

1449-05

2.0560

Foreign Language

(b)(6)

2-058-5

CENTCOM 003659

Foreign Language

CENTCOM 003660

CENTCOM 003661

444

# FOREIGN CLAIMS COMMISSION COVER SHEET

**Claim Number:** 2.0560

**USARCS NUMBER:** 1449-05

**Date Received:** 19-Sep-05

**0065-06**

**Name:** (b)(6)

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

**Claim Summary:** The claimant father was crossing the street and a Coalition Forces convoy ran him over and killed him

**Date of Incident:** 27-Jul-05

**Amount Requested:** \$40,000.00

**Recommendation:**  Approval  Denial  Investigation  
*FWD TO DIV*

**Date Reviewed by OIC:**

**Claim Is:**  Approved in the amount of \$ 10K *yes. you did!*

Denied. Denial Code \_\_\_\_\_

On hold pending investigation findings.

*Pic # 2*

0002-00

Page 7 redacted for the following reason:

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Foreign Language, (b)(6)

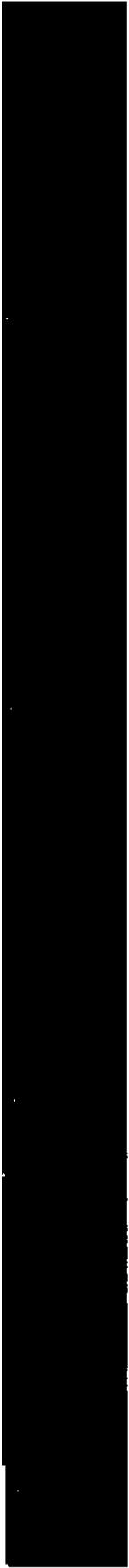
CENTCOM 003665

Foreign Language Text, (b)(6)

CENTCOM 003666

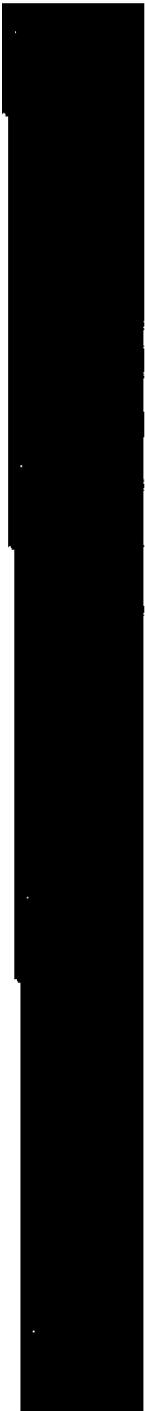
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Foreign Language, (b)(6)



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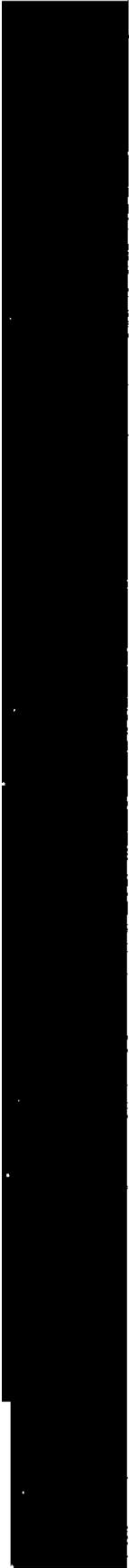
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CENTCOM 003688

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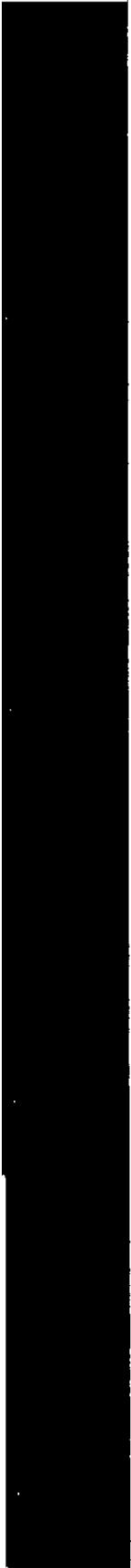
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CENTCOM 003696

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Foreign Language  
Foreign Language, (b)(6)



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Foreign Language, (b)(6)

