(b)6 Foreign Language

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

Claims Coversheet

Claim #: 2673 Date Submitted: 23/6/2008

Claimant Information

Last Name (b)(6) Claimant Address (b)(2)High

Middle Name: (b)(6) Claimant Contact Number:

First Name: (b)(6)

Incident Information

- o Vehicle Accident
- o Loss of Property
- o Raids/Cordon/Seizures
- o Accident/Negligent Fires
- o Real Property Damage
- o Other

Incident Date: 21/7/2007
Incident Location: Baghdad
Amount Claimed: US $ 15,000/-
Estimates Included? YES NO
Claim Card or Note? YES NO

Denial Reasons

- o Insufficient Evidence
- o Combat Exception (CERP)
- o US Involvement
- o Lack of Causation
- o Statute of Limitations
- o Not a Property Claimant
- o Non-Cognizable Claim

Investigation Notes:

Adjudication Notes: (b)(5), (b)(2)High

Standard Form 1034 (EG)
Revised October 1967
Department of the Treasury
1 TFM 4-2500
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, 2nd Stryker Brigade Combat Team
Office of the Command Judge Advocate

APO AE 09378

DATE VOUCHER PREPARED: 28 June 2008

CONTRACT NUMBER AND DATE: (b)(2)High

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
24 Finance
Management Company
APO AE 09344
TAJI
DSSN: (b)(2)Hig

CLAIM #: 2673

PAYEE'S NAME AND ADDRESS: (b)(6) Baghdad, Iraq

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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				$ 10000

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $ 10000

PAYMENT:
- [ ] PROVISIONAL
- [x] COMPLETE
- [ ] PARTIAL
- [ ] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

TITLE 2SBCT, 25ID FOREIGN CLAIMS PAY AGENT

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

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

28 June 2008 (Date) (b)(3), (b)(6) (b)(3), (b)(6) CPT, JA Foreign Claims Officer (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHE (b)(6) | ON (Name of bank)

CASH $ 10000 | DATE 28 June 2008 | PAY

PER

TITLE

[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.

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.

2ND STRYKER BRIGADE COMBAT TEAM
FOREIGN CLAIMS OFFICE
28 June 2008

Claim Settlement/Witness Agreement
Claim # 2673

I hereby agree to accept the sum of $ 10000 .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 that occurred involving U.S. Forces.

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.

اني اوافق على استلام مبلغا قدره 10000 دولار امريكي .مع موافقتي كتسوية نهائية عن جميع الادعاءات المرفوعه ضد حكومة الولايات المتحدة الامريكية . ضباط . ضباط صف . وكلاء وموظفين الذين لهم صلة بالحادث المرتبط بالقوات الامريكية .
لهذا اعفي وبشكل نهائي اي مسوولية ضد حكومة الولايات المتحدة الامريكية وبضمنها ضباطها . ممثليها . وموظفيها من جميع الشكاوى و الادعاءات المتعلقة بهذا الحادث مستقبلا . هذه التسوية تشمل جميع الادعاءات الحالية والمستقبلية وبما فيها تكاليف الدفاع ان وجدت عن ماينتج او له علاقة باضرار الممتلكات . الاصابات او الارواح التي لها صلة بالحادث .
. ويعتبر كاعتراف باعفاء وبشكل 10 U.S.C. 2734 ان المبلغ المدفوع هو تعويض كامل وتسوية نهائية حسب قانون كامل الحكومة الامريكية . ضباطها. ممثليها وموظفيها من اية تبعات قانونية ضدها . رقم

(b)(6)

Claimant's Signature (b)6 Foreign Language
Name:
Address: (b)(2)High
I.D. Number:

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

Witness: Print and Sign
I.D. Number:

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

Witness: Print and Sign
I.D. Number:

Office of the U.S. Treasury Department Financial Attaché
Embassy of the United States of America - Baghdad, Iraq

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 Iraqi recipient. **Pay agents** should turn this form in to their respective finance offices as part of the reconciliation process. **Finance offices** should retain this form with their original reconciliation file, and provide a scanned copy to (b)(2)High, (b)(3)(b)(6)

DATE OF TRANSFER: 28 June 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 2673

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

Print given *rst name, grandfather's first name, tribal name*

$100 note serial numbers:

(b)(6) through (b)(6) and.

through and.

through and.

through and.

through and.

through .

