

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

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



FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 5.0113

Date Received: 11-Apr-05

Name:

(b)(6)

~~06 0066~~
0466-05
FWD to FY06

Address:

Baghdad,

(b)(6)

Claim Summary: C.F caused massive traffic accident with multiple fatalities and injuries.

Claimant's brother

(b)(6)

(b)(6) was killed when his vehicle was destroyed by C.F.

Date of Incident:

Amount Requested: \$39,000.00

Recommendation: Approval Denial Investigation
FWD-up, amount over \$15,000

Date Reviewed by OIC: 13 April - Need Real 7 para. memo.

Claim Is: Approved in the amount of \$ _____

Denied. Denial Code _____

On hold pending investigation findings.

Who replaced CPT (b)(3),(b)(6)
to coordinate to make payments.

FMD to FY02
0400-02

HMB 1-9 FA

15-6 24 FEB 05

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 5.0113

Date Received: 11-Apr-05

~~06-0066~~
06-0066

Name:

Address:
Baghdad, Iraq

Claim Summary: C.F caused massive traffic accident with multiple fatalities and injuries.

Claimant's brother
 was killed when his vehicle was destroyed by C.F.

Date of Incident:

Amount Requested: \$39,000.00

Recommendation: Approval Denial Investigation
FWD-up, amount over \$15,000

Date Reviewed by OIC: *13 April - Need Real 7 para. memo.*

Claim Is: Approved in the amount of \$_____.

Denied. Denial Code_____

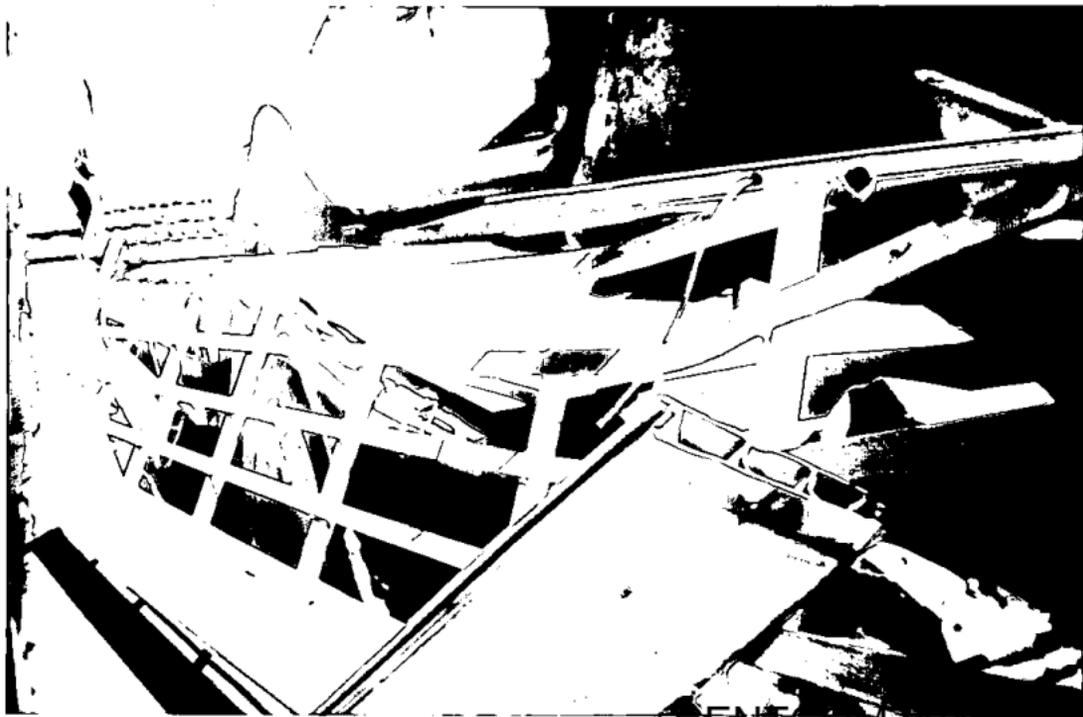
On hold pending investigation findings.

Who replaced CPT to coordinate to make payments.

CENTCOM 004669

Pages 8 through 9 redacted for the following reasons:

Foreign Language, (b)(6)