CENTCOM 003704

Foreign Language

Foreign Language, (b)(6)

Foreign Language

Foreign Language

Foreign Language

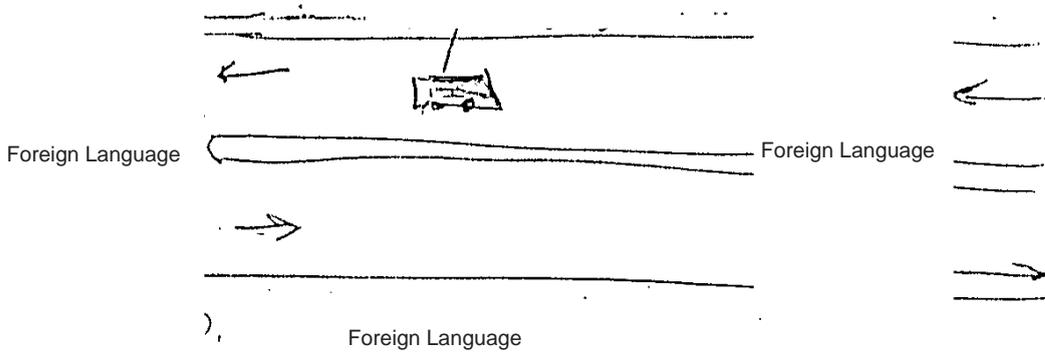
Foreign Language



Foreign Language

Foreign Language, (b)(6)

Foreign Language

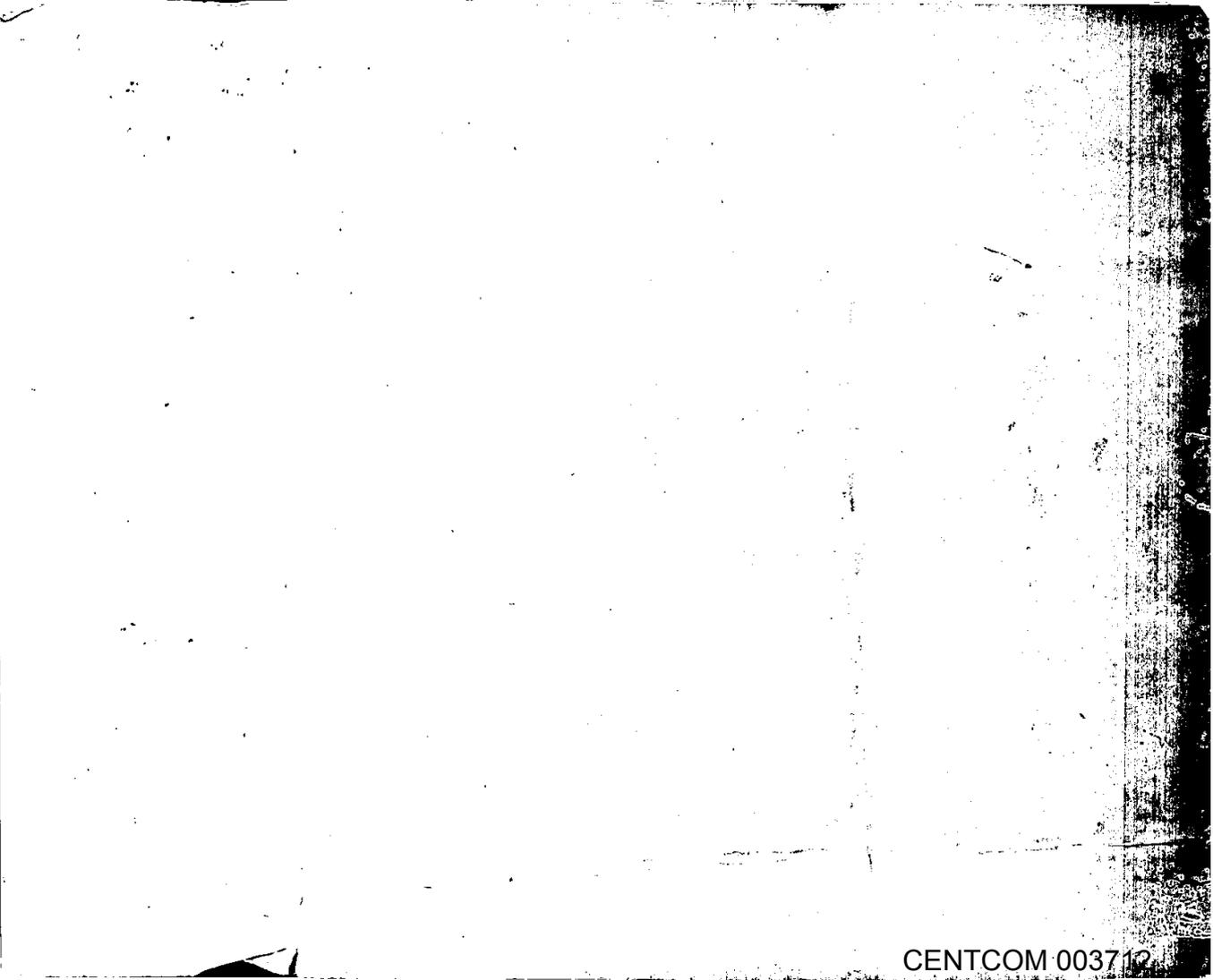
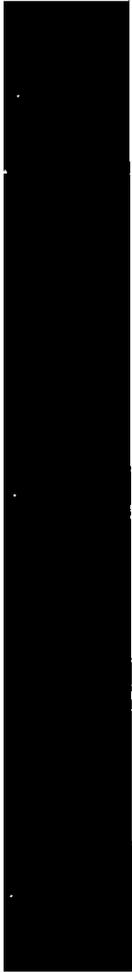


