

A0332

A handwritten mark consisting of a horizontal line on the left that curves upwards and then downwards to the right, ending in a sharp point. It resembles a stylized 'V' or a signature.

(b)(6)



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1st BRIGADE COMBAT TEAM
4th Infantry Division
CAMP TAJI, IRAQ APO AE 09378

09 AUG 2006

Foreign Claims Commission IO9

SUBJECT: Claim # 1/4ID-A0332

(b)(6)

Baghdad, Iraq

Dear Ma'am:

You have submitted a claim seeking compensation for the loss of your loved one. 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.

Allow me to express my sympathy for the loss of your loved one. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the Fourth Infantry Division Claims Office will compensate you for your losses in the amount of \$15,000.00.

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

CENTCOM 006432

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
 HQ, 1st Brigade Combat Team, 4th Infantry Division
 Office of the Command Judge Advocate
APO AE 09378

10 DATE VOUCHER PREPARED
9 AUG 06
 CONTRACT NUMBER AND DATE
 REQUISITION NUMBER AND DATE

SCHEDULE NO.
 PAID BY
 230th Finance Bn
 APO AE 09344
 TAJI
 DSSN: 5579

PAYEE'S
 CLAIM #: 1/4ID-A0332
 (b)(6)
 NAME AND ADDRESS
 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 <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service. <i>Husband killed in accident w/ American Convoy.</i>				\$ 15,000
TOTAL						\$ 15,000

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

PAYMENT: PROVISIONAL COMPLETE PARTIAL FINAL PROGRESS ADVANCE

APPROVED FOR BY: SFC (b)(3),(b)(6)
 TITLE: 1
 Pursuant to authority vested in: (b)(3),(b)(6)

EXCHANGE RATE: = \$1.00

DIFFERENCES: _____

Amot (Signature): (b)(3),(b)(6)
 MC

9 Aug 06 (Date) (b)(3),(b)(6) CPT, JA Foreign Claims Officer (Title)

ACCOUNTING CLASSIFICATION: (b)(2)High

PAID BY: CASH \$ 15,000 DATE: 9 AUG 06

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY: (b)(6)

CHECK NUMBER ON (Name of bank):

PER: _____
 TITLE: _____



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)(6) @msn.com.

DATE OF TRANSFER: 9 Aug 06

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 1/4ID-A0332

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

(firm given name, jainer s first name, granujainer s first name, irioai name)

\$100 note serial numbers:

(b)(2)High, (b)(6) _____ through (b)(2)High, (b)(6) _____ and,
 _____ through _____

* Use additional forms if needed.
SNAR Report

1st BRIGADE COMBAT TEAM
4th INFANTRY DIVISION
FOREIGN CLAIMS OFFICE

Claim Settlement/Witness Agreement
Claim # 1/4ID-A0332

I, (b)(6) of Baghdad, Iraq, hereby agree to accept the sum of \$/5,000.00 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 January 04, 2006 at Baghdad, Iraq, 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.

(b)(6) _____
Claimant's Signature
Name: (b)(6)
Address: Baghdad, Iraq
I.D. Number: _____

(b)(3),(b)(6) _____
I.D. Number: _____

(b)(3),(b)(6) _____
Witness: Print and Sign
I.D. Number: _____

Claim No: 1/4ID-A0332

Summary:

On 4 January 2006, the claimants husband was driving a taxi when he was involved in a collision with a coalition convoy. The car was flipping, killing the claimants husband.

Evidence:

Claims card, unit 1-71 CAV, date 4 Jan 2006, location FOB Justice, type of incident accident/death.

Death certificate for (b)(6)

Issues:

Recommendation:

Pay appropriately.

Foreign Language

1ex

(b)(6)

Claims Form

طلب تظلم

(b)(6)

Foreign Language

الاسم:

Foreign Language

العنوان:

Baghdad -

(b)(6)

I am

أنا

a. A national citizen of:

Iraqi

Foreign Language

أ. أحمل جنسية:

b. A perm

Baghdad.

