

Foreign Language

CENTCOM 009101

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: ~~10359~~ ²⁰⁰⁰⁷ 1.0359 USARCS NUMBER: 0728-05
Date Received: 11-May-05 06-0089

Name: (b)(6)

Address: (b)(6) Baghdad, Iraq

Claim Summary: Claimant's husband died and vehicle damaged in a vehicular accident involving C.F.

Date of Incident: 07-Mar-05

Amount Requested: \$13,793.00

Recommendation: Approval Denial Investigation
E-Mail the Unit!

Date Reviewed by OIC:

Claim Is: Approved in the amount of \$10K.

Denied. Denial Code _____

On hold pending investigation findings.

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

Sent a mail 20 Sept
E-mailed back by CP1 (b)(3),(b)(6) injured out of theatre,
directed me to e-mail his 1SG, who replied
that his investigation of this incident came up
inconclusive, couldn't find evidence that it happened,
but said that his squad leader that ran that Area
was KIA. My recommendation is to pay the claim
\$7,000 - \$10,000.

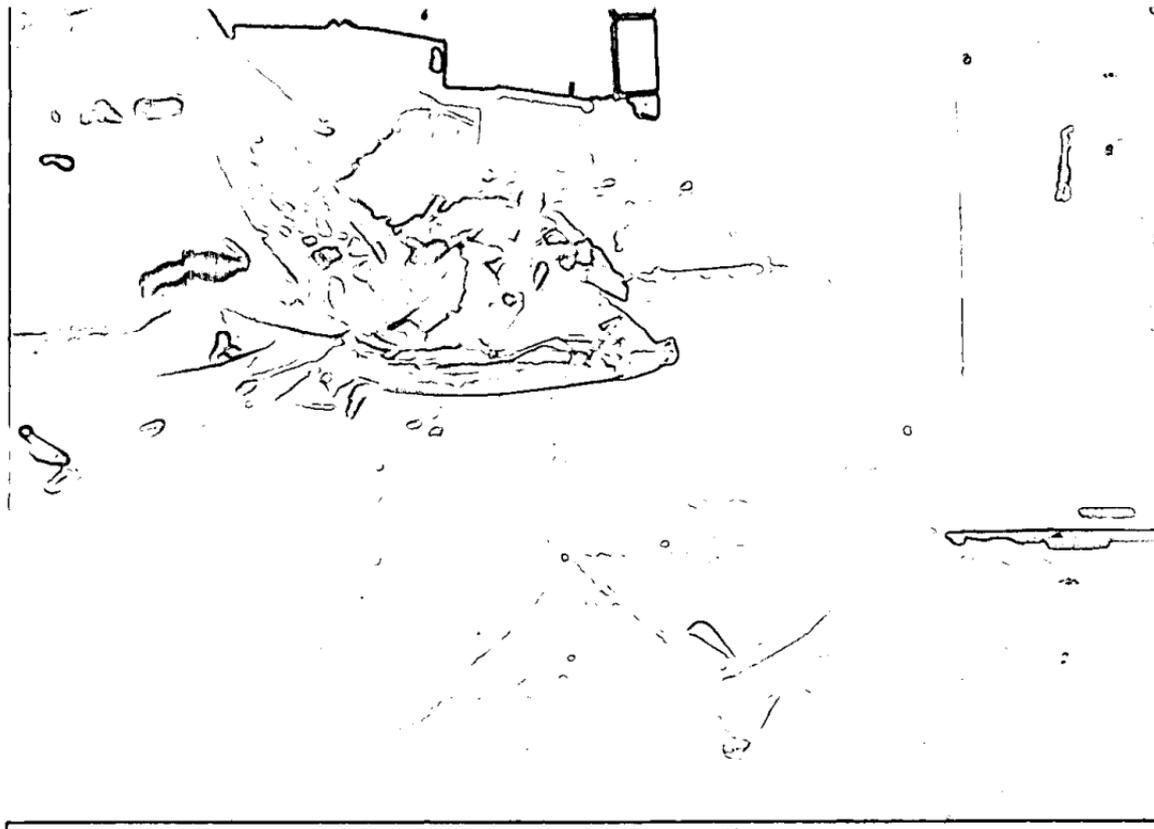
Pic #1

08-0000

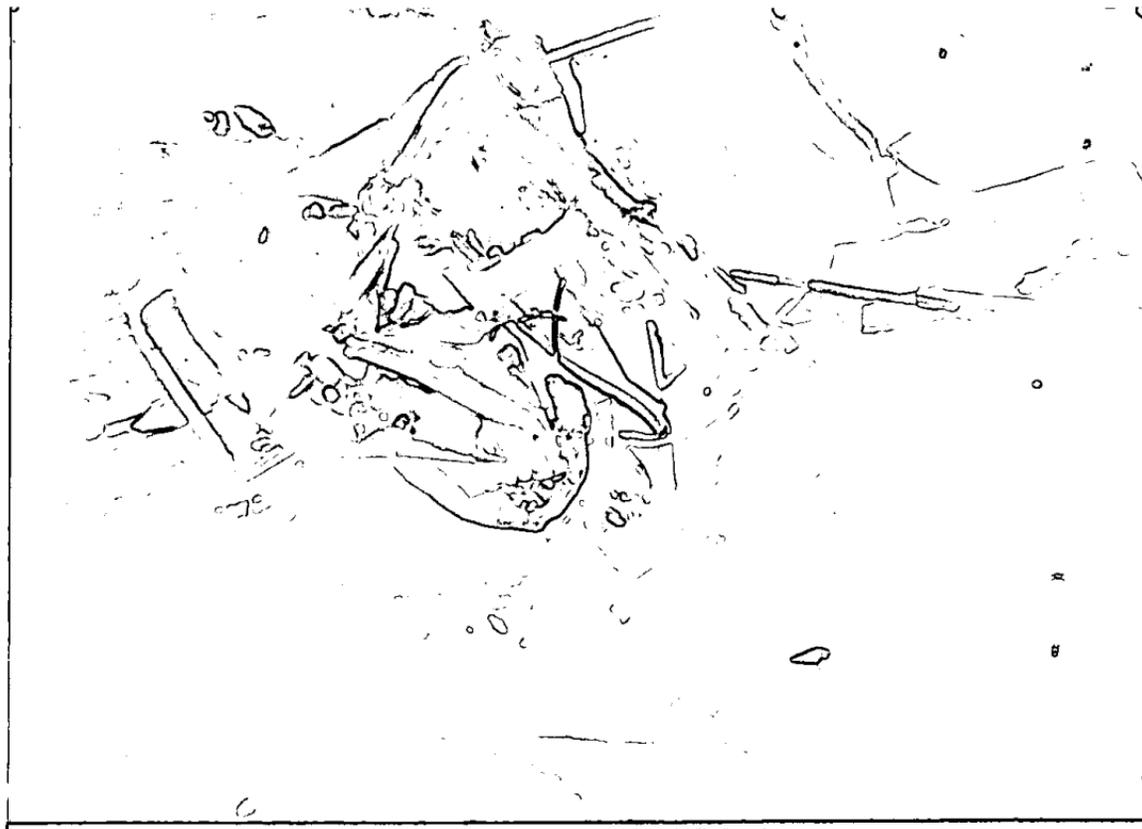
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Pages 4 through 7 redacted for the following reasons:

(b)(6)



