

~~██████████~~ A0353



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

Foreign Claims Commission 109

SUBJECT: Claim # 1/4ID-10353

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 death of your family member (b)(6). 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.

Sincerely,

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

CPT, JA  
Foreign Claims Commission

CENTCOM 006501

# 1/4ID Claims Coversheet

Claim #: 1/4ID- A0353

Date Claim Submitted: 08-29-06

## Claimant Information

Last Name: \_\_\_\_\_

Claimant Address: Baghdad

First Name: \_\_\_\_\_

(b)(6)

Taji-

(b)(6)

Middle Name: \_\_\_\_\_

Identification: \_\_\_\_\_

## Incident Information

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

Incident Date: 07-15-06

Incident Location: Taji

Amount Claimed: \$ 20,000

Estimates Included?  YES  NO

Claim Card or Note?  YES  NO

Other

### Investigation Notes:

FATHER DEAD

### Adjudication Notes:

(b)(3)(b)(6) - Dead

Father-claim case  
8/2 do by Son

\$15,000

PAID

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 <b>DEPARTMENT OF THE ARMY HQ, 1st Brigade Combat Team, 4th Infantry Division Office of the Command Judge Advocate  APO AE 09378</b>			10 DATE VOUCHER PREPARED <u>30 Aug 06</u>		SCHEDULE NO.	
PAYEE'S  NAME AND ADDRESS <b>Baghdad, Iraq</b>			CONTRACT NUMBER AND DATE (b)(2)High		PAID BY <b>230<sup>th</sup> Finance Bn APO AE 09344 TAJI DSSN:(b)(2)High</b>	
			REQUISITION NUMBER AND DATE			
CLAIM #: <u>1/4ID-10353</u> (b)(6)			DATE INVOICE RECEIVED			
SHIPPED FROM			TO		DISCOUNT TERMS	
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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.  (3),(b)( <u>vehicle accident, interior KIA</u>				\$15000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						<u>\$15000.00</u>
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		
		= \$	= \$1.00			
		BY:				
		SFC (b)(3),(b)(6)				
		TITLE				
		(b)(3),(b)(6)				
Pursuant to authority vested		(b)(3),(b)(6)	(b)(3),(b)(6)		CPT, JA Foreign Claims Officer	
<u>30 Aug 06</u> (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)		
	<u>15000</u>	<u>30 Aug 06</u>				
<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.				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)(3)(b)(6) @msn.com.

DATE OF TRANSFER: 30 Aug

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 1/4ID- A 0353

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

\* Use additional forms if needed.  
SNAR Report

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

**Claim Settlement/Witness Agreement**  
**Claim # 1/4ID- A0353**

I, (b)(6), of Baghdad, Iraq, hereby agree to accept the sum of \$ 15,500 .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**  
**Name:** \_\_\_\_\_  
**Address:** Baghdad, Iraq  
**I.D. Number:** \_\_\_\_\_

(b)(6)  
**Witness: Print and Sign**  
**I.D. Number:** \_\_\_\_\_

(b)(6)  
**Witness**  
**I.D. Number:** \_\_\_\_\_

Pay along w/ other  
claim

CENTCOM 006506

Approve -

Find out relationship  
& Pay.

TOTAL of  
3 CLAIMS

CENTCOM 006508

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

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.