CENTCOM 004672



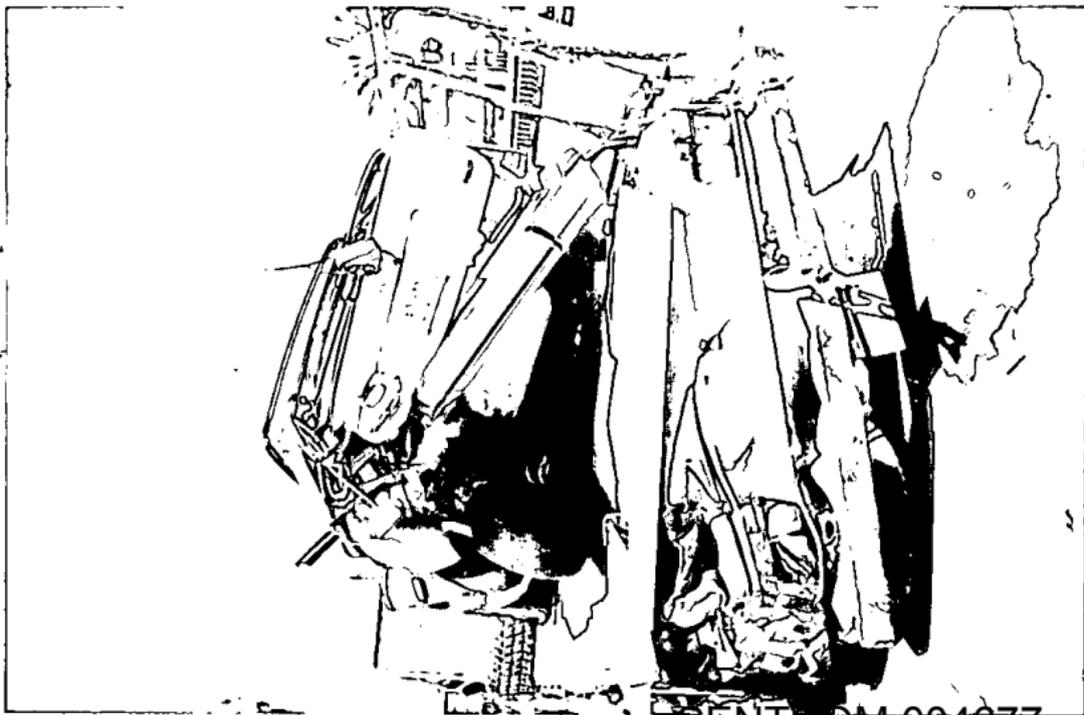
CENTCOM 004673



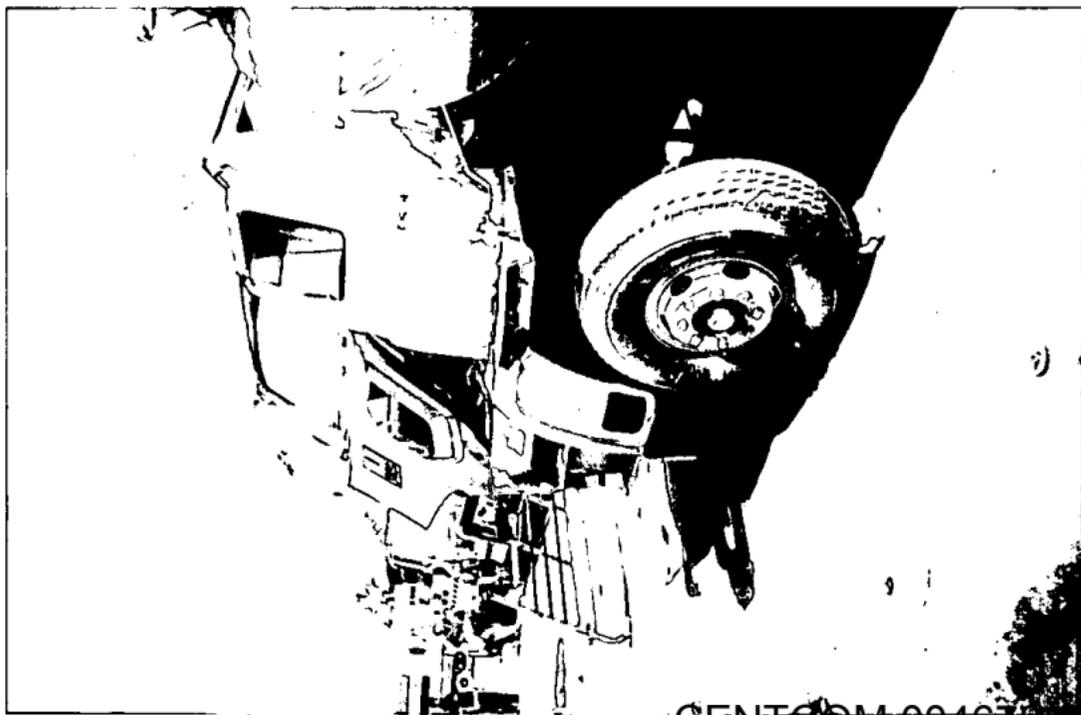
CENTCOM 004674

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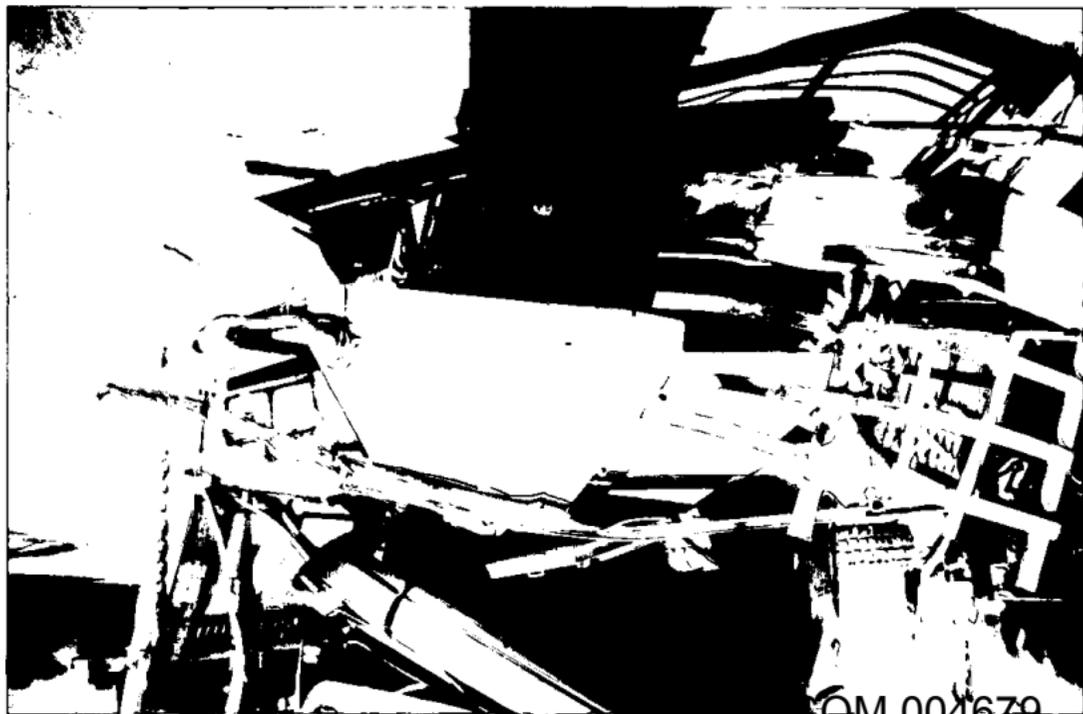
Foreign Language, (b)(6)



