foreign language

425-N-6

foreign language

425-N-6

- Approve $2,500

(b)(6)

- Appro

8-T876 425-N-6-

MULTINATIONAL
DIVISION - BAGHDAD

# IRAQI CLAIM CARD

**The Army may pay claims to Iraqi civilains 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/3-320th FA

DATE 07 Dec 07

LOCATION ACiBar

TYPE OF INCIDENT Family Member Accidentally Killed

by am 12Sep07

)(2)Hi

MULTINATIONAL
DIVISION - BAGHDAD

# IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم مقابل الأضرار التي لحقت بك ، سواء كانت اضرار جسدية من اصابات الى اخره ، أو موت لا سمح الله لأحد من الأقرباء ، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.

للتقدم ببلاغ و المطالبة بحقك الرجاء إحضار الآتي ، هذه البطاقة و هويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر و التي تدعم الموضوع مثل (صورة للحادث ، شهادة الشهود ، تقرير الشرطة ، و إيصالات بالإستلام او التسليم ، و اثبات الملكية لما حطم أو تضرر ولما تحاول ان تحصل على تعويض عنه ، ورخصة السياقة ان كنت تحمل رخصة)

الرجاء احضار 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 احد المراكز الحكومية الثورة - أو مدنية الصدر - 9 نيسان - الرشيد الرضوانية - الرصافة - الأمانات - الكرخ الأعظمية - الكرادة - أو سبع البور.

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

وشكرا لتعاونكم معنا

Standard Form 1034 (EG)
Revised October 1967
Department of the Treasury
1 TFM 4-3000
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
11-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-T876
(b)(6)
Mahmudiyah

DATE INVOICE RECEIVED
23 JUL 08

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 |
|---|---|---|---|---|---|---|
| 23 JUL 08 | | 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 |

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $2,500.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

BY[1] (b)(3), b(6)

TITLE: SFC, US Pay Agent

Amount verified correct for $2,500.00

(b)(3), b(6)

Pursuant to authority vested in me, I certify that

23 JULY 08 (b)(3), b(6) Foreign Claims Commission IK5

(Date) (Authorized Certifying Officer)[2] (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 $2,500.00 | DATE 23 JUL 08 | PAYEE (b)(6) | (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

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-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T876 / 425n-6

1. Facts.

The claimant alleges that CF conducted an airstrike on a CLC checkpoint and accidentally killed her 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

## 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: 23 July 2008

PAY AGENT NAME: SFC (b)(3), b(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

_____ (b)(3), 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

11 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T876 / 425n-6

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your 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 $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 بالممتلكات الشخصية الخاصة بك, , تنظيم الجيش 27-20 و ادارة شؤون USوقد قمت بمراجعة طبك 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 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)

Claimant Date

Sincerely,

(b)(3), b(6)

(b)(3), b(6)

Captain, US Army
Claims Attorney, IK5

# CLAIMS LOG

AMOUNT CLAIMED: 2,500
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 1 May 08
DATE OF INCIDENT: 12 Sep 07
LOCTION OF INCIDENT: Baghdad
IRAQI ID NUMBER: (b)(6)
PARALEGAL RECOMMENDATION: $2500

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

COMMENTS / REMARKS:

Approve $2,500

# Claim Department

425-N-6

**"THE CLAIM'S CONTAINS"**

**Case no;**

**The Claimant name:** (b)(3), b(6)

- A claim card from Unit B/3-320th FA
- copy of the death certificate for the claimant's son
- copy of the Tribes of Lutifiyah counsil supporting the claimant's story
- copy of the 2 witnesses statements for (b)(6) and (b)(6)
- copy of Iraqi Identification documents for the claimant and her son
-

**SIGN:** (3)(b) (b)(6)

**NAME;**

**Date:-** 6/6/2008

COMC AL Mahmodia Claim Department

# 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 (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 (Town) Baghdad (City) Iraq (Country)

My claim arose on: May (Month) 1 (Day) 2008 (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 My son (b)(6) was on duty with clc at cp9 Alhacriyah, MNF by Mistak attaked the check point by aircraft and striked it and caused death to my son. 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 CIC check point by air strike and killed the claimant's son.