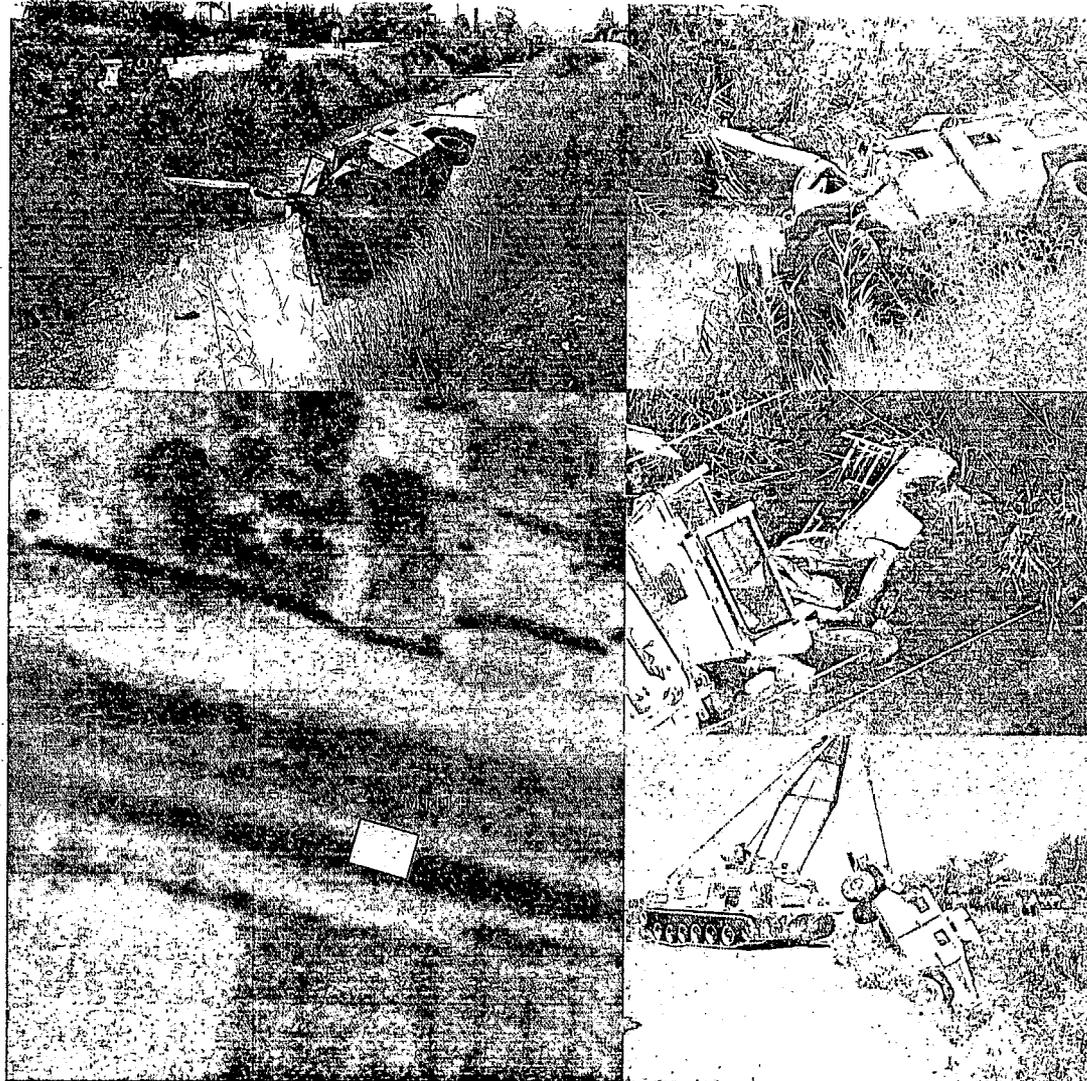
UPDATE: 151254JUL06: 9iAD BTL CPT: 1/4 REPORTS THAT LN VEHICLE HAS BEEN RECOVERED AND TURNED OVER TO THE LOCAL SHEIK. THE CORDON HAS BEEN COLLASPED.

//NFTR/CLOSED//  
SUMMARY:

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

# 150656JULY06 ACCIDENT WITH LN VEHICLE

(b)(2)High



CENTCOM 006509

Claims Form

طلب تظلم

الاسم:

(b)(6)

Foreign Language

Address

العنوان:

Baghdad,

(b)(6)

I am:

أنا

a. A national citizen of:

Iraqi

Foreign Language

أ. أصل جنسية:

b. A per

ب. عنواني الدائم

Foreign Language, (b)(6)

c. Empl

ج. أصل لدي:

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

Foreign Language

أنني أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من: (المنظمة، الوحدة العسكرية)

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 هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستملاكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ضمنين رسميين.

Foreign Language

My claim arose at:

(Town)

(City)

(Country)

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

Foreign Language

Baghdad

Tar

NTCOM 006510

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

تظلمى قدم فى

Foreign Language

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.)

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

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: \$ 20,000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكاليفها (الرجاء إضافة الثبوتات والممتلكات والفواتير الضرورية لكل شيء

لوحدة)

الش: المتضرر

Foreign Language

Foreign Language

While he was driving to his home on 07-15-06, while during the Coalition was passing nearby he of the Coalition's vehicle's hit the claimant's vehicle and caused his death in addition of his vehicle's destruction



CENTCOM 006513

Pages 15 through 17 redacted for the following reasons:

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Foreign Language, (b)(6)

1077

Foreign Language

Foreign Language Text

CENTCOM 006517

Pages 19 through 21  
redacted for the following  
reasons: - - - - -

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

CENTCOM 006521