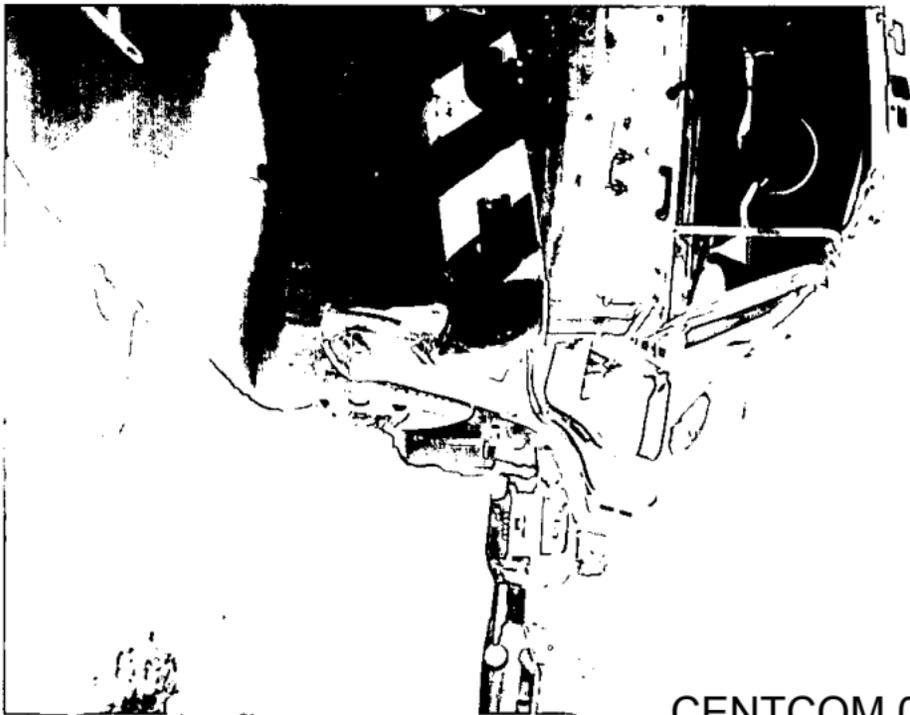
CENTCOM 004677



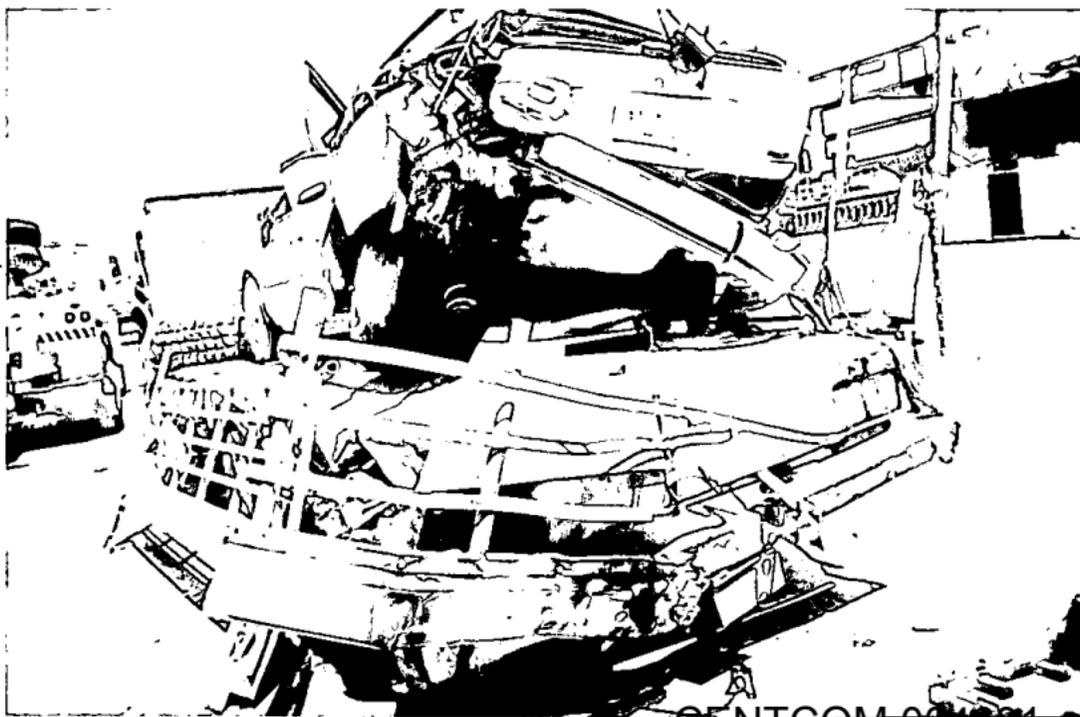
CENTCOM 004676



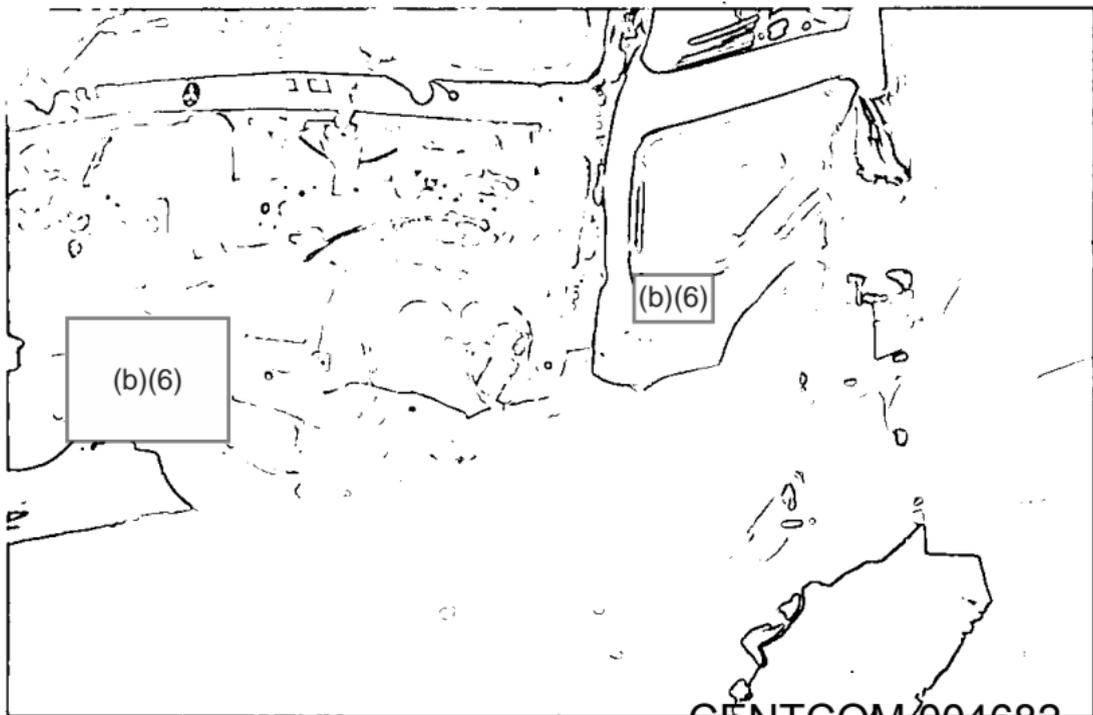
CENTCOM 004679



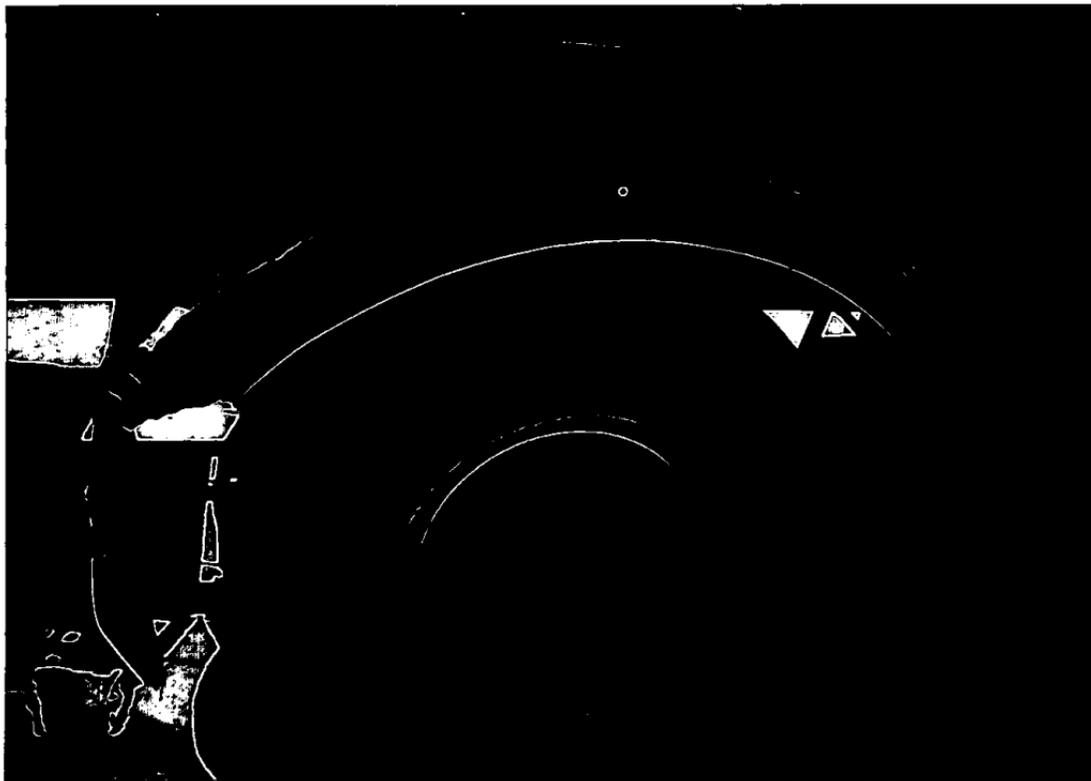
CENTCOM 004680



CENTCOM 004681



GENTCOM 004682



CENTCOM 004885



CENTCOM 004684

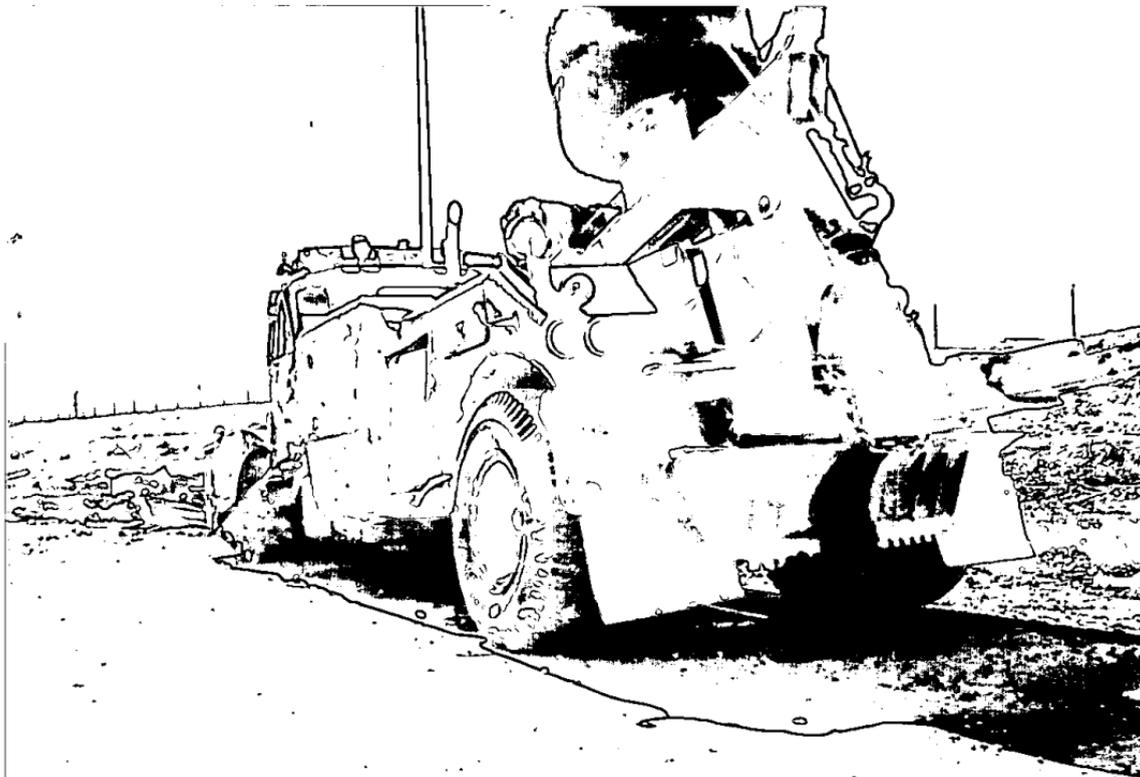


CENTCOM 004685



(b)(6)

©CENTCOM/004686



CENTCOM 004687

TRIGOLD

TRIGOLD

TRIGOLD
Cadmium Paper

SuperGOLD
Cadmium Paper

SuperGOLD
Cadmium Paper

SCENTCOM 004688

Private Own Vehicle
Property Registration Card

Full Name
Address :

(b)(6)

