VEH ACCIDENT

— Approve $13,000 —

63-2
8-Feb-08

(b)(6)

08-T942

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 only to substantiate a claim against the US Army.

UNIT: 1-28 FnP

DATE: 7 Nov 07

LOCATION: on B. op BRidge

TYPE OF INCIDENT: Car was damaged and 1 civilian dead by US Army

MULTINATIONAL DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

اخي المواطن الكريم مقابل الاضرار التي لحقت بك ، سواء كانت اضرار جسدية من اصابات الى اخره ، او موت لاسمح الله لاحد من الاقرباء ، وكان السبب وراء ذلك القوات الامريكية فقد يكون لك الحق في التعويض.

التقدم ببلاغ والمطالبة بحقك الرجاء احضار الاتي، هذه البطاقة وهويتك المدنية مع كل الاوراق الرسمية المتعلقة بهذا الامر والتي تدعم الموضوع مثل (صور الحادث، شهادة الشهود، تقرير الشرطة ، ووصولات بالاستلام او التسليم ، واثبات الملكية لما حطم او تضرر ولما تحاول ان تحصل على تعويض عنه ، ورخصة السياقة ان كنت تحمل رخصة).

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر الناصر، بوابة كتر ، البوابة الهندية في معسكر فالكون ، المحمودية في معسكر الشيخ معسكر موت معسكر كالصو ، معسكر دوك.

[illegible] الاقاليم الحكومية ، الثورة او مدينة الصدر - ٩ نيسان - الرشيد - [illegible] - الرصافة - الاعظمية - الكرخ - الاعظمية - الكرادة او سبع البور.

[illegible] ما كانت (المستمسكات) لايعني الدفع المؤكد.

وشكرا لتعاونكم معنا.

CENTCOM 011434
08-IK5-T942-00002

Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
I TFM 4-2000
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
19-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-T942
(b)(6)
Baghdad

DATE INVOICE RECEIVED

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
		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.				$13,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $13,000.00

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

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

TITLE: SFC, US Pay Agent

(b)(3), b(6)

,000.00

Pursuant to authority vested in me, I certify on

28 JULY 08 (Date)

(b)(3), b(6)

Foreign Claims Commission IK5 (Title)

ACCOUNTING CLASSIFICATION

(b)(2) High $13,000.00

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON
CASH $13,000.00	DATE 28 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 19-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T942 / 63-2

1. Facts.

The claimant alleges that a CF convoy ran into her husband's car while he was driving, killing him and damaging the car.

Claimant has requested $13,000.00

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 $13,000.00

(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: 28 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.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322

NE DESIT VIRTUS

REPLY TO
ATTENTION OF

AFZB-KC-JA

19 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T942 / 63-2

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 $13,000.00.**

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 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 13,000.00.

اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية, لديك ثلاثين يوما (30) و يقدم الطعن وفقا للمادة (20-27) من قانون الجيش AR.

(b)(6)

18 July 08

Claimant Date

Sincerely,

(b)(3), b(6)

(b)(6)

Witness Date

Captain, US Army
Claims Attorney, IK5

GIC OPINION ABOUT CLAIMS

(b)(6)

Case No. (b)(6)

1. **The claimant presented claim card from the US Army confirmed that they killed the claimant's husband and destroyed his vehicle during the crash.**

2. **The claimant presented the ownership of her husband car type (DAYOOW) PRINCE model (b)(6) white color plate no: (b)(6) Baghdad.**

3. **The claimant asks amount of $5,000.00 for killed her husband. And amount of** $8,000.00 for destroyed his car.

4. We suggest compensate her same amount she asks.

With our respect,

(b)(6)

The lawyer.
(b)(6)
6 Feb - 2008

(b)(6)

GIC MANAGER.
(b)(6)
7-Feb-2008

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:- (b)(6)

- Claim card
- One picture for the vehicle
- Death of certificate
- Buying contract
- Registration of the vehicle document
- Iraqi documents

Foreign Text Language

(b)(6)

SIGN;----

NAME; Rafid A. Ali

DATE:- 6-Feb-08

;

Claims Form

Foreign Language Text

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: Iraqi
b. A permanent resident of: Baghdad - Iraq
c. Employed by: (b)(6)
d. Check one ( ) an insurer (X) Not an insurer
e. Check one (X) 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 and Telephone Number) Against Multi National Forces

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.) (b)(6)

My claim arose at Airport way (Town) Baghdad (City) Iraq (Country)

My claim arose on Nov (Month) 7 (Day) 2007 (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 date 7-Nov-07 while my husband ((b)(6)
Was driving his vehicle type (DAYWOO) model (b)(6)
White color plate No: (b)(6) \Baghdad on the airport way
The U.S convoy hit his car. which led to death my
Husband and destroyed the car. So am asking
For a compensation.

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

Death my husband and destroyed his vehicle 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- About value the victim and the car	$ 13,000,00
2-	
3-	
4	
5	
6-	

Total: $ 13,000,00

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)

$ 13,000,00 **local** 16,250,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 6 day of Feb, 2008.

Foreign Language Text

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

claimant Name:- (b)(6)

line in:- (b)(6)

On the date of 11-07-2007 while my husband Mr. (b)(6) driving his car type (Daywoo) Prince, model (b)(6) white in colour, carrying plate No. (b)(6) / Baghdad on the air Port street, at nine oclock in the morning an accident happen between an american military convoy and my husbands car which led to the death of my husband and the destruction of my husband car and when we reached to area of the accendent after couple hours, we met with an american military Person who gave us the compansation card, and he asked us to come to this office for compensation.

The total amount I asked is = $13000.00

1443
C
08-IK5-T942-00011

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

foreign language

foreign language

Foreign Language Text, (b)(6)

foreign language

foreign language

contract of buying the car

The seller! (b)(6)

live in (b)(6)

(b)(6) Baghdad

The buyer !- (b)(6)

(b)(6)

The buyer ~~[illegible]~~ live in !- (b)(6)

(b)(6)

typ of vehicle !- Dayoow Prince model (b)(6)

white in colour plate N.O is

(b)(6) white in colour.

Price !- is in american currency $ 8000.00

CENTCOM 011447
08-IK5-T942-00015

Page 16 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text, (b)(6)

No.

Death Certificate:- Date:- 07.2007

Name of died Person:

Male: Birth date is

Death date:- at the hour 09 of the day 11-07-2007.

cause of death:- Car accident with the american Patrol.

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Page 19 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
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)

CENTCOM 011456

08-IK5-T942-00024