



DEPARTMENT OF THE ARMY
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX VI
CAMP PHOENIX, KABUL, AFGHANISTAN
APO AE 09320

Reply to
Attention of 1LT W. Brunson DePass, III

TF PHX-J9

3 November 2007

MEMORANDUM FOR Commander, Combined/Joint Task Force-82, (CJ8), Operation Enduring Freedom, Bagram Airfield, APO AE 09354

SUBJECT: Commander's Emergency Response Program Project Closure Report

1. Reference:

CJTF-76 Commander's Emergency Response Program Standard Operating Procedure

2. CERP project # 218B21362 or Digital Battle Captain # 7256-21362 started on 23 October 2007 was completed on 2 November 2007.

3. This project provided a Solatia payment for a lady whose son was killed by coalition forces.

4. The total cost of the project was 50,000 Afghani dollars or approximately \$1,000.00 USD.

5. Project After Action Report (AAR): Through coordination with the JAG office and finance we were able to provide for this Solatia payment through CERP.

6. Project effects: The completion of this project has given this lady a reason to support the coalition forces in a very vital area of Kabul. This lady had gone through all of her options before CJTF Phoenix stepped up to the plate to provider her with the other \$1,000.00 she was promised.

7. All expenditures have been reviewed and are in accordance with applicable regulations for valid and approved Commander's Emergency Response Program projects.

8. The point of contact for this memorandum and Project Purchasing Officer for this project is the undersigned at DSN 318-237-2430 or email [REDACTED]

(b)(3)(b)(6), (b)(2)High

[REDACTED]
(b)(3)(b)(6)

1LT, FA
DEPUTY J9
CJTF Phoenix VI

CENTCOM 011691

STATEMENT OF AGENT OFFICER'S ACCOUNT

DISBURSING OFFICER'S NAME, ADDRESS, DISBURSING STATION SYMBOL NO (b)(3)(b)(6), DFAS INDIANAPOLIS, IN CPT (b)(3)(b)(6) DEPUTY DISBURSING OFFICER DSSN 5570 APO AE 09320 SOLICIA PAYMENT 07-115	AGENT OFFICER'S NAME, GRADE, SSN, UNIT ADDRESS (Include ZIP Code/APO number and Telephone number) 3-Nov-07 CPT (b)(3)(b)(6) (b)(3), b(6) PAY AGENT/CLAIMS/SOLATIA/CERP CJTF (b)(3)(b)(6), (b)(2)High phone:237-2047
20-APRIL-2007	

TRANSACTIONS	TOT	INCREASE <i>(Received by Agent)</i>	BEGINNING BALANCE <i>(In Agent's Account)</i>	DECREASE <i>(Turned in by Agent)</i>	ENDING BALANCE <i>(In Agent's Account)</i>
(b)(2)High					

<input type="checkbox"/> ON ADVANCE: I HAVE INTRUSTED FUNDS AND/OR OTHER ITEMS AS INDICATED IN THIS STATEMENT TO THE ABOVE NAMED AS MY AGENT OFFICER.	<input type="checkbox"/> ON ADVANCE: I, AS AGENT OFFICER, HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE. I HAVE ASSUMED PECUNIARY RESPONSIBILITY THEREFORE. I WILL NOTIFY THE DISBURSING OFFICER IMMEDIATELY UPON DISCOVERY OF ANY LOSS OR SHORTAGE, AND I HAVE RECEIVED AND UNDERSTAND WRITTEN INSTRUCTIONS CONCERNING MY DUTIES AND RESPONSIBILITIES AS AN AGENT OFFICER.
DATE: 03-Nov-07 SIGNATURE OF DISBURSING OFFICER: (b)(3)(b)(6) CPT	DATE: 03-Nov-07 SIGNATURE OF AGENT OFFICER: (b)(3)(b)(6) CPT
<input type="checkbox"/> ON RETURN: I HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE. I HAVE ASSUMED PECUNIARY RESPONSIBILITY THEREFORE. I WILL NOTIFY THE DISBURSING OFFICER IMMEDIATELY UPON DISCOVERY OF ANY LOSS OR SHORTAGE, AND I HAVE RECEIVED AND UNDERSTAND WRITTEN INSTRUCTIONS CONCERNING MY DUTIES AND RESPONSIBILITIES AS AN AGENT OFFICER.	<input checked="" type="checkbox"/> ON RETURN: THE ABOVE STATEMENT OF ACCOUNT IS CORRECT.
DATE: 03-Nov-07 SIGNATURE: (b)(3)(b)(6)	DATE: 03-Nov-07 SIGNATURE: (b)(3)(b)(6) S, CPT

Page 3 redacted for the following reason:

(b)(2)High, Nonresponsive

STATEMENT OF AGENT OFFICER'S ACCOUNT

DISBURSING OFFICER'S NAME GRADE DISBURSING STATION SYMBOL NO

AGENT OFFICER'S NAME GRADE, SGT UNIT ADDRESS
(Include ZIP Code/APO number and Telephone number)

(b)(3)(b)(6) OFAS INDIANAPOLIS, IN
DEPUTY DISBURSING OFFICER
DSSN 5570
APO AE 09320

25-Oct-07
CPT (b)(3)(b)(6)
(b)(3)(b)(6)
PAY AGENT/CLAIMS/SOLATIA
CJTF

SOLICIA PAYMENT 07-115

20-APRIL-2007

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

TRANSACTIONS AFFECTING AGENT OFFICER'S ACCOUNT

(b)(2)High

DISBURSING OFFICER

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

ON ADVANCE: I HAVE ENTRUSTED FUNDS AND/OR OTHER ITEMS AS INDICATED IN THIS STATEMENT TO THE ABOVE NAMED AS MY AGENT OFFICER.

ON ADVANCE: I, AS AGENT OFFICER, HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE. I HAVE ASSUMED PECUNIARY RESPONSIBILITY THEREFORE. I WILL NOTIFY THE DISBURSING OFFICER IMMEDIATELY UPON DISCOVERY OF ANY LOSS OR SHORTAGE, AND I HAVE RECEIVED AND UNDERSTAND WRITTEN INSTRUCTIONS CONCERNING MY DUTIES AS AN AGENT OFFICER.

DATE SIGNATURE
25-Oct-07 (b)(3)(b)(6)

DATE SIGNATURE
25-Oct-07 (b)(3)(b)(6)

ON RETURN: I HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE FROM THE ABOVE NAMED AGENT OFFICER.

ON RETURN: THE ABOVE STATEMENT OF ACCOUNT IS CORRECT.