Page 51 redacted for the following reason:

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Foreign Language, (b)(6)

CENTCOM 003709

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Foreign Language, (b)(6)



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Foreign Language, (b)(6)

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Foreign Language, (b)(6)



**3 ID CASUALTY LINE REPORT**

1	REPORTED BY	SFC)(3).(b)(1
2	UNIT	HHC 3-15 Infantry Battalion
3	PHONE #	242-7105
4	DATE/TIME OF REPORT:	21 Jul/1630hrs
5	Type of Casualty (Hostile, Non-Hostile)	Non-Hostile
6	Casualty Status (DE, VSI, SI, NSI...) Medical Authorities Only	SI
7	Category of Individual (Military, Civ...)	Local National
8	SSN	NA
9	Name	(b)(6)
10	Race	Iraqi Local National
11	Date of Birth / Place of Birth (if provided)	b)(6)(rs of age
12	Rank	NA
13	Service / Component	NA
14	Organization (Unit, MSC, UIC)	NA
15	PMOS	NA
16	Date / Time of Incident	21 Jul/1630hrs
17	Place of Incident (City and grid coordinate)	(b)(6)
	Phone #	(b)(6)
	Translator:	(b)(6)
18	Circumstances (Activity)	Civilian was walking across the road and was hit by military vehicle (HETT). He was b)(6)(s of age and had) (children
19	Diagnosis	Deceased
19A	Evac Site (where was the soldier taken)	NA
<b>VEHICULAR INVOLVEMENT</b>		
20	Specific Type of Vehicle (HMMWV, LMTV, HEMMT, M1A1/2, BIFV, etc...)	HETT
21	Nomenclature of Vehicle	NA
22	Type of Vehicle Hardening (soft, up-armored, added armor kit, sandbag hardened)	Unknown
23	Position Aboard (TC, Gunner, Driver, Passenger (R or L))	NA
<b>REQUIRED INFORMATION</b>		
24	Was SM wearing Kevlar helmet?	NA
	If yes, old or new style Kevlar helmet?	NA
25	PASGT, ACH, MICH, CVC Ballistic, CVC Non-Ballistic, Aviation	NA
26	Was SM wearing body armor?	NA
27	If yes, old or new style body armor? (PASGT or IBA)	NA
28	OTV Size? S, M, L	NA
29	SAPI Plates? Front and Back, or Front only, Back Only)	NA
30	DAP, Groin Protector, Yoke and Collar, Throat Protector	NA
31	Eyewear? (SWD, BLPS, SPECS, etc...)	NA
32	Ear Protection? (Y or N)	NA
<b>DECEASED ONLY</b>		
33	Date / Time of Death	21 Jul 05/1900 (Need verification from attending physician)
34	Place of Death	FOB Hope
35	Cause of Death	Hit by military vehicle (Visible injuries: severed foot, laceration to head, internal injuries) Need verification from attending physician
36	Who (Med Dr.) pronounced SM deceased?	Need verification from attending physician
37	Who identified the body?	Need verification from attending physician
38	What means were used to positively identify the body?	Family Members
39	Died Inside/Outside a Med Treat Fac	Inside