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 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 285,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 day of May, 2008.

(Print Name)

b(6)

(Signature)

Pages 12 through 13 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - - -
Foreign Language Text
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

MULTINATIONAL
DIVISION - BAGHDAD

# IRAQI CLAIM CARD

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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/3-32d th FA

DATE 07 Dec 07

LOCATION CiCiBar

TYPE OF INCIDENT Family Member Accidentally Killed

by air (b)(2)High 12Sept07

Pages 21 through 23 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) and foreign language text
Already Reviewed and Redacted for Release, (b)(6) foreign language text

claim for the claimant:-
Name: (b)(6)
address: Baghdad - Iraq.
Personal id No. (b)(6)
live in (b)(6)
occupation: (b)(6)
claim against: Freindly U.N. Forces
My claim raised in Mahmodia - Shishiar - Baghdad - Iraq
date of claim is:- 05-01-2008
The claimant Said that on the date of 09.12.07 and while her deed son, doing his job his name is ( (b)(6) ) doing his job within Al Sahwa force and at the point (O) - Al Khakrya - an air strike happed which led to my son to be killed by mistake by freindly fire, and he died at the time, So we ask compensation as humanitarian of three milion Iraqi dinars. and here is down the proves
(1) American Compensation Card
(2) Death certificate
(3) Support from the local Panel
(4) Support and confirmation of Sahwa panel in our area.
(5) Personal document.
(6) Personal identification for the claimant.

Pages 25 through 27 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - -
Already Reviewed and Redacted for Release, foreign language text
Already Reviewed and Redacted for Release, foreign language text

Death certificate No. (b)(6) 19 Date:- 09.12.07

Name:

gender:- Male Iraqi Muslim

place and date of Birth:- (b)(6)

place and date of Death:- at the hour 04.00 in the morning. in Al-Khakria - Mahmudia - Baghdad

Cause of death:- Shrapnels in many places in this body.

issued in Mahmudia hospital

Foreign Language Text, (b)(6)

identification card:- office: Almahmoudia
Folder No:- (b)(6) M. Page (b)(6) id. No:- (b)(6)
Name:- (b)(6)
gender:- Male date issued:- 02-27-2006

identification Card office:- Almahmodia
Folder No:- (b)(6) M. Page:- (b)(6) id. No:- (b)(6)
Name:-
gender:- Female date issued:- 02-27-2006

(b)(6) and foreign language text

TO – The human assistant office in Mahmoudia
Subject: support.

I am the representative of Al sahwa in the district of khakria belonging to Al mahmodia I witness and support for you that the victims whose their names down here, are killed due to the bombing by ~~of~~ the friendly air force by mistake during they are doing their duty to resist the members of Al Kaida regiment, in the point (N.O 9) on the date of 09-12-2007 and at the early morning at the hour 04.00.

Names of the victims (killed peoples)

1-
2-
3-
4
5-

(b)(6)

sig & stamp of
Head of Sons of Iraq
in latifia

(b)(6)

stamp and sig. of
sheik (b)(6)

(b)(6)

Baghdad governorate

representative of Al sahawa

(b)(6)

witness

(b)(6)

Foreign Language Text, (b)(6)

To- The human assistane office in Mahmoudia
subject. suppost

We are our signiture down here (b)(6)
(b)(6) who are belonging
to (b)(6), we witness and support
for you that the victims their names are down
here are died because of the bombing of the freidly
air forces by mistake during their presence at
the point NO.(9) which belonging to Khakrgia
Sakma, and during their doing their jobs
against Al-Kaid regimant on the date of
09-12-2007. and we are ready to present
in front of the sites of relations to this subject
to hear our testimony, for that we signed down.

The dead men list:- Name of the victims:-

1-
2-
3- (b)(6)
4
5

sig of the witness

(b)(6)

sig of the victims

(b)(6)

Pages 35 through 36 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - -
Already Reviewed and Redacted for Release, (b)(6) and foreign language text