DATE SIGNATURE OF DISBURSING OFFICER
25-Oct-07 (b)(3)(b)(6) CPT

DATE SIGNATURE OF AGENT OFFICER
25-Oct-07 (b)(3)(b)(6) CPT

PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1; the proponent agency is OASA(FM)		1. PURCHASE INSTRUMENT NO.	2. REQUISITION NO.	3. DATE 20 APRIL 2007	PAGE 1 OF 1 PAGES	
4. TO: PURCHASING AND CONTRACTING OFFICE, CAMP PHOENIX (PRWED ROUTE: KOPI)		5. THRU: BG Robert E. Livingston, Jr. CO CAMP PHOENIX, AFGHANISTAN		6. FROM: CJTF PHX - SJA CAMP PHOENIX, AFGHANISTAN		
It is requested that the supplies and services enumerated below or on attached list be						
7. PURCHASED FOR SOLATIA PAYMENT FOR			8. DELIVERED TO , Mother		9. NOT LATER THAN (Date) 26 Oct 2007	
The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item.)				10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION CPT (b)(3)(b)(6)		11. TELEPHONE NUMBER (b)(3)(b)(6)
<input type="checkbox"/> 12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		<input checked="" type="checkbox"/> 13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY		FUND CERTIFICATION The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.		
EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM						
14. ITEM	15. DESCRIPTION OF SUPPLY OR SERVICES	16. QUANTITY	17. UNIT	18. ESTIMATED		19. ACCOUNTING CLASSIFICATION AND AMOUNT T10
				UNIT PRICE a	TOTAL COST b	
1	SOLATIA PAYMENT FOR DEATH OF Son <i>24 May 2006</i> CPT (b)(3)(b)(6) SOLATIA PAY AGENT SOLATIA REFERENCE # 07-115 50,000 AFS / 49.64508 = \$1,007.15 PAYMENT TO BE MADE IN AFGHANI	1	EA		\$1,000	
25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE SOLATIA PAYMENT TO MOTHER OF SON WHO WAS ACCIDENTALLY KILLED IN ARSIC-CENTRAL AO				20. TYPED NAME AND TITLE OF CERTIFYING OFFICER		
				21. SIGNATURE		22. DATE
				23. DISCOUNT TERMS		
				24. PURCHASE ORDER NUMBER		
				26. DELIVERY REQUIREMENTS		
				ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/>		
				IF YES, NUMBER OF DAYS REQUIRED		
27. TYPED NAME AND GRADE OF INITIATING OFFICER CPT (b)(3)(b)(6) JAG		28. SIGNATURE (b)(3)(b)(6)		29. DATE <i>23 Oct 07</i>		34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE ROBERT E. LIVINGSTON JR. BG
30. TELEPHONE NUMBER 318-237-2047				33. DATE <i>23 Oct 07</i>		35. SIGNATURE (b)(3)(b)(6)
31. TYPED NAME AND GRADE OF SUPPLY OFFICER CPT (b)(3)(b)(6)						36. DATE <i>24 Oct 07</i>
						CENTCOM 011695

(b)(3), b(6)

USA CPT NG 218th BCT CJTF Phoenix

From: (b)(3)(b)(6) USA CPT NG 218th BCT CJTF Phoenix
Sent: Monday, October 29, 2007 2:04 PM
To: (b)(3)(b)(6) USA LTC USA CSTC-A
Cc: (b)(3)(b)(6) USA LTC USA 218th BCT CJTF Phoenix; (b)(3), b(6) D USA SGT USA
Subject: FW: Solatium Payment History at Camp Phoenix
Importance: High
Attachments: CPT (b)(3)(b)(6) Solatium Pmt.2.pdf



CPT

(b)(3)(b)(6) Solatium Pmt.2.pdf

LTC

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

I enjoyed talking with you this afternoon. Pursuant to our conversation, I attach the documents regarding a Solatia payment made on Thursday, 25 October 2007.

On 29 May 2006, U.S. forces shot and killed a young man while trying to disperse a crowd. The man's mother, (b)(6) received a 50,000 AFG (\$1,000) payment from MOI. She was told that if she wanted more, then she would have to get it from U.S. forces (big surprise, huh). She initially went to ISAF, who gave her a complete run-a-round. She ended up at my doorstep after ISAF finally told her they were not going to pay since ISAF was not cause the death. Well, after looking into the facts, I determined that U.S. forces were at fault, and \$1000 was a small amount to win this lady's heart and mind.

(b)(6)

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

Nonresponsive, (b)(2)High

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

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

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

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

(b)(6)

(b)(3), b(6)

and did so. I had (b)(6) sign the bottom of the "Solatia Payment Request Form," and I took a photo of her holding the money and the receipt. I will send the photo to you in a separate email.

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

(b)(3), b(6)

(b)(3), b(6)

Nonresponsive, (b)(2)High

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

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

Nonresponsive, (b)(2)High

Thanks.

v/r

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

CPT, Legal Assistance/Claims Officer

Task Force Phoenix VI

Camp Phoenix APO-AE 09320

DSN 318-237-2047

Cell: (b)(6)

"When it's all said and done, a lot more gets said than done."--Lou Holtz



DEPARTMENT OF THE ARMY
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX VI
CAMP PHOENIX, KABUL, AFGHANISTAN
APO AE 09320

CJTF PHX SJA

23 October 2007

MEMORANDUM FOR BG ROBERT E. LIVINGSTON, JR. COMMANDER, COMBINED
JOINT TASK FORCE PHOENIX VI

SUBJECT: Solatia Payment Approval Request – 29 May 2006 Accidental death,
ARSIC-Central.

1. Executive Summary. Sir, you are the approving authority for Solatia per the Legal SOP. Solatia uses O&M funds so the use of money reduces the commander's funds. Herein it is recommended that you approve the solatia payment.
2. Discussion. Solatia Payments are intended to be a quick, gratuitous payment to Afghan Nationals as an expression of sympathy and condolence to a victim or a victim's family in connection with an injury, death, or damage involving U.S. Forces and accompanying civilian employees in Afghanistan. The payments are not an admission of legal liability or fault. Solatia payments are proper when an injury, death, or property damage is:
 - (a) Suffered in connection with the Afghan national's employment with the U.S. Armed Forces;
 - (b) Caused by a military member or civilian employee of the U.S. Armed Forces in the performance of official duty;
 - (c) The result of an accident involving an official U.S. Armed Forces vehicle driven by an authorized military or civilian driver; or
 - (d) Caused by a military member or civilian employee of the U.S. Armed Forces in a non-official duty status and the member or employee is unable to make a solatia payment.
3. Here, the death to the Afghan man was the result of an accident involving an Army Soldier(s) who fired shots to disperse a crowd in downtown Kabul. The Afghan Minister of Interior made a payment of \$1,000, although it is unclear as to when. Solatia is proper under the facts of this incident.

CENTCOM 011698

SUBJECT: Solatia Payment Approval Request – 23 October 2007 Accidental shooting death, ARSIC-C.
CJTF PHX SJA

4. POC is the undersigned at (b)(3)(b)(6), (b)(2)High or DSN 312-237-2236.

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

LTC, JA
Staff Judge Advocate



**Headquarters
International Security Assistance Force
Kabul, Afghanistan**



Office of the legal adviser

1137-1-39 (2007) ISAF/HQ/LEGAD

23 Sep 07

To : CPT (b)(3)(b)(6)
HHC 218th, BCT, JAG
Camp Phoenix
APO AE
09320

Further to my Email of 19 Sep 07, I enclose additional original and translated documentation located in our filing cabinet relating to this claim, and specifically :

1. ISAF Claim form ;
2. Letter of (b)(6) to the 17th Security Police District ;
3. Identification of the claimant's son, (b)(6) ; and
4. Witness statement signed by (b)(3)(b)(6)

I hope this additional documentation assists with your adjudication of this claim.

Yours truly,

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

Major
ISAF HQ Asst Legad
ISAF Claims Officer
Enc. (4)

CENTCOM 011700

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0002
EXPIRES 4-30-88

1. Submit To Appropriate Federal Agency:		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)	
		(b)(6)	
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 54	5. MARITAL STATUS Widow	6. DATE AND DAY OF ACCIDENT 29 May 2006
7. TIME (A.M. OR P.M.)			

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)

Claimant: see Solecic Report Request Form

9. **PROPERTY DAMAGE**
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

Son, (b)(6), was killed by (b)(2)High while pushing (b)(2)High 29 May 2006

10. **PERSONAL INJURY/WRONGFUL DEATH**
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM, IF OTHER THAN CLAIMANT. STATE NAME OF INJURED PERSON OR DECEDENT.