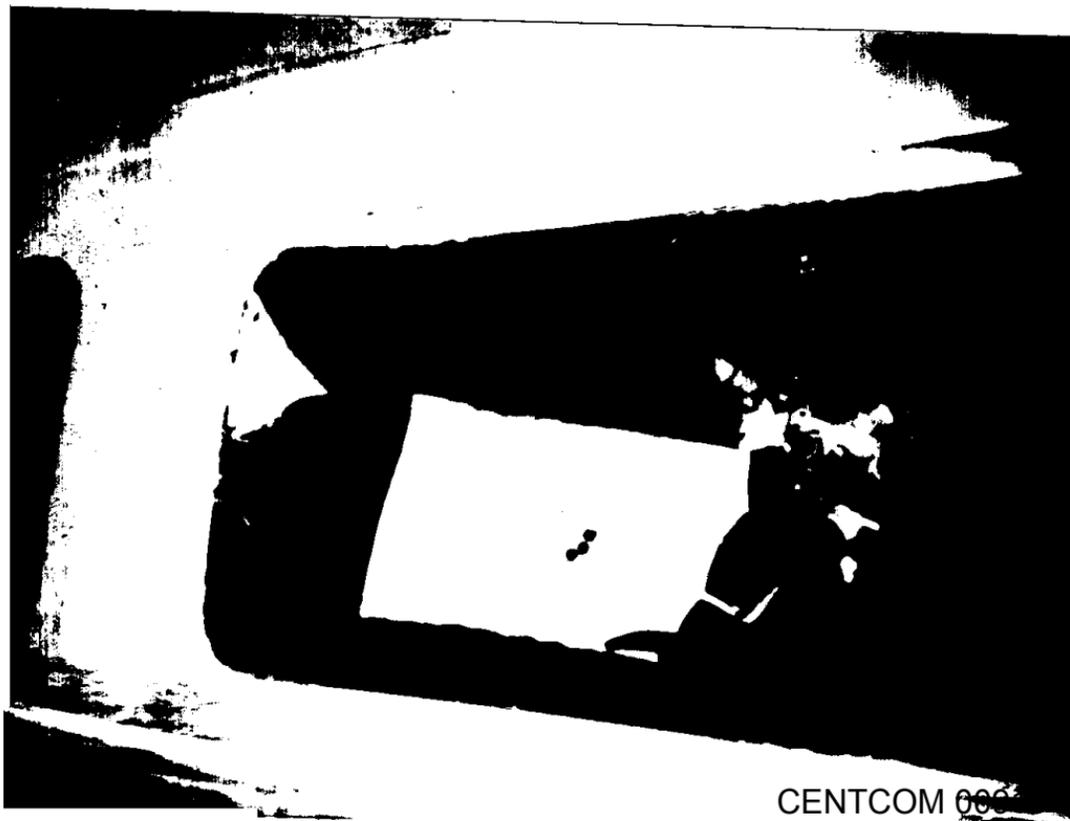
CENTCOM 009108



CENTCOM 009109



09NTCOM 009110



CENTCOM 000



DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
BAGHDAD, IRAQ
APO AE 09380

REPLY TO
ATTENTION OF:

AFZP-VB-JA

Date: 12 October 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T06-0089 APPROVAL AS FOLLOWS:

Claim of: (b)(6)

Address: (b)(6) Baghdad, Iraq

Date Filed: 11-May-05

Amount Claimed: \$13,793.00

Claimed Loss: Claimant's husband died and vehicle damaged in a vehicular accident involving C.F.

1. Your above-mentioned claim is approved, and will be paid as follows:

[X] **Approved:** The claimant, (b)(6) will be paid \$10,000.00 in compensation for property damaged, lost, destroyed, captured, or abandoned in service.

2. 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.

3. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.

4. POC for this memorandum is SPC (b)(3),(b)(6) Camp Loyalty, @ VOIP (b)(2)High

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

R.