CENTCOM 003718

2 BDE



IRAQI CLAIMS  
POCKET CARD



بطاقه طلب تعويض  
للعراقيين

The Army will consider compensation payment 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, or injury or death of an Iraqi civilian:

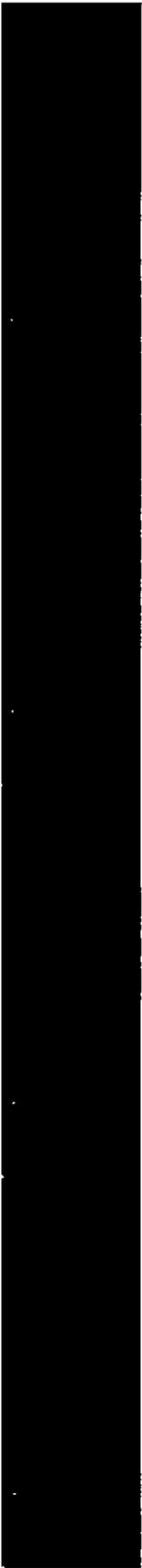
1. Fill out the required information below. Use the back side of the form to provide more details.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct them to the Government Information Center located at the 9 Nissan District Advisory Council Building in Mahala 731 (Old Military Hospital), the Sadr City District Advisory Council Building located in Mahala 514, the Amannat, or the Rusafa GIC.

• الجيش الأمريكي سيُعتبرُ دفعة التعويض إلى المدنيين العراقيين لضرر الملكية وجرح وموت سببه القوات الأمريكية تحت فعل الإدعاءات الأجنبية. إن فعل الإدعاءات الأجنبية تعبيرُ النية الحسنة من قبل الشعب الأمريكي لأولئك الذين يلبون المتطلبات تحت القانون الأمريكي. الدفعة لم تُضمنُ. خذ هذه بطاقة الإدعاء، وقدم طلباً بمركز استعلاماتك الحكومي المحلي حدّد مكان في أما بناية مجلس إستشاري منطقة 9 نيسان في ماهالا 731 (مستشفى عسكرية قديمة) أو بناية مجلس إستشاري منطقة مدينة سادر في ماهالا 514. العمّال العراقيون في مركز الاستعلامات الحكومي سيُعالجُ إدعاءك. مركز الاستعلامات الحكومي ما عنده مالٌ لدفعك! إذا أنت تحصل على موافقة للتعويض، مركز الاستعلامات الحكومي سيُوجّهك إلى قاعدة إرونهورس للدفعة.

UNIT C 6-12 ENG  
DATE 21 Jul 05  
LOCATION  
DAMAGE unit cause by 11416 bulldozer mcr trailer  
NAME (Optional) OIC alt

(2)HIC  
(6), (6)

SEND ME



Page 64 redacted for the following reason:

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Foreign Language, (b)(6)

COMPENSATION APPROVAL NOTICE  
CAMP PATRIOT FCC

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

CLAIM # 20560

DATE: 9th Oct. 2005

NAME

(b)(6)

----- (English)

Language

Arabic)

Claim summary: The victim was hit directly by an American truck and was ~~also~~ at the hospital.

Case worker

(b)(6)

(b)(6)



003722

US FORCE  
DAD

# IRAQI CLAIMS CARD

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

- Fill out the required information below.
1. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
  2. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
  3. Upon return to your FOB, complete 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

C/612<sup>th</sup> IN BN

DATE

21 Jul 05

LOCATION

Prodatars

TYPE OF INCIDENT

GENTCOM 003

**TASK FORCE**  
**BAGDAD**  
**IRAQI CLAIMS CARD**

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابل الأضرار التي لحقت بك، سواء كانت أضراراً جسمية من إصابات إلى أخرى، أو موت لا سامح الله لأحد المقربين، وكان السبب وراء ذلك القوات الأمريكية، فقد يكون لك الحق في التعويض.