11. **WITNESSES**

NAME	ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse.) **AMOUNT OF CLAIM (in dollars)**

12a. PROPERTY DAMAGE <input checked="" type="checkbox"/>	12b. PERSONAL INJURY <input checked="" type="checkbox"/>	12c. WRONGFUL DEATH Death	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
---	---	------------------------------	--

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)	13b. Phone number of signatory	14. DATE OF CLAIM
--	--------------------------------	-------------------

<p>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</p> <p>The claimant shall forfeit, and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)</p>	<p>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</p> <p>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)</p>
--	---

DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE PHOENIX V
CAMP PHOENIX, KABUL, AFGHANISTAN
APO AE 09320

(b)(6)

I AM SORRY WE HAD AN ACCIDENT. DUE TO ORDERS OF MY MILITARY COMMANDER, I AM NOT ALLOWED TO STAY. IF YOU WISH TO SUBMIT A CLAIM FOR ANY DAMAGES RESULTING FROM THE ACCIDENT. PLEASE TAKE THIS PAPER TO THE FRONT GATE AT CAMP PHOENIX (AFSOTER ON JALALABAD ROAD) BETWEEN THE HOURS OF 0900-1200 TUESDAY OR THURSDAY. ASK FOR CPT (b)(3)(b)(6) OR SGT (b)(3)(b)(6)

THERE IS NO GUARANTEE OF PAYMENT FOR A CLAIM, BUT ALL CLAIMS WILL BE CONSIDERED IF THE UNITED STATES MILITARY VEHICLE WAS INVOLVED. PAYMENT CAN ONLY BE MADE IF AN INVESTIGATION DETERMINES A U.S. SOLDIER WAS AT FAULT FOR THE ACCIDENT.

TO AVOID DELAY IN THE PROCESSING OF YOUR CLAIM, BRING WITH YOU TO CAMP PHOENIX THREE (3) ESTIMATES FOR REPAIRS TO YOUR VEHICLE, A STATEMENT FROM A WITNESS WHO SAW THE ACCIDENT AND ANY MEDICAL BILLS INCURRED AS A RESULT OF THE ACCIDENT.

ریاست نظامی
قرارگاه قواء انتلاف (قوت های وظایف مشترک انتلاف) فینکس
AE09320 امر محاربوی

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

هیچ گونه تضمین پرداخت برای ادعا وجود ندارد. مگر تمامی ادعاها در صورتی مد نظر گرفته خواهد شد که اردوی ایالات متحده آمریکا متقاعد گردد که حادثه با واسطه نظامی اردوی ایالات متحده آمریکا صورت گرفته است. پرداخت برای جبران خساره تنها در صورتیکه تحقیقات خاطر نشان سازد که سرباز اردوی ایالات متحده آمریکا مقصر حادثه بوده است صورت میگیرد.

به خاطر جلوگیری از تاخیر در طی مراحل ادعا شما، لطفاً سه ورق برآورد خساره را با یک ورق اظهار شاهد حادثه و در صورت جراحت برداشتن در حادثه بل فیس داکتر را با خود به کمپ فینکس بیاورید.

SOLDIER'S NAME

SOLDIER'S UNIT

DATE/TIME

LOCATION

Please bring the following items:

(b)(6)

- Return in 3 weeks from 9/18/07

CENTCOM 011702

INITIAL CLAIM

TODAY'S DATE: 19 Sept 2007

LOCAL NATIONAL NAME	(b)(6)	PHONE None
DATE & TIME OF ACCIDENT	29 May 2006	
LOCATION & CITY OF ACCIDENT		
PROPERTY DAMAGE/ PERSONAL INJURY	- Solatia	
DEATH		
LOST WAGES?	YES/NO	IF YES, INFORMED NEED LETTER <input type="checkbox"/>
SF 95 <input type="checkbox"/>	3 ESTIMATES <input type="checkbox"/>	PICS <input type="checkbox"/> ID PHOTO <input checked="" type="checkbox"/> ACCIDENT CARD FROM SM <input type="checkbox"/>

DETAILS OF WHAT HAPPENED:

- Claimant's son, (b)(6) was downtown Kabul.
- U.S. vehicle broke down, but lost control and struck claimant's son.
- Son died at scene (he was pushing wheel barrow)
- Son was married with 3 children (10, 7, 2)
- Son worked as a farmer

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

claim officer

Foreign Language Text

Foreign Language Text



**Headquarters
International Security Assistance Force
Kabul, Afghanistan**



Office of the legal adviser

1137-1-39 (2007) ISAF/HQ/LEGAD

11 Sep 07

To : CPT (b)(3)(b)(6)
HHC 218th, BCT, JAG
Camp Phoenix
APO AE
09320

I enclose a claim concerning the death of (b)(6) arising out of the same road traffic accident and subsequent gathering of locals that occurred on 29 May 2006. The mother of the deceased, (b)(6) has attended at the ISAF HQ a number of times. This matter commenced prior to my tour, but it is my understanding that the claimant brought in her son's original identification, which was subsequently misplaced.

There was also some suggestion that the MOI may have paid the claimant the sum of \$1,000 for her son's death. I had a file number from the documents the claimant brought in and was able to eventually ascertain through the MOI that they do not have (or they cannot locate) the file, and that the claimant did not receive any financial compensation from the MOI.

I enclose the translated documents as well as the originals.

Please adjudicate the claim in accordance with your national claims procedures and advise the claimant and my office of your decision.

Many thanks,

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

Major
ISAF HQ Asst Legad
ISAF Claims Officer
Enc.

CENTCOM 011706

Pages 17 through 18 redacted for the following reasons:

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

22 Aug 07.

(b)(6)

No names rd from Bagram. She supports
SON's wife, (b)(6) son (young) by (b)(6)
There is a note in the file that she
brought son's original ID but no
photocopy.

She doesn't want to fill out the forms
here. She has no more patience for that.
No death certificate.

⇒ She has info from MOI. she will
provide that to interpreter (b)(6)
tomorrow + I will try to get file.

23 Aug 07

(b)(6) provided document from
MOI. Sent to interpreter. today.

26 Aug 07

wrote POI to inquire
how to request copy of file from
MOI.

26 Aug 07

ISAF Claim form to
interpreter.

CENTCOM 011709

Page 20 redacted for the following reason:

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

ISAF NU HQ

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

From: (b)(3)(b)(6) USA CPT USA CJTF-82 OSJA (b)(3), b(6), (b)(2)High
Sent: Thursday, August 16, 2007 3:19 PM
To: (b)(3)(b)(6)
Subject: RE: (b)(6) Claim

Ma'am,

I remember the story from speaking with LCDR (b)(3)(b)(6) however, she never passed that claim on to me.

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

ATW!

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

CPT, JA
CJTF-82
DSN: 219 231 2007
SIPR (b)(3)(b)(6), (b)(2)High

-----Original Message-----

From: ISAF NU HQ (b)(3)(b)(6), (b)(2)High
Sent: Thursday, August 16, 2007 10:17 AM
To: (b)(3)(b)(6) USA CPT USA CJTF-82 OSJA
Subject: (b)(6) Claim

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

Do you have a Claim relating to the death of (b)(6) which occurred on or about 29 May 2006? There is some information in a note from LCdr (b)(3)(b)(6) that a family member (perhaps that mother, (b)(6) or the widow) was previously paid \$1000 U.S. This is a claim relating to an incident whereby an American vehicle of some description had a mechanical problem and it ended up in a crowd of locals and some were killed. Apparently, the crowd became hostile and shots were fired into the crowd, and in the end, approximately 60 persons died.

The mother of the deceased, (b)(6) came to the ISAF Claims session on 13 Jun and on 08 Aug 07. On the latter occasion, she said she had brought in documents, which our interpreter, (b)(6), told me that had been forwarded to Bagram.

Does any of this ring a bell? I have no copies of any documents.

