

foreign language

384-N-5

foreign language

08-IR5-T740

384-N-5

OTHER

- Terp death cert.
- Approve \$2,500 -

(b)(6)

384-N-5

(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 B13-329th

DATE 07 Dec 07

LOCATION C.I. Base

TYPE OF INCIDENT Enemy Member Accidentally Killed by Air 123590

(2) Hi

MULTINATIONAL  
DIVISION - BAGHDAD

### IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم معلمي الأختير التي لاحت بك ، سواء كنت الضرار جسيدي من اهلنا التي اكر ، او موت لا تسح انا واحد من الاقرباء ، وكان السبب وراء ذلك القوات الامريكية فقد يكون لك الحق في التعويض ، للتقدم ببلاغ و المطالبة بحكك الرجاء احضار الاخي ، هذه البطاقة و هويتك المدنية مع كل الأوراق الرسمية المتعلقة - بهذا الخبر التي تدعم الموضوع مثل إصورات الحادث ، شهادة الشهادة ، تقرير الشرطة ، وإبصارات بالإستلام و التسمية ، وثبت الدفعة لانه خطر أو تضرر ولما تخبرنا ان تحصل على تعويض عنه ، وورخصة الشهادة ان كنت تحصل رخصة

الرجاء احضار هذه المستندات في مركز المساعدة لمر التي في معسكر التاجر بولاية كرك ، الولاية الثانية في معسكر قاتون ، المحفوظية في معسكر لبي ، معسكر هوك ، معسكر كاشو ، معسكر نوري .

او احد المرئز العسكري للفرقة - او مدينة الصدر - و تيسان - الرشيد الرضوية ، الرصافة ، الهلوات ، الفرج الاضوية - الكوفة - أو ميسج البوز .

ملاحظة : يمتلك هذا الكرت (المستندات) ليرضي النفع المرئز .

وشكرا لتعاونكم معنا

# CLAIMS LOG

AMOUNT CLAIMED: \$2500  
CLAIMANTS NAME: (b)(6)  
DATE CLAIM SUBMITTED: 01 May 08  
DATE OF INCIDENT: 12 Sep 07

PARALEGAL RECOMMENDATION: Approve \$2500

FCC ACTION:  DENY  APPROVE  OTHER

COMMENTS / REMARKS:  
- Same incident as two other claims  
- Ctr Airstrike  
- Cause of death was shrapnel all over body



# Claim Department

384-N.5

"THE CLAIM'S CONTAINS"

Case no;

The Claimant name:-

(b)(6)

- A claim card
- Copy of witnesses statement for two witnesses (b)(6) and (b)(6)
- Copy of death certificate to the claimant's husband
- Memorandum from the board of Iraqi National Council Staff (b)(6)
- Copy of Iraqi ID for the dead husband and copy of ID for the claimant and her father card
- 

(b)(6)

SIGN;

(b)(6)

NAME;

Date: 5/ May / 2008



**Claims Form**

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Iraqi 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 (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, 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 at 4.00 AM MNF attacked CIC

by airstrike  
check point at Al Khab Krigah and killed CIC

members - one of them is "My husband" (b)(6)

I ask for compensation with all due respect

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

MNF attacked RIC check point by air strike and killed the claimant's husband

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- Death of My husband	\$ 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 2820000 TD

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 day of May 2008

(Print Name)

(b)(6)

(Signature)

Pages 7 through 10 redacted for the following reasons:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 12 redacted for the following reason:

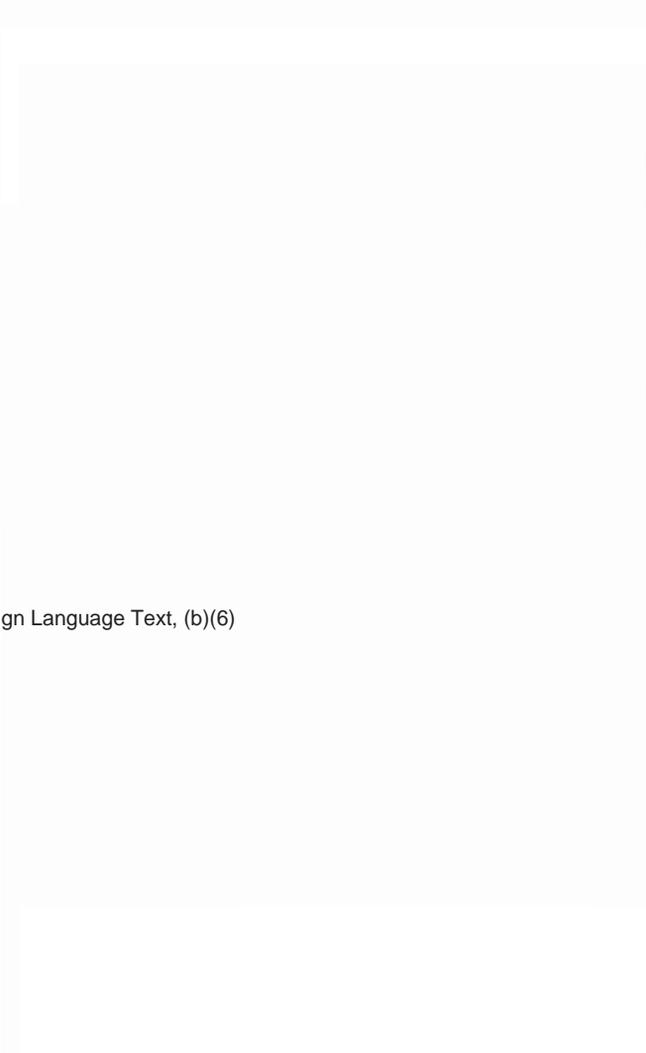
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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

SECRET

SECRET

SECRET



Foreign Language Text, (b)(6)

SECRET

SECRET

MULTINATIONAL  
DIVISION - BAGHDAD



**IRAQI CLAIM CARD**

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UNIT B/3-324th

DATE 07 Dec 07

LOCATION C.I. Base

TYPE OF INCIDENT Family Member Accidentall

Killed by air (2) High speed



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-T740 / 384n-5

1. Facts.

The claimant alleges CF conducted an airstrike on a CLC checkpoint killing her husband.

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)(6), (b)(3)

CPT, JA  
Claim Attorney IK5

Standard Form 1034 (EQ) Revised October 1987 Department of the Treasury 1 7504-0-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			10 DATE VOUCHER PREPARED <b>11-Sep-08</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IK5-T740 (b)(6) Mahmudiyah			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM TO WEIGHT					GOVERNMENT BL NUMBER	
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	
(Payee must NOT use the space below)					TOTAL	\$2,500.00
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			EXCHANGE RATE = \$1.00		DIFFERENCES Amount verified correct for (Signature or initials)	
TITLE: SFC, US Pay Agent (b)(3), b(6)					\$2,500.00	
Pursuant to authority vested in me, I certify that the (Date) C (b)(3), b(6) Foreign Claims Commission IK5 (Title)						
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)		
When stated in foreign currency, insert name of currency. 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. 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	

**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-T740 / 384n-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 الأضرار المزعومة والتي لحقت بالممتلكات 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، 2,500.00،

إذا 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

Date

12 Nov 08

(b)(3), b(6)

(b)(6)

Witness

Date

12 Nov 08

Captain, US Army  
Claims Attorney, IK5

CENTCOM 011305

08-IK5-T740-00018

Pages 19 through 25 redacted for the following reasons:

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Already Reviewed and Redacted for Release (b)(6) and foreign language text  
Already Reviewed and Redacted for Release, (b)(3) and (b)(6)  
Already Reviewed and Redacted for Release, (b)(6)  
Already Reviewed and Redacted for Release, (b)(6) and foreign language text

Death Certificate

No.:

(b)(6)

Date issued: 09.12.2007

Name of the dead Person:

(b)(6)

Birth date:

(b)(6)

(b)(6)

Place of Birth:

(b)(6)

Date of death: at the hour 04.00 in the morning on the day of September - 12 - 2007

Cause of death: Sharpshooting over the body

Place of death: Mehmoudia - Baghdad.

Foreign Language Text, (b)(6)

Page 28 redacted for the following reason:

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Foreign Language Text, (b)(6)



Page 30 redacted for the following reason:

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

Thampi National Institution Certificate  
Folio No. :-  
Certificate No. :-  
Name :-  
Place of Birth :-  
Date of Birth :-

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Registered Certificate :-  
Registered 1986  
1986

Page 32 redacted for the following reason:

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