

A0352

10

PHIO

30 P355



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

30 AUG 06

Foreign Claims Commission 109

SUBJECT: Claim # 1/4ID- A0352

Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for death of a family member. 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 <sup>the death of your</sup> (b)(3)(b) (b)(6) family member. In accordance with the cited references and the investigation into your claim, 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.

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

CPT, JA  
Foreign Claims Commission

CENTCOM 006477



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)(3),(b)(6) @msn.com.

DATE OF TRANSFER: 30 Aug 06

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 1/4ID- A0352

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

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

\$100 note serial numbers:

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

\* Use additional forms if needed.  
SNAR Report

790-4604554

1/4ID Claims Coversheet

Claim #: 1/4ID- A0352

Date Claim Submitted: 09-29-06

Claimant Information

Last Name: \_\_\_\_\_  
(b)(6)

Claimant Address: Baghdad, (b)(6)

First Name: \_\_\_\_\_  
(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
- Other

Incident Date: 07-15-06

Incident Location: \_\_\_\_\_  
(b)(6)

Amount Claimed: \$ 20000

Estimates Included?  YES  NO

Claim Card or Note?  YES  NO

Investigation Notes:

Son - Dead  
Brother/Son

Father had (b)(6) children  
Son/Brother had (b)(6) children

PAID \$15,000  
20 AUG

Adjudication Notes:

15K. Compensation for death of Claimant's Brother

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			10 DATE VOUCHER PREPARED		SCHEDULE NO.	
<b>DEPARTMENT OF THE ARMY</b> HQ, 1st Brigade Combat Team, 4th Infantry Division Office of the Command Judge Advocate  <b>APO AE 09378</b>			<i>30 Aug 06</i> CONTRACT NUMBER AND DATE (b)(2)High		PAID BY 230 <sup>th</sup> Finance Bn APO AE 09344 TAJI DSSN: (2)High	
			REQUISITION NUMBER AND DATE			
PAYEE'S <span style="float: right;">CLAIM #: 1/4ID-0352<sup>A</sup></span> (b)(6)					DATE INVOICE RECEIVED	
NAME <b>Baghdad, Iraq</b> AND ADDRESS					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
		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>Vehicle accident, into river 2 KIA</i> (3),(b)(		COST	PER	\$ <u>15,000.00</u>
(Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>						<b>TOTAL</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$ 15,000.00</span>
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
		BY*	= \$	= \$1.00		
		SFC (b)(3),(b)(6)				
		TITLE	Amount / Signature of			
		1B	(b)(3),(b)(6)			
Pursuant to authority vested in		(b)(3),(b)(6)		(b)(3),(b)(6) CPT, JA Foreign Claims Officer		
		(b)(3),(b)(6)		(b)(3),(b)(6) <i>30 Aug 06</i> (Date)		
ACCOUNTING CLASSIFICATION						
(b)(2)High						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		(b)(6)		
	\$ 15,000	30 Aug 06				
				PER		
				TITLE		

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> 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.  
<sup>3</sup> 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.

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

**Claim Settlement/Witness Agreement**

Claim # 1/4ID- A 0352

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 the 15 day of July 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: \_\_\_\_\_

Address: Baghdad, Iraq

I.D. Number: \_\_\_\_\_

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

Witness, Print and Sign

I.D. Number: \_\_\_\_\_

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

Witness, Print and Sign

I.D. Number: \_\_\_\_\_



My claim arose on: 07 / 15 / 06  
Month Day Year

Foreign Language

تظلمى قدم

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 جديدة أو ممتلكات. (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر كافية)

Foreign Language

*The accident caused the death of*

(b)(6)

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.)

*and his father with total destruction of the vehicle*

Item

Amount

---

---

---

Total *\$ 20,000*

أشرح بالتفصيل مقي تضرر والكلفة للممتلكات أو للإصابات الجديدة وتكلفتها (الرجاء إضافة الثبوتات والممتلكات والفواتير الضرورية لكل شيء لوحدة)

Foreign Language

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)

\_\_\_\_\_ Foreign Language \_\_\_\_\_ \$

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

Foreign Language

سابقاً (نعم) (لم/لم) 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 طالب تظلم (نعم) (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 مقلد أو يزور التظلم ضد حكومة الولايات المتحدة الأمر بكيفية سوف يواجه عقوبات جنائية حادة، يحاكم من قبل السلطات.