Thanks,

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

OF-3 CAN AF
ISAF HQ ASST LEGAL ADVISOR
2327
IVSN - 686-2337

Page 22 redacted for the following reason:

Already Reviewed and Redacted for Release, (b)(3), (b)(6)

~~_____~~
- docs need to go to translation. ^{Dropped off} ^{docs.}
08 Aug 07

08 Aug 07

(b)(6) (2006) ↓
♀ - says she brought docs ; (b)(3)(b)(6) says (b)(3)(b)(6) sent docs to Bagram (U.S.) There was an American whose vehicle had a mechanical problem and ran into a crowd + ^{ultimately} killed 60 ^{- shots into crowd.} people. Asked her to come back in 2 weeks.

Pages 24 through 25 redacted for the following reasons:

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

Date of Incident
~ 06 JUN 06

MOI or ISAF

NAME: (b)(6) (b)(6) (son) (b)(6) yrs. old.
 DATE: (b)(6) SON OF (b)(6) PHONE: (b)(6)
 INJURIES: WHERE: TYPE:

CIVILIAN VEH TYPE
MILITARY VEH TYPE

CONVOY

Accident at end of May 2006 - claimant's son was allegedly killed in this accident

She wants to make a claim now.

Was son married? Yes
 Son have Any children? Yes
 (b)(6) } wife never filed the complaint

* MOI has a large file on (b)(6). I will bring file #, etc. any other info re MOI file when she comes back next week.

13 JUN 07

Brought copy of MOI file record (identification of MOI file)
Brought son's original id but no photocopy.
Did not complete claim form -

↓ We have some information that she was previously paid \$1000
 Did MOI provide any documents to us during claims session.
 Need some proof that this woman is related to the deceased -
 * Daughter-in-law (deceased son's wife + (b)(6) kids are the claimants)

Sep 07.

CENTCOM 011716

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

Pages 27 through 36 redacted for the following reasons:

Already Reviewed and Redacted for Release
Already Reviewed and Redacted for Release, (b)(3), (b)(6)
Already Reviewed and Redacted for Release, (b)(6)
Foreign Language Text
Foreign Language Text, (b)(6)

Petition of (b)(6) daughter of (b)(6)

Registered in page 9 of martyrs registration table

To:
Directorate of Police District 17th (PD 17th)

Dear Sir,

My son (b)(6) son of (b)(6) (b)(6) years old, resident of Parwan Province (b)(6) was killed by coalition forces in traffic accident occurred on 29th of May 2006 in Sarai-e-Shamali. Since then I was engaged with funeral ceremony of my son, so I could not follow up my claim. Subsequently, I offer my claim paper to you, hopping legal measure on the issue.

With regards

Fingerprint of (b)(6)

Series No. (b)(6)

To: Criminal Directorate

020.3.85

Hopping your further executions on the petition of the applicant.

Colone (b)(6)
Head of PD 17th

Office department (b)(6)

The petition letter is saved in the department as journal, in (b)(6)
(b)(6)

Control Directorate,

Hopping further executions on the petition of the applicant.

Statements paper

Name: (b)(6)
 F/Name: (b)(6)
 Grand/F: (b)(6)
 Permanent Add: (b)(6)
 Educations: literate
 Present Job: (b)(6)
 Previous Job: (b)(6)
 Nation: Tajik
 Age: (b)(6)
 Marital Status: Married
 Family member: (b)(6)
 Monthly income: 0
 Telephone:

Identifications of victim's closed relatives

F/Name: (b)(6)
 Br/Name: (b)(6)
 Son: (b)(6)
 Nephew: (b)(6)
 Uncle: (b)(6)
 F-in- law: (b)(6)
 B-in-law: (b)(6)
 Sister's hus: (b)(6)
 Accident Lo: (b)(6)
 Date: ~29th of May 2006
 unreadable: Regional Control Directorate of PD 17th

I declare that the information filled in by me is true and correct.

Accident Descriptions: As my identification is mentioned above, (b)(6) my son (b)(6) years old, father of (b)(6) children and his wife were living with us. He was responsible to fulfill all the requirements of the family. He was the only food provider for us. Without him nobody was to help and assist us. (b)(6) On 29th of May 2006 at 05:30 in the morning he took (b)(6) and moved to Sarai-e-Shamali. At around 13:00 one of our relative made a telephone call for us telling me to come with all my family members to Parwan Province urgently, when I arrived Parwan and met my relatives they said, your son was killed in Sarai-e-Shamali, I lost my control and became unconscious, when I opened my eyes I saw myself at the graveyard where they were to bury my son, I saw his face dried with blood and his clothes full of blood, he was laid in a grave in the graveyard of our village, they buried him. And once again I confess that my son was killed in 29th of May 2006 in Sarai-e-Shamali. The statements read in my presence and I stated the truth in my statements.

With regards,

Left fingerprint of

(b)(6)

**Kabul City Police Headquarter
Police District 17th Directorate
Counter Criminal Department
Regional Control Directorship**

No	Requisition	Date	Reply
	<p>To: The 17th Department of Kabul Municipality:</p> <p>In accordance with the petition of (b)(6) daughter of (b)(6) resident of Parwan Province living in (b)(6) (b)(6) being submitted to PD 11th, on the matter of his son (b)(6) son of (b)(6) killed in traffic accident on 29th of May 2006 by coalition forces. Please, considering the upcoming undertakings on the specifications and details of the accident, enclose your information as well as confirmation of the mosque mullah on the issue.</p> <p>With regards,</p> <p>Colonel (b)(6) Head of PD 11th</p>		<p>Administrative directorship</p> <p>According to the laws and regulations further legal steps should be taken.</p> <p>Signature</p> <p>Representative of the area</p> <p>Provide us information regarding the issue, considering all undertakings.</p> <p>Signature</p> <p>Hopping further executions based on laws and regulations.</p> <p>Signature</p> <p>Based on regulations and laws should be executed.</p> <p>Signature</p>

To: Police District 11th

Dear Sir,

Hereby it is confirmed that (b)(6) daughter of (b)(6) mother of (b)(6) son of (b)(6) was living in (b)(6) in my area of responsibility; his son was killed in the traffic accident on the day he wanted to leave the area for his own village.

With regards

(b)(6)

Local area representative

CENTCOM 011730

Date Received by LEGAD: _____

Claim No _____

ISAF DRIVER SHOULD COMPLETE TOP PORTION AND GIVE TO CIVILIAN DRIVER.

Date: _____ ISAF Veh. License: _____ Civilian Veh. License: _____
تاریخ _____ نمبر پلیت موٹر آیساف _____ نمبر پلیت موٹر ملکی _____

Name and nationality of driver _____

Location of Accident _____
محل حادثه _____

Detailed description of Damages _____
شرح خساره _____

Name of Civilian: _____ Phone No. _____
اسم شخص ملکی _____ نمبر تلفون _____

Complete form and submit to: ISAF, Military Sports Club, Great Masoud Road
این فورمه را تکمیل نموده به قوماندانی آیساف واقع کلوب سپورٹی اردو ، جاده مسعود بزرگ تسلیم نمایند

Filing permits consideration of your claim but does not guarantee payment.
با این دوسیه فقط ادعا شمارامیتوان ملاحظه نمود ولی کدام تضمین پرداخت پول نمیتوان کرد

HEADQUARTERS, ISAF

قوماندانی آیساف ○

REQUEST FOR FOREIGN CLAIM AWARD

ورق درخواستی برای مدعیان خارجی

THIS FORM MUST BE FULLY COMPLETED

این فورم باید بطور کامل تکمیل گردد

Next of Kin / Claimant

(VEHICLE OWNER): (مالک واسطه)

Name in full / اسم مکمل

ADDRESS:

آدرس

Street / سرک

REQUESTED AMOUNT: Property damage: _____

مقدار پیشنهاد شده

خساره ملکیت

Personal Injury: _____

آسیب شخصی

Total Amount: _____

مقدار مجموعی

INCIDENT: _____

حادثه

Date: _____

تاریخ

Time: _____

ساعت

Place: _____

محل

Foreign Language Text

Detailed description of the incident. Identify all persons and property (vehicle name and year). Attach evidence such as police statements, photographs and proof of ownership. Note who was involved, what happened, where and when it took place, and how it occurred. If a vehicle accident, draw the accident scene.