للتقدم ببلاغ والمطالبة بحقوقك الرجاء احضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، ووصول بالاستلام أو التسليم، وثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء احضار هذه المستندات إلى مركز المساعدة العراقي في معسكر التاجي (Camp Taji)، بوابة كندر (Cunner Gate)، أو أحد المراكز الحكومية: الثورة - نيسان - الكاظمية - الرشيد - المنصور - الرضوية - قاعدة دهوك - كرخ - الأحمدية - الكرادة - سبع البور.

وشكراً لتعاونكم معنا

CENTCOM 003724

**SETTLEMENT AGREEMENT II8T0065-06**

I, (b)(6) of (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 27-Jul-05 in Baghdad, Iraq involving U.S. Forces. The damage incurred was The claimant father was crossing the street and a Coalition Forces convoy ran him over and killed him.

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.

(b)(6)

\_\_\_\_\_  
Claimant Name:

Address:

I.D. Number:

(b)(3),(b)(6), Foreign Language Text

\_\_\_\_\_  
2005  
\_\_\_\_\_

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

REPLY TO  
ATTENTION OF:

AFZP-VB-JA

Date: 28 September 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T0065-06 APPROVAL AS FOLLOWS:

**Claim of:**

(b)(6)

**Address:**

Baghdad, Iraq

**Date Filed:** 19-Sep-05

**Amount Claimed:** \$40,000.00

**Claimed Loss:** The claimant father was crossing the street and a Coalition Forces convoy ran him over and killed him

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

**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)(6) Camp Loyalty, @ VOIF (b)(2)High

(b)(6)

SPT, JA  
FOREIGN CLAIMS COMMISSION

CENTCOM 003726

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 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 HQ, 3D Infantry Division Office of the Staff Judge Advocate APO AE 09380</b>			10 DATE VOUCHER PREPARED <b>28 September 2005</b>		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY <b>3d Finance, 3d SSB Camp Liberty, Iraq APO AE 09352 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME <b>(b)(6) Baghdad, Iraq</b>			AND ADDRESS		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 <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.				<b>\$10,000.00</b>
<b>TOTAL</b>						<b>\$10,000.00</b>
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; t (Signature or initials)			<b>\$10,000.00</b>
<input type="checkbox"/> ADVANCE				(3),(b)(1)		
Pursuant to authority vested in me						
<b>OCT 22 2005</b> (Date)		(b)(3),(b)(6)		(b)(3),(b)(6) CPT, JA Claims Judge Advocate (Title)		
		(b)(2)High				
		(b)(3),(b)(6)				
		SFC, USA Foreign Claims Pay Agent				
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE	<b>OCT 22 2005</b>	PAYEE	(b)(6)	
	\$ <b>\$10,000.00</b>					
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> 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. <sup>3</sup> 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

## PRIVACY ACT STATEMENT

NSN 7540-00-900-2234

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 003727

Claims form  
Us foreign commission

Claim # 2-058-5

Claimant name (b)(6) -----  
Address (b)(6) -----  
Sec/-- (b)(6) -----  
Relation ship the victim's son Age (b)(6) ----- Dob d/m/y- (b)(6) -----

A citizen and national of / Iraq -----  
A permanent resident / Baghdad -----

Type claim (circle which applied)

- 1-Vehicle
- 2-Personal property
- 3-Real estate
- 4-Personal injury
- 5-Death

Have you filed acclaim before (circle which applied) YES OR  NO

Date incident occurred :/D/ 27 /M/ July /Y/ 2005

Place incident occurred: / Al-Uleidy -----

SITUATION the victim was trying cross the street  
An American convoy hit him and killed him  
on spot.

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

Item	Amount
<u>He asks the compensation for the death</u>	

TOTAL AMOUNT: US DOLLAR 40,000.00 \$

IRAQI DINAR \_\_\_\_\_ ID

Forty thousand  
Dollar -

Today date: 24th MI Aug 2005

Translator name \_\_\_\_\_

Signature \_\_\_\_\_ (b)(3),(b)(6)



CENTCOM 003729