CPT, JA
FOREIGN CLAIMS COMMISSION

CENTCOM 009113

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 FM 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 HQ, 3D Infantry Division Office of the Staff Judge Advocate APO AE 09380		10 DATE VOUCHER PREPARED 12 October 2005		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE		PAID BY 3d Finance, 3d SSB Camp Liberty, Iraq APO AE 09352 DSSN:(2)Hic		
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
CLAIM #: II8T06-0089				DISCOUNT TERMS		
PAYEE'S NAME (b)(6)				PAYEE'S ACCOUNT NUMBER		
AND ADDRESS				GOVERNMENT B/L NUMBER		
SHIPPED FROM		TO		WEIGHT		
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		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.				\$10,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$10,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		BY				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE		Amount verified: correct for		\$10,000.00
<input type="checkbox"/> ADVANCE				(Signature or) (3), (b) (6)		
Pursuant to authority vested in me						
<u>19 NOV 05</u> (Date)		(b)(3), (b)(6)		(b)(3), (b)(6), CPT, JA		Claims Judge Advocate (Title)
		(b)(2) High				
		(b)(3), (b)(6)				
Foreign Claims Pay Agent						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE	(b)(6)	
	\$ 10,000.00	19 NOV 05				
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.

CENTCOM 009114

SETTLEMENT AGREEMENT II8T06-0089

I, (b)(6) Baghdad, Iraq hereby agree to accept the sum of \$10,000.00 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident occurring on or about the 07-Mar-05 in Baghdad, Iraq involving U.S. Forces. The damage incurred was Claimant's husband died and vehicle damaged in a vehicular accident involving C.F.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from the said incident. This release / settlement specifically includes all current or potential claims including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents and employees.

_____, Foreign Language

Claimant Name:

Address:

I.D. Number:

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

COMPENSATION APPROVAL NOTICE
CAMP PATRIOT FCC

1

Claim # 10359

Date: 12-Oct-05



Name: _____

(b)(6)

(English)

Foreign Language, (b)(6)

(Arabic)

Claim Summary: Vehicle + Death

Case Worker: _____

(b)(6)



CENTCOM 009116

1BCT



Iraqi Claims Pocket Card



IRAQI CLAIMS POCKET CARD



بطاقه طلب تعويض للعراقيين

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

If your unit is involved in an incident resulting in damage to property of an Iraqi civilian, or injury or death of an Iraqi civilian:

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 them to the Government Information Center located at either the 9 Nissan District Advisory Council Building in Mahala 731 (Old Military Hospital) or the Saqr City District Advisory Council Building located in Mahala 514.

UNIT C-182 FA (M.F.)
 DATE 7 MAR 85
 LOCATION _____
 DAMAGE civilian truck destroyed and Iraqi killed.
 NAME (Optional) _____

OVER ↓

إذا استلمت هذه البطاقة من جندي امريكي عندها سيكون طلبك للتعويض محفوظا

لدى المركز الحكومي للمعلومات في احدى المراكز التالية.

1- مدينة الصدر (الثور) - المركز الحكومي للمعلومات - بناية المجلس الاستشاري.

المحلي محله 514 قرب مقر القائمات.

2- 9 نيسان - المركز الحكومي للمعلومات - بناية المجلس الاستشاري المحلي - محله 731.

الاستشاري العسكري القديم.

اجلب معك هذه البطاقة وسيكون هناك مترجم عراقي سيساعدك لحفظ طلبك للتعويض.

من قوات الولايات المتحدة.



لواء الحصان الحديدي

IRONHORSE

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

Mr
Vehicle accident with collision forces
was killed in a
(b)(6)

Unit: c- 182 FA(mp)

DATE : 7 MAR Q 5

Location : (b)(2)High / ON South Baghdad

DAMAGE: civilian tank destroyed and Iraqi killed

Name : Mr. (b)(6) was killed in a vehide

Accident with coalitions forces

Foreign Language

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Foreign Language, (b)(6)



Foreign Language Text

CENTCOM 009122

Pages 23 through 25 redacted for the following reasons:

Foreign Language, (b)(6)

Foreign Language Text

CENTCOM 009126

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Foreign Language, (b)(6)

Foreign Language Text

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Foreign Language, (b)(6)

Foreign Language Text

CENTCOM 009131

Page 32 redacted for the following reason:

Foreign Language, (b)(6)

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CENTCOM 009133

Pages 34 through 35 redacted for the following reasons:

Foreign Language, (b)(6)