شرح معلومات حادثه . مشخص نمودن تمام اشخاص و جایادات (اسم عراده و سال)
لطفا گواهی راپور پولیس ، تصاویر و نشانه از مالکیت راضیمه دارید ، از دچار بودن شخص در حادثه ، وقوع حادثه ، محل حادثه

Foreign Language Text

ISAF driver should complete top portion and give to civilian driver.

Date: _____ ISAF Veh. License: _____ Civilian Veh. License: _____
 تاریخ _____ نمبر پليت موتر آيساف _____ نمبر پليت موتر ملکی _____
 Name and nationality of driver _____

Location of Accident _____
 محل حادثه _____

Detailed description of Damages: _____

Name of Civilian: _____ Phone No. _____
 اسم شخص ملکی _____ نمبر تيلفون _____

Complete form and submit to: ISAF, Military Sports Club, Great Masoud Road

این فورمه را تکمیل نموده به قوماندانی آيساف واقع کلوب سپورتي اردو ، جاده مسعود بزرگ تسليم نماييد

Filing permits consideration of your claim but does not guarantee payment.

با این دوسيه فقط ادعا شماراميتوان ملاحظه نمود ولی کدام تضمين نميتوان کرد

HEADQUARTERS, ISAF قوماندانی عمومی آيساف			
			
REQUEST FOR FOREIGN CLAIMS AWARD ورق پیشنهاد برای مدعیان خارجی (افغانان) THIS FORM MUST BE FULLY COMPLETED این فورم باید بطورکامل تکمیل گردد			
APPLICANT:	Name in full / اسم مکمل		Phone / تيلفون
	(b)(6)		
ADDRESS:	Street / سرک	Postal Code / کود پستی	Parwan Province / شهر
	(b)(6)		
REQUESTED AMOUNT: Property damage:	Personal Injury:	Total Amount:	
مقدار پیشنهادشده	آسیب شخصی	مقدار مجموعی	
	YES		
INCIDENT: Date: 29/MAY/2007	Hour: 08:00 am	Place: Kabul	
حادثه	تاریخ	محل	
Detailed description of the incident. Identify all persons and property (vehicle name and year). Attach evidence such as police statements, photographs and proof of ownership. Note who was involved, what happened, where and when it took place, and how it occurred. If a vehicle accident, draw the accident scene.			
شرح معلومات حادثه . مشخص نمودن تمام اشخاص و جایذات (اسم عراده و سال) لطفا گواهی راپورپولیس ، تصاویر و نشانه از مالکیت راضمیمه دارید ، از دچاربودن شخص درحادثه ، وقوع حادثه ، محل حادثه ، علت حادثه را باخود یادداشت کنید ، اگر حادثه ترافیکی باشد پس یک نقشه آنرا رسم کنید .			
My son was a	(b)(6)	It was 08:00 in the morning. the US convoy lost its control and martyred	
my son. In addition, his wife and	(b)(6)	children were left .	
Describe necessary repair and verify all costs (attach repair bills / estimates of repair). شرح جبران ضروری و تصدیق تمام مصارف (ضمیمه بل ها/ تخمین خساره)			
PERSONAL INJURY آسیب شخصی Describe nature and extent of personal injury and required medical treatment. Note all physicians who provided treatment and attach any bills.			

از آسیب وارده که بطور آشکارا معلوم گردد، و ضرورت به تداوی داشته باشد شرح دهید. از تهیه تمام تداوی و تابلیت که از تمام طرف طبیبان صورت گرفته یادداشت آنرا ارائه دارید.

My son was a (b)(6) It was 08:00 in the morning the US convoy lost its control and martyred my son. In addition (b)(6) and (b)(6) children were left from the dead.

Specify other sources of recovery, e.g. health or social insurance and nature and amount of compensation.

منابع دیگری از جبران خساره را مشخص سازید، بطور مثال: بیمه صحت عامه و مقدار جبران خساره.

Witnesses: State names and addresses / phone numbers of known witnesses.

شاهدان: لطفا اسم ها و آدرس ها و نمرات تلیفون شاهدین شناسا را ذکر کنید. A + witness Statement

CERTIFICATION /

I certify that this is complete and correct and exclusively related to the incident for which I making my claim. I certify that I have not and will not receive any compensation for these damages from any third party. Nondisclosure or fraudulent statements may result in denial of my claim. If I accept an award in settlement of my claim, I agree that it will be in full satisfaction and final settlement of all my claims arising from that incident and that I shall have no further claim against ISAF, participating nations, or any third party.

تصدیق گواهی

من تصدیق میکنم که دعوی را که من در رابطه به این حادثه داشتم، صحیح و درست میباشد. من تصدیق میکنم که در آینده با هیچ جناح سوم از هیچ نوع خواست در رابطه به جبران این خساره در تماس نمی شوم. بیان راپور غلط و نا درست در زمینه میتواند دعوی من را باطل سازد. اگر من در بدل حل این دعوی پرداخته شوم، راضی هستم و رضایت کامل خویش را در عوض حل دعوی های نهایی که از این حادثه بمیان آمده بودند اظهار میدارم. من در آینده هیچ نوع دعوی اضافی علیه آیساف، ملیت های اشتراک کننده، و علیه کدام جناح سوم ندارم.

Kabul
Place

21/08/07
Date تاریخ

Signature of Applicant
امضا مدعی

This form and supporting documentation should be submitted to HQ ISAF

این فورم بشمول اسنادهای مربوطه باید به قوماندانی آیساف تسلیم شوند

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)		2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)			6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED		

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:
 If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, my agent checked all rooms in my dwelling to make sure nothing was left behind.
 I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.
 I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (for designated agent)	18. DATE SIGNED (YYYYMMDD)
--	----------------------------

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: \$
---	---

21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)

a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (YYYYMMDD)

To: HQ ISAF, kabul city,

We both each [redacted] and [redacted]
[redacted] currently residents of [redacted] city state [redacted] died
in a traffic accident on 29/05/06 in Sarai Shamali area, [redacted] is his wife, [redacted] is
his mother and has [redacted] children. This is true and we confirm it.

Witnesses:

[redacted]
(b)(6)

2 [redacted]
(b)(6)

We both are witnesses of the above matter.

Foreign Language Text, (b)(6)

Date Received at HQ ISAF LEGAD: _____

Claim No _____

ISAF driver should complete top portion and give to civilian driver.

Date: 14/06/07 ISAF Veh. License: _____ Civilian Veh. License: _____

تاریخ: _____ نامبر پلیت موتر آیساف _____ نامبر پلیت موتر ملکی _____
Name and nationality of driver _____

Location of Accident Sarai Shamali _____
محل حادثه _____

Detailed description of Damages: accident of ISAF vehicle with cart of Shah Lala which killed him.