* Use additional forms if needed.
SNAR Report

DEPARTMENT OF THE ARMY
HEADQUARTERS
2ND STRYKER BRIGADE COMBAT TEAM
CAMP TAJI, IRAQ APO AE 09378

Foreign Claims Commision IK4 28 June 2008

SUBJECT: Claim # 2 6 7 3

Baghdad, Iraq

Dear Sir:

I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 2nd Styker Brigade Combat Team claims office will compensate you for your losses in the amount of $ 1 0 0 0 0 .00.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

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

CPT, JA
Foreign Claims Commission

Claim # 2/25 SBCT	Date of Claim	Last Name
2673	23/6/08	
First Name	Middle Name	

eign La

(b)(6)

oreign Lan

Claims Form

(b)6 Foreign Language

Name: (b)(6) الأسم:

Address: (b)(2)High العنوان:

I am أنا

a. A national citizen of: IRAQI أ. أحمل جنسية:

b. A permanent resident of: ب. عنوانى الدائم:

(b)(2)High

c. Employed by: ت: أعمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

أنني أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التى نجمت من:(المنظمة ، الوحدة العسكرية)

C/F

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.)

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عاقل فالرجاء أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابات أو الأضرار التى أصابتهم.)

My claim arose at: Baghdad Salheyah
(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلد أو المحافظة

My claim arose on: 7 (Month) 21 (Day) 2007 (Year)

(b)6 Foreign Language

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.)

بإختصار أشرح ما حدث والأضرار التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

The american Convoy went overe my husbend Car and Caused the deith of my husband and disroyed tha car totaly

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
	us$ 15/000/—

Total: us$ 15.000/—

أشرح بالتفصيل متى تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة:

I was insured to the following extent against the damage or injury I have sustained:

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي: NON

I claim as damages: (Indicate amount in U.S. dollars and local currency)

$ _____ I.D. US. $ 15,000/-

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

_____ العمله المحليه

I (have/ have not) previously filed a claim relating to the incident described above.

سابقا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.
لـ ـن علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

[illegible]
أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

_____
(Signature of Claimant)
(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this _____ day of 23/6, 2008.

_____
(Signature of Witness)

(b)6 Foreign Language

(Printed Name)

ENCLOSURE I (Claims Forr (b)(6)

Page 13 redacted for the following reason:
- -
(b)6 Foreign Language

HE WAS NOT AT FAULT

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 you 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 A4-320

DATE 21 July 2007

LOCATION

TYPE OF INCIDENT Car Accident/Death

(2)H

MULTINATIONAL DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

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

للتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الآتي ، هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صورة الحادث، شهادة الشهود، تقرير الشرطة ، وايصالات بالإستلام أو التسليم ، والبيانات 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 الزيتي بوابة كنر ، البوابة الهندية في معسكر فالكون، المحمودية في معسكر فاب ، معسكر هوك، معسكر كالسو ، معسكر دوك..

أو احد المراكز الحكومية الثورة - أو مدينة الصدر - 9نيسان - الرشيد الرضوانية - الرصافة - الأمانات - الكرخ الأعظمية - الإدارة - أو سبع البور.

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

وشكرا لتعاونكم معنا

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)

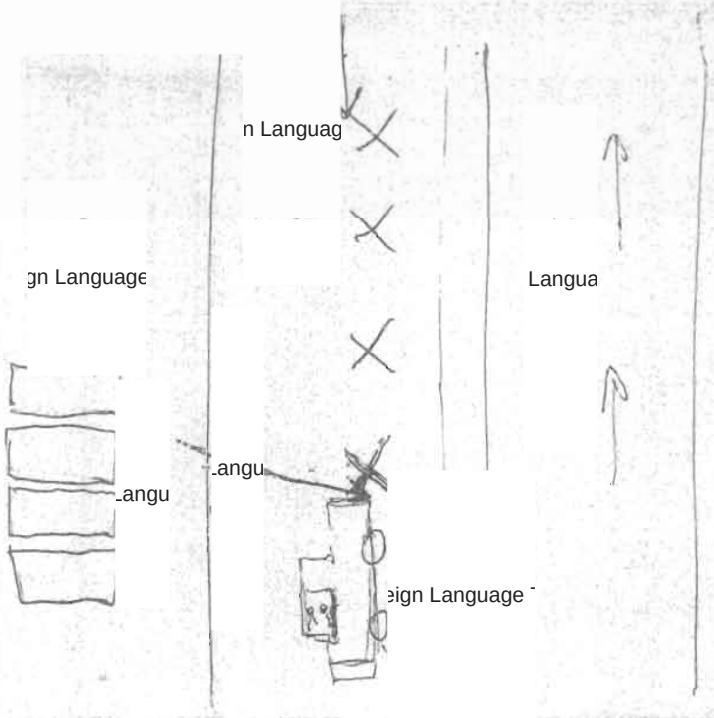
Foreign Language Text, (b)(6)

Pages 21 through 24 redacted for the following reasons:
- -
(b)6 Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)



CENTCOM 011690

2673-00026