Type & Model of the Vehicle :
Ford, 1991.

License Plate No.

(b)(6)

Chassis No. :

Color : Silver

~~Motor Vehicle~~

~~Driving License~~

Driving License Card

Card #

(b)(6)

Full Name :

A

(b)(6)

→
Following

Type & Model : Volkswagen - Passat
(Sedan)

(b)(6)

License Plate

Chassis No.

(b)(6)

Car Color : Blue

Engine No.

(b)(6)

Truck Type Hino /

(b)(6)

Plate No.

(b)(6)

	Damages	\$	Dinars
1	Front Glass	300 \$	444 000
2	Dents in the car roof	2000 \$	2960000
3	Dents in cab	1000 \$	1480000
4	Front bumper	300 \$	444 000
5	Dents in the left tank	1000 \$	148 0000
6	Rear Glass	600 \$	888 000
7	Air Glass	100 \$	148 000
8	Left Front Door	400 \$	592 000
9	Dashboard	1200 \$	1776 000
10	Gear with car engine	2000 \$	296 0000
Total		8900 \$	13172000 Dinars



CENTCOM 004692

Truck Plate No

(b)(6)

Type Ford /

(b)(6)

	Damages	\$	Dinars
1	Rear of the truck with bumper	700 \$	1036000
2	Rear axle	600 \$	888000
3	Four Doors	1000 \$	1480000
4	Rear and Side Glass	400 \$	592000
5	Dents in the roof of the vehicle	600 \$	888000
6	Rear Skasie.	300 \$	444000
7	Rear wheel with spare wheel (Tyre Tyre)	200 \$	296000
8	Rear Back light with two wheels and in front light	200 \$	296000
	Total	4000 \$	5920000 Dinars