Foreign Language, (b)(6)

(توقيع التظلم) ارجاء حساب الاسم والتوقيع

Subscribed to me this 10 day of \_\_\_\_\_ ign Language \_\_\_\_\_, 2007

(Signature of Witness)

(Printed Name)

ENCLOSURE I (Claims Form)

Foreign Language

CENTCOM 006485

## English Translation of Back Side

### Multi National Corps-Iraq Iraqi Claims Pocket Card

You may submit a claim for compensation for property damage, or for injury or death, if it was caused by US forces. Go to the nearest US base and ask to fill out a claim form. Bring this card, government-issued identification and any necessary deeds, photographs, and police reports. All documents should be original only; copies are not accepted.

**KEEP THIS CARD**

## 3rd COSCOM Claims Card

Back

فيلق الجنسيات المتعددة العراق  
رخصة المطالبة بالتعويض.

يحق لك تقديم طلب التعويض عن الخسائر  
بممتلكاتك عن اذى أو وفاة اذا كانت القوات  
الامريكية هي المتسببة بذلك. اذهب الى  
اقرب معسكر أمريكي واطلب ملاً استمارة  
التعويض. خذ معك كل الأوراق الصادرة من  
الحكومة التي تثبت هويتك، و جميع أوراق  
الملكية الضرورية، و الصور، و تقرير  
الشرطة. جميع الوثائق يجب أن تكون  
أصلية؛ النسخ غير مقبولة.

احتفظ بهذه البطاقة.

Front

### IRAQI CLAIMS POCKET CARD



THE US MILITARY MAY PAY CLAIMS TO IRAQI  
CIVILIANS FOR PROPERTY DAMAGE, INJURY, OR  
DEATH CAUSED BY US FORCES.

IF YOUR UNIT IS INVOLVED IN AN ACCIDENT  
RESULTING IN DAMAGE TO PROPERTY TO AN  
IRAQI CIVILIAN, OR THE DEATH OR INJURY TO AN  
IRAQI CIVILIAN:

Fill out the required information below.

1. Give this card to the Iraqi civilian or to other appropriate person in the case of death.
2. Direct claimant to the nearest government information center or the Iraqi Assistance Center. Do not promise them anything.
3. Upon return to your FOB, complete SF 91, describe the incident completely and forward to your nearest legal office, and to the Soldier's Legal Center at LSA Anaconda or LSA Ader. NOTE: This information is not an admission of liability by the service member involved, and will only be used to substantiate a claim against the US military.

UNIT: 442 FA Viper CRT

DATE: 15 July 2006

LOCATION: 491H(2)(9)

TYPE OF ACCIDENT: 2 KIA in vehicle accident.

1 white truck

006486

Page 12 redacted for the following reason:

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

MND-B EVENT 4 (2)H  
UNIT: 9TH IA  
VEHICLE ROLLOVER  
KIA: 2 X LN  
WIA: UNK  
EQUIPMENT BDA : 1 X M1114  
ENEMY BDA: NONE  
DETAINEE: NONE  
CREW SYSTEMS:  
IED DEFEAT EQUIP: 2)H 2)H

PATROL COMPOSITION: 3 X M1114

150656JUL06: 4-42FA MSR PATROL REPORTS THAT THEY HAVE HAD A ROLL OVER (M1114 & LAND ROVER). THE PATROL HAD BEEN INVESTIGATING A REPORT OF BACKED UP TRAFFIC AND TWO SUSPICIOUS LNs OUTSIDE OF THE CAMP. AFTER INVESTIGATING THE REPORT NSTR; BACKED UP TRAFFIC WAS THE RESULT OF LNS WAITING FOR GAS.

UPDATE: 150700JUL06: 1BCT BTL CPT: 4-42FA WAS TRAVELING E/B ON (2)H E WHEN IT CHANGED ITS DIRECTION OF TRAVEL. AS THE PATROL CHANGED ITS DIRECTION OF TRAVEL A LOCAL NATIONAL CLIPPED THE TRAIL VEHICLE AND VEERED INTO A RAVINE; FOLLOWED BY THE M1114. THE M1114 PINNED THE CIV VEH ALONG WITH THE TWO LOCAL NATIONALS. A CROWD OF APPROX. 100 PAX STARTED TO BECOME UNRULY.