Foreign Language, (b)(6)

c. Employ

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

أنتى أتظلم لادى حكومى الولايات المتحدة للأضرار والإصابات التى نجمت من: (المنظمة، الوحدة العسكرية)

The Coalition

Foreign Language

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 عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم، أو أى دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التى أصابتم.)

My claim arose at:

(Town)

(City)

(Country)

Foreign Language

تظلمى قديمى:

Baghdad -

(b)(6)

My claim arose on: 01 04 06
Month Day Year

تظلمي قدم في: _____
النس شهر يوم

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.)

باختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر كافية)

Foreign Language

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

Total: \$ 15800

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الشبوتات والمنتسكات والفواتير الضرورية لكل شئ لوحة)

التب: المتضرر	تكلفته

Foreign Language إجمالي التكلفة: _____

on 01-04-06, at 7 Am My Husband left the home he was working as one of the passengers told me near Baghdad main Gate, the Coalition Convoy came from the opposite direction and collided with my husband's vehicle than the vehicle flit over which caused my husband's death.

(b)(6)

CENTCOM 006438

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

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ _____ I.D. _____

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

_____ S
العملة المحلية

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

سابقاً (تمت) (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.

لحسن 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.

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 فانه يحق عقوبات جنائية حادة ويحاكم من قبل السلطات.

(b)(6)

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this _____ day of _____, 200_____.

(Signature of Witness)

(Printed Name)

ENCLOSURE I (Claims Form)

CENTCOM 006439

Page 10 redacted for the following reason:

Foreign Language, (b)(6)

1/4ID Claims Coversheet

Claim #: 1/4ID- A0332

Date Claim Submitted: 08-03-06

Claimant Information

Last Name: (b)(6) _____

Claimant Address: Baghdad -

First Name: (b)(6) _____

(b)(6)

Middle Name: (b)(6) _____

Identification Number (b)(6) _____

Incident Information

- Vehicle Accident
- Detainee Property
- Damage During Raids
- Small Arms Damage/Injury
- Damage to Real Estate

Incident Date: 01-04-06

Incident Location: Kadhimiya - Baghdad

Amount Claimed: \$15800

Estimates Included? YES NO

Claim Card or Note? YES NO

Other Death

Investigation Notes:

paid 9 AUG 06
\$15,000.00

Adjudication Notes:

Pages 12 through 16 redacted for the following reasons:

Foreign Language, (b)(6)

TASK FORCE BAGHDAD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for
property damage, injury

US For

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

1. Fill out the required information.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death. *HE WAS NOT AT FAULT*
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 your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT

1-71 CAV

DATE

Jan 2006

LOCATION

(b)(2)High

TYPE OF INCIDENT

Accident / Death

FORCES
MAGAZINE

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابل الأضرار التي لحقت بك ، سواء كفت أضرار جسدية من إصابات إلى آخره ، أو موت لا سمح الله لأحد المقربين ، وكان السبب وراء ذلك القوات الأمريكية ، فقد يكون لك الحق في التعويض .

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

الرجاء إحضار هذه المستمكات إلى مركز المساعدة العراقي في معسكر القلجى (Camp Taji) بوابة كتر (Gunner Gate) ، البوابة الهندية في معسكر فالكون (Camp Falcon) ، المحمدية في معسكر فلب (FOB) (Mahmudiyah).

أو أحد أحد المراكز الحكومية: الثورة - 9 نيسان - الكاظمية - الرشيد - المنصور - الرضوانية - الرصافة - والأمات - الكاظمية - كركدة أو سبع البور .

(b)(2)High

ملاحظة : امتلاك هذا الكرت (المستمك) لا يعنى الدفع المؤكد .

وشكر المتعاونكم معنا .

Foreign Language Text

Ration Card of

(b)(6)

Foreign Language Text

CENTCOM 006450