شرح خساره _____
Name of Civilian: _____ (b)(6) _____ Phone No. 0700915212
نام شخص ملکی _____ نمبر تیلفون _____

Complete form and submit to: ISAF, Military Sports Club, Great Masoud Road

این فورمه را تکمیل نموده به قوماندانی آیساف واقع کلوب سپورتنی اردو، جاده مسعود بزرگ تسلیم نمایید
Filing permits consideration of your claim but does not guarantee payment.
با این دوسیه فقط ادعا شمارامیتوان ملاحظه نمود ولی کدام تضمین نمیتوان کرد

HEADQUARTERS, ISAF
قوماندانی عمومی آیساف




REQUEST FOR FOREIGN CLAIMS AWARD
ورق پیشنهاد برای مدعیان خارجی (افغانان)
THIS FORM MUST BE FULLY COMPLETED
این فورم باید بطور کامل تکمیل گردد

APPLICANT: _____ (b)(6) _____
درخواست کننده Name in full / اسم مکمل Phone / تیلفون

ADDRESS: _____ (b)(6) _____ (b)(6) _____ (b)(6) Kabul _____
آدرس Street / سرک Postal Code / کد پستی City / شهر

REQUESTED AMOUNT: Property damage: _____ Personal Injury: killed _____ Total Amount: _____
مقدار پیشنهاد شده خساره ملکیت آسیب شخصی مقدار مجموعی

INCIDENT: Date: 29/05/06 _____ Hour: _____ Place: Kabul _____
حادثه تاریخ ساعت محل

Detailed description of the incident. Identify all persons and property (vehicle name and year). Attach evidence such as police statements, photographs and proof of ownership. Note who was involved, what happened, where and when it took place, and how it occurred. If a vehicle accident, draw the accident scene.

شرح معلومات حادثه. مشخص نمودن تمام اشخاص و جایزات (اسم عراده و سال). لطفاً گواهی راپورپولیس، تصاویر و نشانه از مالکیت راضیمه دارید، از دچار بودن شخص در حادثه، وقوع حادثه، محل حادثه، علت حادثه را باخود یادداشت کنید، اگر حادثه ترافیکی باشد پس یک نقشه آنرا رسم کنید.

As a result of ISAF vehicle accident with cart of Shah Lala in Sarai Shamali, he passed away.
Confirmed by area representative.

(b)(6) s/o (b)(6) was killed in an accident by the ISAF in Sarai Shamali on 29/05/06 and his wife (b)(6) children and mother has left alone having very difficult time.

Describe necessary repair and verify all costs (attach repair bills / estimates of repair).
شرح جبران ضروری و تصدیق تمام مصارف (ضمیمه بل ها/ تخمین خساره)
5,000 dollars compensation. CENTCOM 011738

PERSONAL INJURY

آسیب شخصی

Describe nature and extent of personal injury and required medical treatment. Note all physicians who provided treatment and attach any bills.

از آسیب وارده که بطور آشکارا معلوم گردد، و ضرورت به تداوی داشته باشد شرح دهید. از تهیه تمام تداوی و تابلیت که از تمام طرف طبیبان صورت گرفته یادداشت آنرا ارائه دارید .

Passed away _____

Specify other sources of recovery, e.g. health or social insurance and nature and amount of compensation.

منابع دیگری از جبران خساره را مشخص سازید، بطور مثال: بیمه صحت عامه و مقدار جبران خساره .

The mentioned person has died in ISAF accident _____

Witnesses: State names and addresses / phone numbers of known witnesses.

شاهدان : لطفا اسم ها و آدرس های / نمرات تلفون شاهدین شناسا را ذکر کنید .

Muhammad Mir s/o Jan Muhammad resident of Parwan province ID No. 539033 _____

CERTIFICATION /

I certify that this is complete and correct and exclusively related to the incident for which I making my claim. I certify that I have not and will not receive any compensation for these damages from any third party. Nondisclosure or fraudulent statements may result in denial of my claim. If I accept an award in settlement of my claim, I agree that it will be in full satisfaction and final settlement of all my claims arising from that incident and that I shall have no further claim against ISAF, participating nations, or any third party.

تصدیق گواهی

من تصدیق میکنم که دعوی را که من در رابطه به این حادثه داشتم ، صحیح و درست میباشد . من تصدیق میکنم که در آینده یا هیچ جناح سوم از هیچ نوع خواست در رابطه به جبران این خساره در تماس نمی شوم . بیان راپور غلط و نادرست در زمینه میتواند دعوی من را باطل سازد . اگر من در بدل حل این دعوی پرداخته شوم، راضی هستم و رضایت کامل خویش را در عوض حل دعوی های نهایی که از این حادثه بمیان آمده بودند اظهار میدارم . من در آینده هیچ نوع دعوی اضافی علیه آیساف ، ملیت های اشتراک کننده ، و علیه کدام جناح سوم ندارم .

Kabul

Hanifa

Sanobar

Place Date تاریخ

Signature of Applicant

امضا مدعی

This form and supporting documentation should be submitted to HQ ISAF

این فورم بشمول اسنادهای مربوطه باید به قوماندانی آیساف تسلیم شوند

Date Received by LEGAD: _____

Claim No _____

ISAF DRIVER SHOULD COMPLETE TOP PORTION AND GIVE TO CIVILIAN DRIVER.

Date: 14-06-07 ISAF Veh. License: _____ Civilian Veh. License: _____
تاریخ: _____ نمبر پلٹ موٹر آیساف _____ نمبر پلٹ موٹر ملکی _____

Name and nationality of driver _____

Location of Accident _____

foreign language

محل حادثہ

Detailed description of Damages _____

شرح خسارہ

foreign language

Name of Civilian: _____

اسم شخص ملکی

foreign language, (b)(6)

Phone No. _____

(b)(6)

نمبر تلفون

Complete form and submit to: ISAF, Military Sports Club, Great Masoud Road

این فورمہ را تکمیل نموده به قوماندانی آیساف واقع کلوب سپورٹی اردو ، جادہ مسعود بزرگ تسلیم نمایید

Filing permits consideration of your claim but does not guarantee payment.

با این دوسیه فقط ادعا شمارامیتوان ملاحظه نمود ولی کدام تضمین پرداخت پول نمیتوان کرد

HEADQUARTERS, ISAF

قوماندانی آیساف 0

REQUEST FOR FOREIGN CLAIM AWARD

ورق درخواستی برای مدعیان خارجی

THIS FORM MUST BE FULLY COMPLETED

این فورم باید بطورکامل تکمیل گردد

foreign language

(VEHICLE OWNER): (مالک واسطه)

Name in full / اسم مکمل

تلفون / Phone

ADDRESS: _____

آدرس

foreign language

Street / سڑک

foreign Language Text

City / شهر

foreign language

REQUESTED AMOUNT: Property damage: _____

مقدار پیشنهاد شده

Foreign Language Text

خسارہ ملکیت

Personal Injury: _____

آسیب شخصی

Total Amount: _____

مقدار مجموعی

INCIDENT: Date: _____

Time: _____

Place: _____

foreign Language, (b)(6)

foreign language, (b)(6)

(year). Attach evidence

such as ponce statements, photographs and proof of ownership. Note who was involved, what happened, where and when it took place, and how it occurred. If a vehicle accident, draw the accident scene.

شرح معلومات حادثہ ، مشخص نمودن تمام اشخاص و جاہادات ، (اسم عرادہ و سال)

فاگہا ، اہو زہ لیس ، تصاویر ، نشانیہ از مالکیت ، اضمیمہ دارد ، از دچار بودن شخص ، در حادثہ ، وقوع حادثہ ، محل حادثہ

foreign language

foreign language

Describe necessary repair and verify all costs (attach repair bills / estimates of repair).

جران ضروری و تصدیق تمام مصارف (ضمیمه بل ها/ تخمین خساره)

foreign language

foreign Language T

PERSONAL INJURY

آسیب شخصی

سورن سورن

Describe nature and extent of personal injury and required medical treatment. Note all physicians who provided treatment and attach any bills.

