

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

08-IK5-T739

388-N5-

(b)(6)

foreign language

388-N.5

foreign language

388-N.5

OTHER

- Terp death certificate
- Approve \$2500-

Text, Nonre

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

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 to substantiate a claim against the US Army.

UNIT B/3-324TH
DATE 07 Dec 07
LOCATION CICI Box
TYPE OF INCIDENT Family Members Accidentally killed by an ASep07

(2)Hi

MULTINATIONAL
DIVISION - BAGHDAD
IRAQI CLAIM CARD

السلاح عليكم ورحمة الله وبركاته
أخي المواطن الكريم مطالب الأضرار التي لحقت بك ، سواء كانت بشرية
جسدية من أضرار أو خسائر ، أو ممتلكات لا تسمح لك لأحد من الأعداء ،
وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
للتقدم بطلب وادعاء المطالبة بحقوقك الرجاء إخطار الأبي . هذه القيدقة و هو يتك
المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر التي تدعم
الموضوع مثل (صوره للحدائق، شهادة الميلاد، تقرير الشرطة،
وإيصالات بالامتلاك أو التملك، وثبات التأمين وما حظرت أو تضررت وما
تسأل ان تحصل على تعويض عنه ، ورخصة السيارة ان كنت تحصل
رخصتك)

الرجاء إخطار هذه المستندات التي مرز المساعدة العراقية في معسكر
التابع بولاية كركوك ، القوية قنصلية في معسكر فالتون، المحفوظة في
معسكر قلب ، معسكر هوك، معسكر كلسو، معسكر نوكر.
أو أحد المرز الحكومية الثائرة - أو مدينة الصدر - 9 نيسان - الرشيد
الطريق قنصلية - الرصافة - الأملات - الفرخ الأظلمية - الإفرقة أو سبع
الهور.

ملاحظة: يمتلك هذا القرد (مستندات) لإبني الشغ القرد.
وشكرا لتعاونكم معنا

CLAIMS LOG

AMOUNT CLAIMED: \$ 2,500
CLAIMANTS NAME: _____ (b)(6) _____
DATE CLAIM SUBMITTED: 01 May 08
DATE OF INCIDENT: 1C Sep 07

PARALEGAL RECOMMENDATION: Approve \$2500

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:
- Good evidence
- Airstrike on CLC checkpoint
- Claim has been verified.
- Cause of death was shrapnel all over his body





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

11-Sep-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T739 / 388n-5

1. Facts.

The claimant alleges CF conducted an airstrike on a CLC checkpoint killing his son.

Claimant has requested \$2,500.00

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 \$2,500.00

(b)(3), b(6)

CPT, JA
Claim Attorney IK5

CENTCOM 011256

08-IK5-T739-00005

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.				\$2,500.00
TOTAL							\$2,500.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)							
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		Amount verified, correct for <i>(Signature or initials)</i> \$2,500.00	
Pursuant to authority vested in me, I certify that: (b)(3), b(6)							
		TITLE: SFC, US Pay Ag (b)(3), b(6)		Foreign Claims Commission IK5			
ACCOUNTING CLASSIFICATION							
(b)(2) High				\$2,500.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		PAYEE	(b)(6)		
	\$2,500.00			(b)(6)			
<small> 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. </small>							
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.							



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

11 September 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T739 / 388n-5

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 \$2,500.00.**

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 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 , 2,500.00

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,

ite

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

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

Witness

Date

Captain, US Army
Claims Attorney, IK5

CENTCOM 011258

08-IK5-T739-00007

Claim Department

388-N-5

"THE CLAIM'S CONTAINS"

Case no;

The Claimant name:-

(b)(6)

- A claim card
- Copy of death certificate for the claimant's son
- Copy of Memorandum from the head of Kutubiya Iraqi Council Shakh confirming the death of the claimant's members (b)(6)
- Copy of witness statement (b)(6) and (b)(6) (b)(6)
- Copy of Iraqi ID and other documents for the claimant

(b)(6)

SIGN;

NAME;

(b)(6)

Date: 5/ May / 2008



Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Iraq Baghdad (b)(6)
(b)(6)

- 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)
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: May 1 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 12/Sep/2007 MNF Made an air strike
on a CIC check point No. 9. That caused death
to my son (b)(6) I 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.

MNF Killed the claimant's son by
an strike on their CIC check-point
at Mahwediyah Shi Shabar

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 death of my son	\$ 2500
2-	
3-	
4-	
5-	
6-	

Total: \$ 2500

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)

\$ 2500 local 920 JD

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 day of May, 2008

(Print Name)

(b)(6)

(Signature)

Pages 11 through 13 redacted for the following reasons:

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

Death certificate

NO: _____

(b)(6)

Date issued: 09-12-2007

Died Person name: _____

Birth date: _____

(b)(6)

(b)(6)

Cause of death: Sharpnel all over the body.

date of death: at the hour 04.00 in the morning of the day Sep. 12, 2007

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)

(b)(6)

Foreign Language Text

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Personel I, D
Office: - Louisiana
Feds No (b)(6)
Personel I, D # (b)(6)
Name: (b)(6)
Date issued: - 03-13-2007

Foreign Language Text, (b)(6)

Personal I.D

Office: ~~St~~ Latvia

Folder No: (b)(6)

Personal I.D No: (b)(6)

Name: (b)(6)

Date issued: 03-13-2007

Page No: (b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Pages 24 through 25 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(2)High
Already Reviewed and Redacted for Release, (b)(6)



Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Iraq Baghdad (b)(6)

ID# (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)

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.)

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(Month) (Day) (Year)

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4-	
5-	
6-	

Total: \$ 2500

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)

\$ 2500 local 9890000 (b)(6)

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 day of May, 2008

(Print Name)

(b)(6)

(Signature)

Pages 28 through 30 redacted for the following reasons:

Foreign Language Text, (b)(6), Already Reviewed and Redacted for Release
Foreign Language Text, Already Reviewed and Redacted for Release, (b)(6)
foreign language, (b)(6)

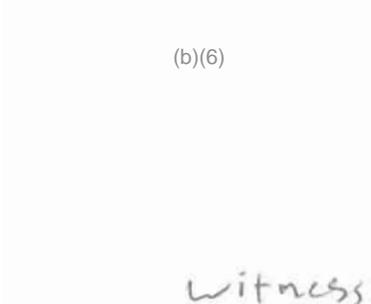
Foreign Language Text, (b)(6)

Page 32 redacted for the following reason:

Foreign Language Text, (b)(6)



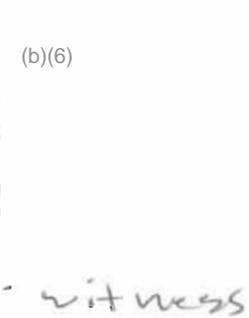
Foreign Language Text



(b)(6)

witness

Foreign Language Text, (b)(6)



(b)(6)

witness



(b)(6)



(b)(6)

Pages 34 through 36 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6) and foreign language text
Already Reviewed and Redacted for Release, (b)(6), foreign language text