UPDATE: 150710JUL06: 1BCT BTL CPT: 4-42FA IS SENDING OUT THEIR QRF TO PROVIDE ASSISTANCE. (2)H WILL PROVIDE SECURITY AND ESCORT TO A M88 FOR RECOVERY. 2/9IA IS CURRENTLY SENDING A PATROL TO THE SITE TO CALM THE CROWD. IN ADDITION THE BDE IS WORKING WITH (2)H IN AN ATTEMPT TO CALM THE CROWD.

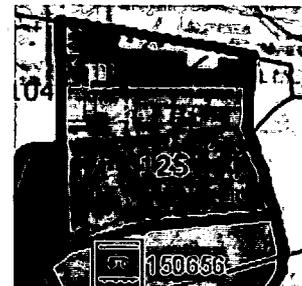
UPDATE: 151042JUL06: 9IAD BTL CPT: 1/4 REPORTS THAT THE M1114 HAS BEEN PULLED OUT OF THE DITCH, THE BODIES OF THE LN HAVE BEEN TURNED OVER TO THE FAMILY. THE M88 IS CURRENTLY TRYING TO PULL THE LN VEHICLE OUT OF THE DITCH. CROWD HAS BEGUN TO DISPERSE.

UPDATE: 151254JUL06: 9IAD BTL CPT: 1/4 REPORTS THAT LN VEHICLE HAS BEEN RECOVERED AND TURNED OVER TO THE LOCAL SHEIK. THE CORDON HAS BEEN COLLAPSED.

//NFTR/CLOSED//  
SUMMARY:

1 X VEHICLE ROLLOVER  
1 X M1114  
1 X LN VEH  
2 X LN NBD

# 150656JULY06 ACCIDENT WITH LN VEHICLE



ENTCOM



## English Translation of Back Side

### National Corps-Iraq Claims Pocket Card

You may submit a claim for compensation for property damage, or for injury or death, if it was caused by US forces. Go to the nearest US base and ask to fill out a claim form. Bring this card, government-issued identification and any necessary deeds, photographs, and police reports. All documents should be original only; copies are not accepted.

**KEEP THIS CARD**

Nonresponsive

CENTCOM 006491

# 3rd COSCOM Claims Card

Back

فيلق الجنسيات المتعددة  
رخصة المطالعة بالشموس

يحق لك تقديم طلب التعويض عن الخسائر  
بممتلكاتك، عن أذى أو وفاة أذكائك القوي  
الأمريكية هي المتسببة بذلك. اذهب الى  
أقرب معسكر أمريكي واطلب ملائمة  
التعويض. خذ معك كل الأوراق الصادرة من  
الحكومة التي تثبت هويتك، وجميع أوراق  
الملكية الضرورية، وصور، و تقرير  
الشرطة. جميع الوثائق يجب أن تكون  
أصلية؛ النسخ غير مقبولة

احتفظ بهذه البطاقة.

Front

## IRAQI CLAIMS POCKET CARD



THE MILITARY MAY PAY CLAIMS TO IRAQI  
CIVILIANS FOR PROPERTY DAMAGE, INJURY, OR  
DEATH CAUSED BY US FORCES.

IF YOUR UNIT IS INVOLVED IN AN ACCIDENT  
RESULTING IN DAMAGE TO PROPERTY TO AN  
IRAQI CIVILIAN, OR THE DEATH OR INJURY TO AN  
IRAQI CIVILIAN:

Fill out the required information below.

1. Give this card to the Iraqi civilian or to other appropriate person in  
the case of death.

2. Direct claimant to the nearest government information center or the  
Iraqi Assistance Center. Do not promise them anything.

3. Upon return to your FOB, complete SF 91, describe the incident  
completely and forward to your nearest legal office, and to the  
Soldier's Legal Center at LSA Anaconda or LSA Adder. NOTE: This  
information is not an admission of liability by the service member  
involved, and will only be used to substantiate a claim against the US  
military.

UNIT: 442 FA Viper CRT

DATE: 15 July 2006

LOCATION: \_\_\_\_\_

TYPE OF ACCIDENT: 2 KIA in vehicle accident,  
1 white truck destroyed

CENTCOM 006492

CENTCOM 006493

Page 19 redacted for the following reason:

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

1111

Foreign Language

Foreign Language Text

NTCOM 006495

Pages 21 through 24 redacted for the following reasons:

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