بماده که بطور آشکارا معامله گردد و ضرورت به تکام داشته باشد شرح دهید. از تهیه تمام تداوی و تابلیت که از تمام طرف

foreign language

Specify other sources of recovery, e.g. health or social insurance and nature and amount of compensation.

foreign language

Witnesses: State names and addresses / phone numbers of known witnesses.

foreign language

CERTIFICATION

I certify that this is complete and correct and exclusively related to the incident for which I making my claim. I certify that I have not and will not receive any compensation for these damages from any third party. Nondisclosure or fraudulent statements may result in denial of my claim. If I accept an award in settlement of my claim, I agree that it will be in full satisfaction and final settlement of all my claims arising from that incident and that I shall have no further claim against its participating nations, or any third party.

یق گواهی

تصدیق میکنم که دعوی را که من در رابطه به این حادثه داشتم، صدیق و درست میباشد. من تصدیق میکنم که در آینده یا هیچ جناح سوم از هیچ وابست در رابطه به جبران این خساره در تماس نمی شوم. بیان راپور غلط و نادرست در زمینه میتواند دعوی من را باطل سازد. پیش از در عوض دعاوی های نهایی که از این حادثه بمیان آمده بودند بهمین در آیساف، و یا هر جانب دیگر ندارم.

foreign Language Te

14-06-07

(b)(6)

Place

Date خیرات

This form and supporting documentation should be submitted to HQ ISAF

این فورم بشمول اسناد مربوطه باید به قوماندانی آیساف تسلیم داده شود.

CENTCOM-011

(b)(6)

To, 17th security police district

Respected sir,

It is stated that my (b)(6)-year-old son (b)(6) s/o (b)(6) permanent resident of Parwan province currently living in (b)(6) passed away in a traffic accident on 29/05/06 committed by Coalition forces in Sarai Shamali area. From that day till now I was busy in funeral ceremony and could not apply to related authority and now I have applied that legal and necessary actions be taken in order to share my problems and sorrow.

With regards,

(b)(6)

P.T.O

To: criminal department

Please take necessary actions on application.

Colonel (b)(6)
Chief of PD 17

To: control department

Take legal actions on the application.

Criminal department.

The application is registered in the journal by number of 24 – 2
Volume No.1,
31/05/06

CENTCOM 011742

Pages 53 through 54 redacted for the following reasons:

Foreign Language Text, (b)(6)

Page-1-

Islamic state of Afghanistan

Ministry of Interior Affairs

Administration of Statistics and Registration

Issuing Nr:

Page Nr:

ID Nr:

(b)(6)

Code Nr:

Page 2- empty

Page 3-

A- IDENTIFICATION

Name/ Surname

Father Name-

Grand/F/name -

P/ Birth-

Date of Birth-

Religion-

Ethnic-

Job-

Gender-

Martial Status-

(b)(6)

Islam

Tajik

Male

single

Page-4-

Separated Signs-

Height

(b)(6)

Eyes-

Eyebrows-

Skin Color

Hair Color

Other Signs-

(b)(6)

Photo

Page-5-

B- Place / Office where his/her documents are registered.

**Province-
District-
Sub-district-
Village/Zone-
St/ Name-
House/ Nr-
Issuing/ Nr-
Page Nr-
Registration/ Nr-**

(b)(6)

Page-6-

(b)(6) that his name and his identification written in this ID, is one of the Afghan states Government citizen. This ID issued from the Documents Registration Administration of Parwan province.

Sign / Name of the Registrar:

Signatures of authorized Officers:

Page7-

Place / Office where his/her documents are registered

**Province-
District-
Sub -district-
Village-
House/ ST Nr-
Edition/ Page Nr-
Registration Nr-
Date-**

summer living place

winter living place

BLANK

Signature-

Note-

1. Any one who take more than one identification, he will be punished according to law.
 2. Those who are accountable to take an afghan ID from related sources in mentioned time, but don't take it; he will be punished according Islamic states of Afghanistan law.
 3. Those who bring changes in their ID, using others ID, handing over his ID to others use or finally reject the ID while distribution, while be punished according to law.
 4. Those who are over twenty years, they should go to statistic administration office.
 5. The Statistics and information administration distribute original or copy Identification Cards to all Afghanistan citizens, in case of need, and in provinces they should go to the related statistics office of the province and receive the original or copy identification card. .
- 6-All family members and their relatives according to the order of law should report the statements of their newly born children to the registration departments.
- 7- All afghan citizens should have identification cards.
- 8- Because holy word written on symbol, this is the responsibility of all Afghans to respect and protect it properly.

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

C USA LTC USA CSTC-A

From: (b)(3)(b)(6) USA 1LT USA 218th BCT CJTF Phoenix
Sent: Thursday, March 06, 2008 6:59 PM
To: (b)(3)(b)(6) USA LTC USA CSTC-A
Subject: Claim for Wrongful Death

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

I have a claimant that came in today that SSgt. (b)(3)(b)(6) apparently met with about a week ago. It looks like the claimant's father was hit by one of our vehicles and died shortly thereafter. Based on the documents that SSgt. (b)(3)(b)(6) sent me, it looks like it will be appropriate to make a solatia payment, but I wanted to check with you to see if the case is being investigated further over at Eggers. The claimant's name is (b)(6). The name of the deceased is (b)(6). Any information you could provide would be much appreciated.

v/r

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

Legal Assistance/Claims Officer
Office of the Staff Judge Advocate
Camp Phoenix

Page 59 redacted for the following reason:

(b)(6)

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

USA LTC USA CSTC-A

From: (b)(3)(b)(6) USA LTC USA CSTC-A
Sent: Monday, October 29, 2007 2:20 PM
To: (b)(3)(b)(6) USA LtCol USAF CSTC-A
Subject: FW: (b)(6)

Attachments: SANY0336.JPG



SANY0336.JPG (1 MB)

-----Original Message-----

From: (b)(3)(b)(6) USA CPT NG 218th BCT CJTF Phoenix
Sent: Monday, October 29, 2007 2:06 PM
To: (b)(3)(b)(6) USA LTC USA CSTC-A
Subject: (b)(6)

Sir:

Per my first email, this is the photo I took of (b)(6) holding the 50,000 AFA (\$1,000) and the signed "Solatia Payment Request Form."

Thanks.

(b)(6)

Pages 61 through 62 redacted for the following reasons:

Duplicate page

SOLATIA PAYMENT REQUEST FORM

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.

PRINCIPAL PURPOSE(S): To maintain a record of solatia payment requests, approvals, and final disposition. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purposes(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude payment.

SECTION I - COMPLETED BY SOLATIA PAYMENT REQUESTING OFFICIAL

1. NAME OF REQUESTING OFFICIAL (b)(3)(b)(6)	2. TITLE Solatia Payment Officer	3. DOD COMPONENT/ORGANIZATION US Army / 218 th OCT Camp Phoenix, Afghanistan
2007 10 25	5. NAME OF INDIVIDUAL TO RECEIVE SOLATIA PAYMENT (b)(6)	
6. TYPE OF SOLATIA PAYMENT (check)		
<input checked="" type="checkbox"/> Death of Local National	<input type="checkbox"/> Serious Injury of Local National	<input type="checkbox"/> Non-serious Personal Injury or Property Damage

7. FACTS SUPPORTING SOLATIA PAYMENT (continue on separate sheet if necessary)

Payee's son was killed when US soldiers fired shots to disperse a crowd in downtown Kabul.
29 May 2006