CENTCOM 004694

(b)(6), Foreign Language Text

Republic of Iraq

Ministry of Health

Forensic Medicine Institute

(b)(6)

The Technical No: (b)(6)

Date: 3/4/2005

T/ Al-Zafaraniya Police Station

Referring to the questionnaire of the Anatomy request numbered on 13/3/2005, herein below is the Forensic Medical Report concerning the Deceased (b)(6) For your kind knowledge. with appreciation

Note:

The Anatomic Forensic Medical Report

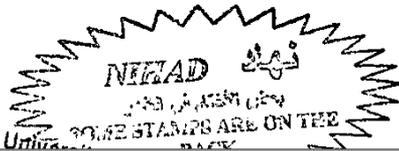
I, The undersigned Dr. (b)(6) had carried out the Anatomic Forensic Medical Examination on the corpse of (b)(6) and that was at ten O'clock on 13/3/2004 and the result was as follows:

The Diagnostic description of the Corpse:

Age: (b)(6) years. Sex: Male-tallness: toll Complexion Color: Light- Brown, The Head Hair Color Black, Color of Face Hair- Blad: Eyes, The Deathly spots: not clear. The Putrification: Has not began yet. The Build up- Fat The Death rigidity: not clear Cloths: Torn and not clear The Tattooing Engravings and Distinguishible Marks:

The external damages:

The corpse was Tissue and Bone Pieces scattered and cut in great extent, and we had recognized from it with diffuctly a part of Face and Head hair, and the remains of the lower and upper parts and parts of the Abdominal Bowels which indicate that the Deceased was exposed to a very hard accident led to the scattering of his organs, his bowels, and his bones to small cut parts, and it is difficult to recognize between it.



(b)(6)

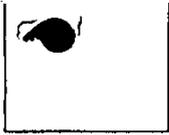
Foreign Language Text

NEHAD

NEHAD

2005 JUN 6

Foreign Language Text, (b)(6)



The Head:

Scalp	Smashed, Cut, and Scattered
Calvarium and his base	=
Meninges and Brain	=
The Face Bones	=
The Neck and it's Adnexa	=
Thorax and Thoracis Carity:	Cut, smashed, and scattered and the Bones were mixed with the Soft Tissue.
Thorax Bones	=
Pericardium and Heart	=
The Two Lungs and their membranes:	=
The Diaphragm Interseptum	=
The Abdomen and Abdominal Cavity	=
The Peritone and the Omentum	=
Stomach and Intestine	=
Liver, Spleen, and Pancreas	Cut, smashed, and scattered
and the Bones were mixed with the Soft Tissues	=
The Two Kidneis and the Two Adrenals	=
The Uterus and it's Adenxa	=
The Genital Organs and the Anus	=
Spinal Column and the Pelvis Bones	=
The Two Upper Parts	=
The Two Lower Parts	=

The Complementary Examinations and it's results and the Discussion

The Conclusion:

1. It was concluded from the Anatomic appearances for the Corpse of the Deceased (b)(6) and after the awareness on the accident conditions sent to us with your letter numbered (b)(5) on 28/3/2005 what follows:

The Death reason-----The Fractures, Ruptures and Bloody Bleedings

as a result of his injury with a very strong bruise

One Seal
Ministry of Health
No.
Date/ /200
The Forensic Medicine Institute

(Signed)
(b)(6)

Medicine Institute
3/4/2005

Signed
(b)(6)

Directorate of Forensic Medicine Institute
3-4-2005

6 0 أبريل 2005

Foreign Language Text, (b)(6)

Pages 37 through 38 redacted for the following reasons:

Foreign Language, (b)(6)

Standard Form 1034 (EG)
 Revised October 1987
 Department of the Treasury
 1 FPMR 4-2000
 1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
HQ, 3D Infantry Division
Office of the Staff Judge Advocate
APO AE 09380

10 DATE VOUCHER PREPARED
30 September 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY
3d Finance, 3d SSB
Camp Liberty, Iraq
APO AE 09352
DSSN: 5579

REQUISITION NUMBER AND DATE

CLAIM #: **I18T0066-06**

PAYEE'S NAME
 AND ADDRESS
 (b)(6)

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.				\$23,000.00
TOTAL						\$23,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) **TOTAL \$23,000.00**

PAYMENT: PROVISIONAL COMPLETE PARTIAL FINAL PROGRESS ADVANCE

APPROVED FOR BY: _____ TITLE: _____

EXCHANGE RATE: = \$1.00

DIFFERENCES: _____

Amount verified: correct (Signature or initials) (b)(3), (b)(6)

\$23,000.00

Pursuant to authority vested in me by _____ (b)(3), (b)(6) CPT, JA
1 NOV 2005 (Date) _____ (b)(3), (b)(6) Claims Judge Advocate (Title)

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

SFC USA Foreign Claims Pay Agent

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank)

PAID BY CASH DATE **1 NOV 2005** PAYEE'S NAME (b)(6), Foreign Language T

\$ **\$23,000.00**

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.

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.

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

REPLY TO
ATTENTION OF:

AFZP-VB-JA

Date: 30 September 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T0066-06 APPROVAL AS FOLLOWS:

Claim of: [redacted] (b)(6)

Address: [redacted] (b)(6) Baghdad, Iraq

Date Filed: 11-Apr-05

Amount Claimed: \$39,000.00

Claimed Loss: C.F caused massive traffic accident with multiple fatalities and injuries.
Claimant's brother [redacted] (b)(6) was killed when his
vehicle was destroyed by C.F.