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CENTCOM 009136

Pages 37 through 39 redacted for the following reasons:

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Foreign Language, (b)(6)

Foreign Language Text

Page 41 redacted for the following reason:

Foreign Language, (b)(6)

Foreign Language Text

CENTCOM 009142

Page 43 redacted for the following reason:

Foreign Language, (b)(6)

Foreign Language Text

CENTCOM 009144

Pages 45 through 46 redacted for the following reasons:

Foreign Language, (b)(6)

Foreign Language Text

CENTCOM 009147

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 1#015 # 8 #2

CLA
ADD (b)(6)
SEC
PHONE ()

IAM
A - A Citizen and National Of (Iraq)
B - A Permanent Resident Of (Baghdad)
C - Employed By
D - Check one () an insure () Not an insurer
E - Check one () A subrogate () Not a subrogate

HAVE YOU FILED A CLAIM BEFORE (circle one) YES OR NO

TYPE OF CLAIM (circle which applied)

INJURY DEATH

PROPERTY DAMAGE: VEHICLE, BUILDING, FIELD, ANIMAL, OR OTHER

NAME - (b)(6)
RELATIONSHIP - ~~my husband~~ AGE: (b)(6) DOB D/M/Y (b)(6)

DATE INCIDENT OCCURRED: /D/ 7 /M/ 3 /YYYY/ 2005

PLACE INCIDENT OCCURRED Diyala Bridge

SEC/ ST/ H/ (b)(2)High

SITUATION
Civilian, truck destroyed and Iraqi killed

List in detail the amount of property damage and itemized expense resulting from the property
Damage or personal injury : (attach bills and receipts , if applicable)

Item	Amount

TOTAL AMOUNT: ~~Up to the compensation committee~~ US DOLLAR OR DINAR 20,000,000 D

Signature
Today date 19/ April / 2005

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for the following reasons:-----

Foreign Language, (b)(6)

7-15
13

Foreign Language

CENTCOM 009157

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Foreign Language, (b)(6)

(b)(6)

CENTCOM 009159

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the following reasons:-----

Foreign Language, (b)(6)

Foreign Language Text

CENTCOM 009164

Pages 65 through 66 redacted for the following reasons:

Foreign Language, (b)(6)

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

SPC 2BDE 3ID JAG

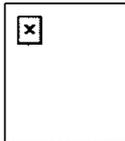
From: (b)(3),(b)(6) SPC 2BDE 3ID JAG
Sent: Tuesday, September 20, 2005 1:53 PM
To: (b)(3),(b)(6) @us.army.mil'
Subject: [U] Iraqi Claims Question
Categories: UNCLASSIFIED, ~~FOR OFFICIAL USE ONLY~~
Classification Caveat: ~~FOR OFFICIAL USE ONLY~~
Classification Classification: UNCLASSIFIED

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Sir,

I am the 2D Brigade, 3D Infantry Division, Foreign Claims Soldier. I am currently working a claim that possibly could have involved you or your unit. The incident happened on 7 March 2005 involving (b)(6) (b)(6) whose husband died as a result of a vehicular accident involving Coalition Forces. A claims card was provided by Charlie Company, 182 Field Artillery to the claimant and has your name on it. Can you give me any further information about this incident and at the very least just verify that the incident did in fact happen so that we can expedite payment or denial of the claim. Thanks Sir,

SPC (b)(3),(b)(6)
1-9 Field Artillery Legal Specialist
2d Brigade Operational Legal Team
3d Infantry Division "Rock of the Marne"
FOB Loyalty, Baghdad, Iraq
Keep the Fire! BATTLEKINGS!



**"I don't deserve this award, but I have arthritis
and I don't deserve that either." – Jack Benny**

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

If this e-mail is marked ~~FOR OFFICIAL USE ONLY~~ it may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Act Program", DoD Directive 5230.9, "Clearance of DoD Information for Public Release", and DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply.

9/20/2005

CENTCOM 009167