong side of the road and one of the tanks step over one car *(b)(6)* and killed *(2)* and injured the others and they have been transferred to a hospital and I dont know what's happed after that*

|             |                                         |                       |
|-------------|-----------------------------------------|-----------------------|
| 10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT | PAGE 1 OF _____ PAGES |
|-------------|-----------------------------------------|-----------------------|

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

• STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

• STATEMENT (Continued)

**AFFIDAVIT**

I, \_\_\_\_\_, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_\_. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

\_\_\_\_\_  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Signature of person Administering Oath)

\_\_\_\_\_  
(Typed Name of person Administering Oath)

\_\_\_\_\_  
(Authority to Administer Oaths)

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT.

PAGE OF PAGES

Page 12 redacted for the following reason:

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



# 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 (X) Not an insurer
- e. Check one ( ) A subrogee (X) 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)

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 Hay. Amel Baghdad Iraq  
(Town) (City) (Country)

My claim arose on Oct 9 2007  
(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 9-Oct-07 The U.S tanks hit my vehicle

Type (b)(6) at Hay. Amel street. which led to  
Killed my wife brother and destroy of car.

Therefore am asking for compensation

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

Crash my car and killed my wife brother  
By the U.S army

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.)

| <u>Item</u>        | <u>Amount</u> |
|--------------------|---------------|
| 1- For the damages | \$ 7000,100   |
| 2-                 |               |
| 3                  |               |
| 4                  |               |
| 5                  |               |
| 6                  |               |

Total: \$ 7000,100

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)

\$ 7000,100 local 8,470,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 13 day of Apr 2008.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 15 through 18 redacted for the following reasons:

-----

Foreign Language Text, (b)(6)

UNITED ARAB EMIRATES  
DUBAI  
P.O. BOX 1493



883

Foreign Language Text

SERIAL No. ....

DATE .....

.....2575776.....  
.....2003/11/15.....  
Foreign Language

القيادة العامة لشرطة دبي

الإدارة العامة للمرور

Dubai Police General H. Q.

GENERAL DEPT. OF TRAFFIC

CERTIFICATE OF

EXPORT / TRANSFER / RISM / NO. PLATE

DUBAI POLICE CERTIFIES THAT THE VEHICLE BELOW IS  
PROPERTY OF

NATIONALITY  
PASSPORT No.

THERE IS NO POLICE OBJECTION FOR THE VEHICLE

AS THE VEHICLE CONFORMS TO ALL LAWFUL CONDITIONS REQUIRED

VEHICLE DETAILS

MAKE :  
SUBMAKE :

CATEGORY :

COLOUR :

MODEL :

COUNTRY OF ORIGIN :

ENGINE No. :

CHASSIS No. :

No. DOORS :

REG. PLATE No. :

REG. DATE :

REG. EXP. DATE :

HIRE PURCH. CO. :

HIRE PURCH. REF. :

HIRE PURCH. DATE :

INSURANCE CO. :

POLICY No. :

REMARKS.

Foreign Language Text

\*\*\*\*\*

Foreign Language Text

render this certificate null & void

(b)(6)

Pages 20 through 23 redacted for the following reasons:

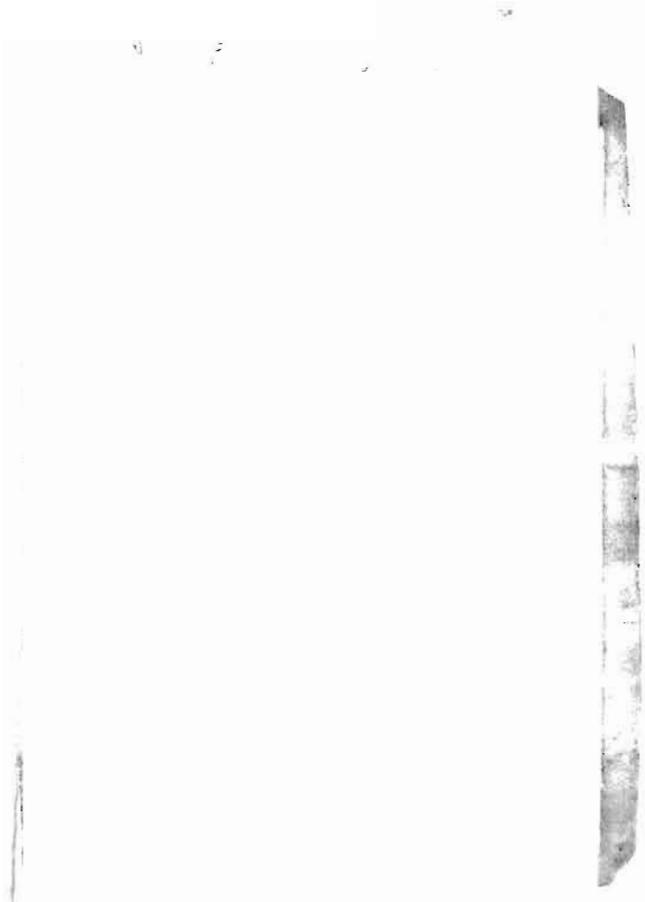
-----  
(b)(6), Foreign Language Text  
Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text

CENTCOM 017285

08-1K5-T722-00024



Foreign Language Text, (b)(6)



CENTCOM 017286



CENTCOM 017287

08-1K5-T722-00026

(b)(6)



CENTCOM 017288

08-IK5-T722-00027