

Change 3514
12 APR 68 05:11:00 974
Date Received (b)(6)
Date (Issued)

|

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IRAQI CLAIMS POCKET CARD

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

1. Fill out the required information below. Where appropriate document incident with photographs.
2. Give the second page of this form to the Iraqi civilian or other appropriate person in the case of death.
3. Direct them to the Iraqi Assistance Center (IAC) located at the Baghdad Convention Center. Do not promise anything.
4. Upon return to your FOB, complete DA Form 2823 describe the incident and forward to the 4th Brigade Legal Office. Please note that this information is not an admission of liability by the soldiers involved, it will be used only to substantiate a potential claim against the US Army.

UNIT: Co D, 1ST BN, 184TH INF (AASLT)

DATE 24 Aug 2005

LOCATION Predators.

INCIDENT shooting of vehicle

CENTCOM 004243



IRAQI CLAIMS POCKET CARD

أذ كنت تريد الحصول على التعويض عن
الأضرار، الأصابة
أو الموت الذي تتسبب به القوات الأمريكية
عليك أن تجلب الكارت انذي يعطيه لك الجندي الأمريكي
أثناء الحادث أو أي دليل يتعلق بالحادث مثل الصور، أفادة
الشهود

أوراق تحقيق الشرطة، إثبات الملكية أو الوصولات
الى مركز المساعدات العراقية للواقع في قصر
المؤتمرات

وذلك ما بين الساعة التاسعة صباحا والساعة الثالثة
عصرا

طيلة أيام الاسبوع لرفع قضاياكم وشكرا لكم

CENTCOM 004244

CLAIMS CHRONOLOGY SHEET

Claimant's Name: (b)(6)
Claim Number: 351M USARCS Number: 05-IJ8-T574
Date Claim Filed: 21 SEP 05 Amount Claimed: \$ 5000
Date of Incident: 18 AUG 05 Location of Incident: _____

DATE	ACTION / NOTES
	Claim card was given to claimant @
	Falcon's India gate a few days after
	incident

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 10/11/2005 8:40:25 AM ORDER NO. (b)(7)(C)

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)
P
A
Y
E
(b)(7)(C)

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,000.00

AGENCY NAME AND BILLING ADDRESS* P
A
Y
O
R
TOTAL \$2,000.00
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY (Signature and title) (b)(7)(C) (b)(7)(E) (b)(7)(C) SFC, PPO
PURPOSE AND ACCOUNTING DATA (b)(7)(C)

RECEIVED BY PURCHA very of items
(b)(7)(C) (b)(7)(E) (b)(7)(C) CPT
TITLE
CONDOLENCE PAY AGENT 4 Nov 05

PAYMENT RECEIVED \$2,000.00 SELLER PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(7)(C) DATE 4 Nov 05

Signature
I certify that this account is correct and proper for payment in the amount of \$2,000.00
DIFFERENCES
NONE

(b)(7)(C) (b)(7)(E) (b)(7)(C)
ACCOUNT VERIFIED
CORRECT FOR
BY

Authorized or PAID BY (Check No) DATE PAID CPT VOUCHER NO 4 Nov 05



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)
CAMP LIBERTY, IRAQ
APO-AE 09352

REPLY TO
ATTENTION OF:

AFZP-CoS

26 September 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T574

1. NAME OF RECIPIENT: (9)(q)
2. DATE OF INCIDENT OR DAMAGE: 18 August 2005
3. LOCATION OF INCIDENT OR DAMAGE: Al Doura Highway
4. DESCRIPTION: Claimant's father was killed while driving a large cargo truck in Al Doura. He encountered a U.S. cordon and attempted to drive along the shoulder of the road but was engaged by U.S. forces and killed. U.S. forces searched the vehicle and found that it did not contain contraband. Deceased was from the Diwanyia region of Iraq and may not have been familiar with U.S. cordons.

Incident confirmed in SIGACT 46IH(Z)(q)

5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community its sympathy for this unfortunate loss. This demonstration will have a positive effect on both the community and local Iraqi leaders.

6. AMOUNT OF PAYMENT: \$2,000

7. POINT OF CONTACT: CPT (9)(q) (ε)(q) @id3.army.mil,
VOIP 46IH(Z)(q)

(9)(q) (ε)(q)

COL, GS
Chief of Staff

(9)(q) (ε)(q)

I concur with the payment

LTC, JA
Deputy Staff Judge Advocate

CENTCOM 004247

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: _____ (9)(a) ← Claimant
ADDRESS: _____ ID#: _____
OCCUPATION: _____ CITIZENSHIP: _____

INCIDENT INFORMATION

TYPE OF CLAIM: () Vehicle Accident SAF () Raid () Detainee Property
() Occupied Land () Other

LOCATION OF INCIDENT: Highway DATE OF INCIDENT: 18 AUGUST

DESCRIPTION OF INCIDENT: FATHER, DRIVER OF CARGO TRUCK, KILLED BY
US FORCES WHEN HE BROKE CORRAL.

DRIVER IS FROM S. IRAQ - NOT FAMILIAR W/ AO

DRIVER = (9)(a) _____

UNIT INVOLVED: 1/184

CLAIM INFORMATION

OWNER OF PROPERTY: NA BREAKDOWN OF CLAIM:

ITEM	AMOUNT

TOTAL AMOUNT CLAIMED: \$ 3000

INSURED?: Y / N AMOUNT: ~

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y / N LOCATION AND OUTCOME: _____

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.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(DATE) (Signature of Claimant)
(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

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CENTCOM 004250

Pages 10 through 23 redacted for the following reasons:

Foreign Language

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(b)(6) Foreign Language

(b)(6), Foreign Language

Foreign Language, (b)(6)

CENTCOM-004265

Pages 25 through 43 redacted for the following reasons:

Foreign Language
(b)(6) Foreign Language
(b)(6), Foreign Language
(b)6 Foreign Language
Foreign Language
Foreign Language, (b)(6)