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

[X] **Approved:** The claimant, [redacted] (b)(6) will be paid \$23,000.00 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 [redacted] (b)(3),(b)(6) Camp Loyalty, @ VOIP [redacted] (b)(2)High

[redacted] (b)(3),(b)(6)

CPT, IA
FOREIGN CLAIMS COMMISSION

CENTCOM 004702

CENTCOM 004703



DEPARTMENT OF THE ARMY
HEADQUARTERS, THIRD INFANTRY DIVISION (FWD)
OFFICE OF THE STAFF JUDGE ADVOCATE
APO AE 09352

REPLY TO
ATTENTION OF:

AFZP-JAC

29 September 2005

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [redacted] (b)(6)

1. Facts. Claimant's 1997 Hino tanker truck and Ford pick-up truck were destroyed in a vehicle accident caused by U.S. forces on 12 March 2005. In addition, claimant's brother, [redacted] (b)(6) was killed in the accident.
2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. Claimant has produced sufficient evidence to show that U.S. forces negligently caused his loss.
3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action. The claim is approved in the amount of \$23,000. (\$4,000 for the loss of the Ford, \$9,000 for the loss of the Hino and \$10,000 for the death of claimant's brother.)

[redacted] (b)(3)(b)(6)

CW2, JA
FCC IJ4

[redacted] (b)(3),(b)(6)

CPT, JA
FCC IJ4



CENTCOM 004705

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
2D BRIGADE, 3D INFANTRY DIVISION
FOB LOYALTY, APO AE 09380

REPLY TO
ATTENTION OF:

AFZP-VB-JA

1 June 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6)

1. Claimant's name and address: (b)(6)

(b)(6) Baghdad, Iraq.

2. Date and place the incident occurred giving rise to the claim: Incident occurred on 12 March 2005, at Al-Wehda, Baghdad, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim in the amount of \$39,000.00 on 11 April 2005.

4. Claim considered under the Foreign Claims Act and Chapter 10, AR 27-20; claim filed for the death of the claimant's brother (b)(6) and the destruction of his vehicle.

5. Facts:

a. On 12 March 2005, a massive vehicular traffic accident occurred and resulted in multiple fatalities and injuries.

b. Claimant's brother was involved in the vehicular accident, resulting in his death and the destruction of his vehicle.

c. The traffic accident was the direct result of negligence on behalf of the United States Army.

6. Opinion:

a. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by non-combat activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claimant provided evidence that the United States Army was involved and caused in the traffic accident.

b. The claim is meritorious.

c. The evidence presented establishes negligence on behalf of the Coalition Forces.

7. Recommended Action: Approve and pay the claim in the amount of \$39,000.

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

Single Member FCC

CENTCOM 004706

Claims Form

To: United States Army, Foreign Claims Office
From: Name: _____
Address: _____ (b)(6)

I am

- a. A citizen and national of: _____
- b. A permanent resident of: _____
- c. Employed by: He is just a worker
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () Not a subrogee

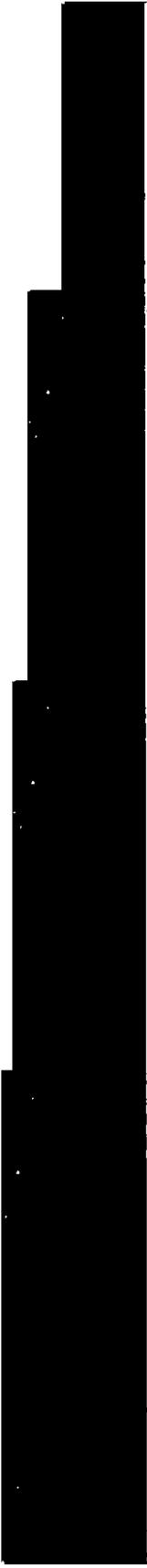
I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)
The damages caused by the American forces

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.) The guy's brother (b)(6)

My claim arose at: (b)(6) Baghdad Iraq
(Town) (City) (Country)

My claim arose on: March Saturday 2003
Month Day Year

Give a brief statement of the accident or incident on which the claim for damages to property is based. (Use back of this sheet if necessary.)
(b)(6) had a tanker and it was a broken one and it had been drawn by a train (trailer) kind (scrape) the tanker was (Hino) and there was another truck (Ford) (grey), and these two trucks had been destroyed because of the American forces, and the damages was (100%) percent, and the driver died because of that incident.



CENTCOM 004708

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

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.)

<u>Item</u>	<u>Amount</u>
For the (Ford-) truck	5,000 \$/
For the (Hino) truck (8 tons)	34,000 \$/

Total: 39,000 \$/

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

The name and address of my insurer (if any) is:

(Name) _____ (Address) _____

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

\$ 39,000 \$/ local 58 Million Dinars

(b)(6), Foreign Language Text

(Signature of Claimant)

Subscribed before me this ^{April} ~~2003~~ day of Thursday, 2003.

(Pr

(b)(6), Foreign Language Text

(Si

CENTCOM 004710

SETTLEMENT AGREEMENT II8T0066-06

I, [redacted] (b)(6) Baghdad, Iraq hereby agree to accept the sum of \$23,000.00 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 12-Mar-05 in Baghdad, Iraq involving U.S. Forces. The damage incurred was C.F caused massive traffic accident with multiple fatalities and injuries.
Claimant's brother [redacted] (b)(6) was killed when his vehicle was destroyed by C.F.