SECTION II - COMPLETED BY QUALIFIED COMMANDER/SOLATIA APPROVAL AUTHORITY

8. NAME OF QUALIFIED COMMANDER (b)(3)(b)(6)	9. SIGNATURE OF QUALIFIED COMMANDER (b)(3)(b)(6)	10. TITLE & DOD COMPONENT/ORGANIZATION TF PHX CO
11. I HEREBY DIRECT THE FOLLOWING ACTION REGARDING THIS REQUEST (check one)		
<input checked="" type="checkbox"/> Approve Solatia Payment	<input type="checkbox"/> Requires Further Substantiation Prior to Solatia Payment	<input type="checkbox"/> Disapprove Solatia Payment
12. AMOUNT OF SOLATIA PAYMENT TO BE MADE (IF ANY) 50,000 AFA	13. DATE PAYMENT SHOULD BE MADE 25 October 2007	14. DATE MONEY IS DRAWN
15. NAME OF SOLATIA DRAWING OFFICER CPT	16. SIGNATURE OF SOLATIA DRAWING OFFICER (b)(3)(b)(6)	17. DATE
18. NAME CPT	19. NAME OF SOLATIA PAYMENT WITNESS	

SECTION III - COMPLETED BY SOLATIA PAYMENT OFFICER/WITNESS/PAYEE

20. I HEREBY CERTIFY THAT SOLATIA PAYMENT APPROVED ABOVE WAS ACCOMPLISHED ON _____ DATE.	
21. DATE	22. SIGNATURE OF SOLATIA PAYMENT OFFICER
23. DATE	24. SIGNATURE OF SOLATIA PAYMENT WITNESS
25. DATE	26. SIGNATURE OF PAYEE

PURCHASE REQUEST AND COMMITMENT
For use of this form, see AR 37-1, the proponent agency is OASAFM)

1. PURCHASE INSTRUMENT NO. _____ 2. REQUISITION NO. _____ 3. DATE 20 APRIL 2007 PAGE 1 OF 1 PAGES

4. TO: PURCHASING AND CONTRACTING OFFICE, CAMP PHOENIX (PRWED ROUTE: KOP11) 5. THRU: BG Robert E. Livingston, Jr. CO CAMP PHOENIX, AFGHANISTAN 6. FROM: CJTF PHX - SJA CAMP PHOENIX, AFGHANISTAN

It is requested that the supplies and services enumerated below or on attached list be

7. PURCHASED FOR SOLATIA PAYMENT FOR 8. DELIVERED TO Mother

9. NOT LATER THAN (Date) 26 Oct 2007 11. TELEPHONE NUMBER 318-237-2047

The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item.)

12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY

13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION: CPT (b)(3)(b)(6) 11. TELEPHONE NUMBER 318-237-2047

FUND CERTIFICATION

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

19. ACCOUNTING CLASSIFICATION AND AMOUNT T10

14. ITEM	15. DESCRIPTION OF SUPPLY OR SERVICES	16. QUANTITY	17. UNIT	18. ESTIMATED		TOTAL COST
				UNIT PRICE ^a		
1	SOLATIA PAYMENT FOR DEATH OF Son CP (b)(3)(b)(6) SOLATIA PAY AGENT SOLATIA REFERENCE # 07-115		1 EA			\$1,000
	50,000 AFS 49 64508 = \$1,007.15 PAYMENT TO BE MADE IN AFGHANI					

25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE
SOLATIA PAYMENT TO MOTHER OF SON WHO WAS ACCIDENTALLY KILLED IN ARSIC-CENTRAL AO

20. TYPED NAME AND TITLE OF CERTIFYING OFFICER: ROBERT E. LIVINGSTON JR. 21. SIGNATURE: (b)(3)(b)(6) 22. DATE: 24 Oct 07

23. DISCOUNT TERMS

24. PURCHASE ORDER NUMBER

26. DELIVERY REQUIREMENTS: ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES NO IF YES, NUMBER OF DAYS REQUIRED

27. TYPED NAME AND GRADE OF INITIATING OFFICER: CPT (b)(3)(b)(6) JAG 28. SIGNATURE: (b)(3)(b)(6) 29. DATE: 13 Oct 07 30. TELEPHONE NUMBER: 318-237-2047 31. TYPED NAME AND GRADE OF SUPPLY OFFICER: CPT (b)(3)(b)(6) 34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE: ROBERT E. LIVINGSTON JR. BG 35. SIGNATURE: (b)(3)(b)(6) 36. DATE: 24 Oct 07

Page 65 redacted for the following reason:

Duplicate page, (b)(3), (b)(6)

STATEMENT OF AGENT OFFICER'S ACCOUNT

DISBURSING OFFICER'S NAME, ADDRESS, DISBURSING STATION SYMBOL NO. (b)(3)(b)(6) DFAS INDIANAPOLIS, IN CPT (b)(3)(b)(6) DEPUTY DISBURSING OFFICER DSSN 5570 APO AE 09320 SOLICIA PAYMENT 07-115	AGENT OFFICER'S NAME, GRADE, SSN, UNIT ADDRESS (Include ZIP Code/APO number and Telephone number) 25-Oct-07 CPT (b)(3)(b)(6) (b)(3)(b)(6) PAY AGENT/CLAIMS/SOLATIA CITE (b)(3)(b)(6)
MAX: 100,000	
20-APRIL-2007	

TRANSACTIONS AFFECTING AGENT OFFICER'S ACCOUNT

TRANSACTIONS	TOT VOU	INCREASE (Received by Agent) <i>f</i>	BEGINNING BALANCE (In Agent's Account) <i>e</i>	DECREASE (Turned in by Agent) <i>d</i>	ENDING BALANCE (In Agent's Account) <i>e</i>
1. BALANCE FORWARD			\$0.00		\$999.99
2. U.S. DOLLARS		\$0.00		\$0.00	
3. FOREIGN CURRENCY		\$999.99		\$0.00	
4. MILITARY PAYMENT CERTIFICATES					
5. COLLECTIONS AAFES (DD 1131)		\$0.00			
6. DEPOSITS SDP		\$0.00			
7. NEGOTIABLE INSTRUMENTS					
A. TREASURY CHECKS				\$0.00	
B. DEPOSITS PCC SF 215				\$0.00	
C. DEPOSITS MANUAL SF 215				\$0.00	
8. PAID VOUCHERS SF 1034				\$0.00	
9. INCORRECT VOUCHERS RETURNED				\$0.00	
10. OVERAGE		\$0.00			
11. SHORTAGE				\$0.00	
12. TOTAL FUNDS IN HANDS OF AGENT OFFICER	0		\$999.99		\$999.99

STATEMENTS

Issued Exchange Rate	49.67571		Issued	\$0.00	Vouchers	\$0.00	Turned In	\$0.00
Return Exchange Rate	49.67571		U.S.	\$0.00	\$0.00			\$0.00
	F.C. Gain / Loss	\$0.00	F.C.	49.675	0			0

DISBURSING OFFICER		(b)(3)(b)(6)	
DATE	(b)(3)(b)(6)	DATE	(b)(3)(b)(6)
25-Oct-07		25-Oct-07	CPT
<input checked="" type="checkbox"/> ON ADVANCE: I HAVE TRUSTED FUNDS AND/OR OTHER ITEMS ABOVE NAMED:		<input checked="" type="checkbox"/> ON ADVANCE: I, AS AGENT OFFICER, HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE. I HAVE ASSUMED PECUNIARY RESPONSIBILITY THEREFORE. I WILL NOTIFY THE DISBURSING OFFICER IMMEDIATELY UPON DISCOVERY OF ANY LOSS OR SHORTAGE, AND I HAVE RECEIVED AND UNDERSTAND WRITTEN INSTRUCTIONS CONCERNING MY DUTY AS AN AGENT OFFICER.	
<input type="checkbox"/> ON RETURN: I HAVE RECEIVED FUNDS AND/OR OTHER NAMED AGENT OFFICER:		<input type="checkbox"/> ON RETURN: THE ABOVE STATEMENT OF ACCOUNT IS CORRECT.	
DATE	SIGNATURE OF DISBURSING OFFICER	DATE	SIGNATURE OF AGENT OFFICER
25-Oct-07	(b)(3)(b)(6) CPT	25-Oct-07	(b)(3)(b)(6) CPT