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

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

[redacted]), Foreign Language

Claimant Name:

Address:

ID Number:

[redacted] (b)(3),(b)(6)

2005

Private Own Vehicle
Property Registration Card

Full Name

Address

(b)(6)

Type & Model of the Vehicle

Ford, 1991.

License Plate No

Chassis No. :

Color : Silver

(b)(6)

~~License Driving~~

~~Driving License~~

Driving License Card

Card #

Full Name :

Fla

(b)(6)

(b)(6)

→
Following

Type & Model : Volkswagen - Passat
(Sedan) Brazilian Version
1985

License Plate No.

Chassis No.

Car Color : B6

Engine No.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Pages 52 through 55 redacted for the following reasons:

Foreign Language
Foreign Language, (b)(6)

CENTCOM 004718

(b)(6), Foreign Language Text

Forensic Medicine Institute

(b)(6)

The Technical No:

(b)(6)

Date: 3/4/2005

T/ Al-Zafaraniya Police Station

Referring to the questionnaire of the Anatomy request numbered on 13/3/2005, herein below is the Forensic Medical Report concerning the Deceased (b)(6) For your kind knowledge with appreciation

Note:

The Anatomic Forensic Medical Report

I, The undersigned (b)(6) had carried out the Anatomic Forensic Medical Examination on the corpse of (b)(6) and that was at ten O'clock on 13/3/2004 and the result was as follows:

The Diagnostic description of the Corpse:

Age: (b)(6) years. Sex: Male. tallness: toll. Complexion Color: Light Brown. The Head Hair Color: Black. Color of Face Hair: Blad. Eyes: The Deathly spots: not clear. The Putrifaction: Has not began yet. The Build up- Fat: The Death rigidity: not clear. Cloths: Torn and not clear. The Tattooing, Engravings and Distinguishable Marks:

The external damages:

The corpse was Tissue and Bone Pieces scattered and cut in great extent, and we had recognized from it with difficulty a part of Face and Head hair, and the remains of the lower and upper parts and parts of the Abdominal Bowels, which indicate that the Deceased was exposed to a very hard accident led to the scattering of his organs, his bowels, and his bones to small cut parts, and it is difficult to recognize between it.

Foreign Language Text, (b)(6)

The Head:

Scalp	Smashed, Cut, and Scattered
Calvarium and his base	=
Meninges and Brain	=
The Face Bones	=
The Nack and it's Adnexa	=
Thorax and Thoracis Carity:	Cut, smashed, and scattered and the Bones were mixed with the Soft Tissue.
Thorax Bones	=
Pericardium and Heart	=
The Two Lungs and their membranes:	=
The Diaphragm Interseptum	=
The Abdomen and Abdominal Cavity	=
The Peritone and the Omentum	=
Stomach and Intestine	=
Liver, Spleen, and Pancreas	Cut, smashed, and scattered
and the Bones were mixed with the Soft Tissues	=
The Two Kidneis and the Two Adrenals	=
The Uterus and it's Adenxa	=
The Genital Organs and the Anus	=
Spinal Column and the Pelvis Bones	=
The Two Upper Parts	=
The Two Lower Parts	=

The Complementary Examinations and it's results and the Discussion

The Conclusion:

1. It was concluded from the Anatomic appearances for the Corpse of the Deceased (b)(6) and after the awareness on the accident conditions sent to us with your letter numbered 1608 on 28/3/2005 what follows:

The Death reason-----The Fractures, Ruptures and Bloody Bleedings

as a result of his injury with a very strong bruise

One Seal
Ministry of Health
No.
Date/ /200
The Forensic Medicine Institute.

(Signed)
(b)(6)
Medicine Institute
3/4/2005

Signed
(b)(6)
Directorate of Forensic Medicine Institute
3-4-2005

Pages 59 through 60 redacted for the following reasons:

Foreign Language, (b)(6)

(b)(6)

Traffic & Licencing Directorate

Foreign Language

No.

Date

By this we certify that the below described
vehicle is owned by MR / MRS
and transferred to MR / MRS
Nationality To

This certificate is permanently valid, and the vehicle is
allowed to be driven for a period of 96 hours only.

VEHICLE DETAILS

Foreign Language

Vehicle no. : (b)(6)
Plate type : blue - export
Vehicle Make : Hino
Category : tanker
Chassis No. : (b)(6)
Engine No. : ~~1234~~
Colour : white
Model : (b)(6)
Country of Manufacture: Japan

Empty Weight :

Register's Date :

Insurance Co. :

Policy No.:

Mortgage Co. :

Foreign Language

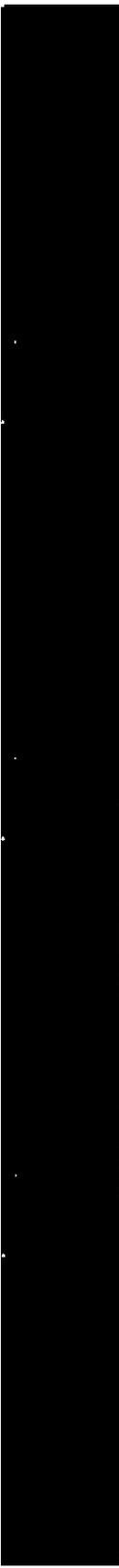
NOTES :

(b)(6)

Foreign Language

Foreign Language





CENTCOM 004726



(b)(6)

