

APPROVE \$7,000

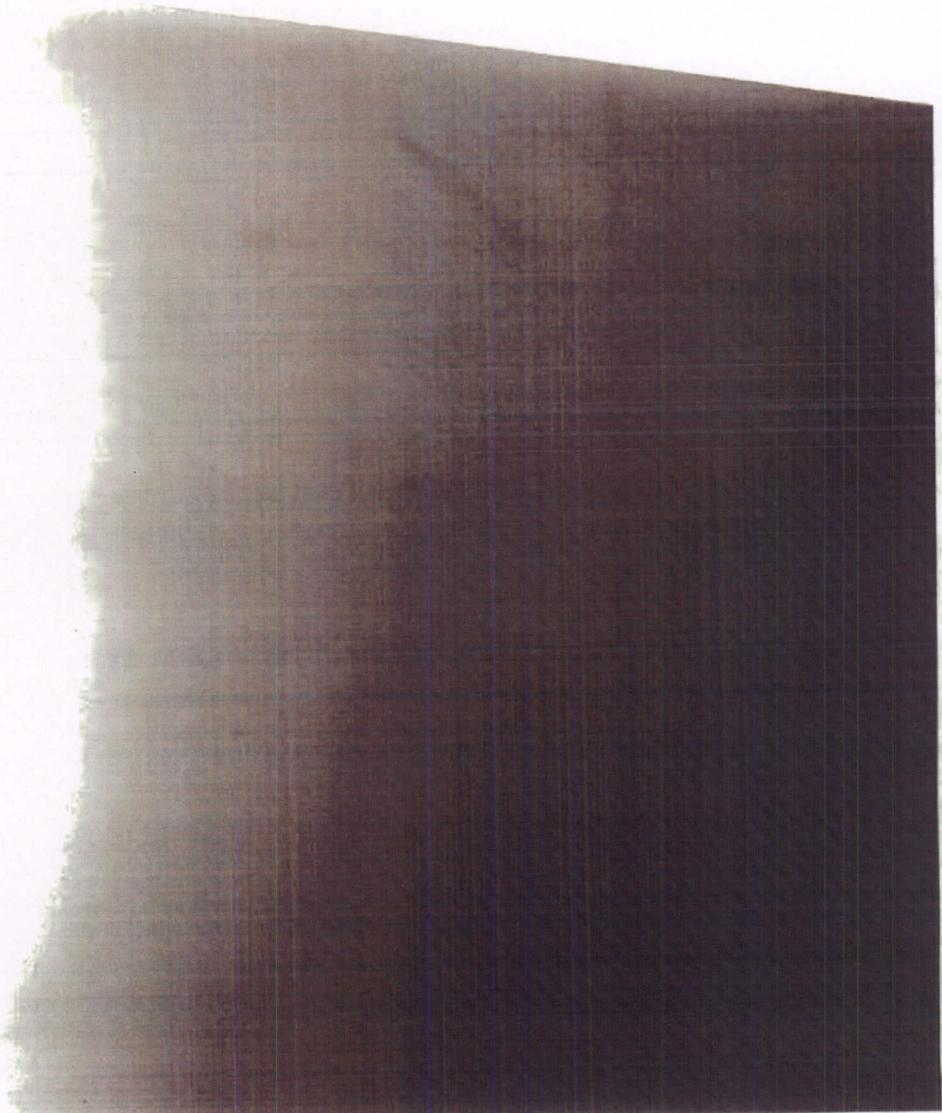
(b)(5), (b)(3)(b)(6)

06-147-T193

(b)(6)

481-11  
-Nov-006

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



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

## Iraq Claims File Coversheet

Reviewer

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

Date: 19 Feb 09

Box Number: 17

Classified Documents: No Yes (initial) \_\_\_\_\_

Classified Document Securer: \_\_\_\_\_

Date: \_\_\_\_\_

Standard Form 1034 (2001) Revised October 1987 Department of the Treasury 17504-0000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		10 DATE VOUCHER PREPARED <b>08-Nov-06</b>		SCHEDULE NO.			
		CONTRACT NUMBER AND DATE		PAID BY <b>15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>			
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED			
PAYEE'S NAME AND ADDRESS <b>CLAIM #: 06-I47-T193</b> <b>(b)(6)</b> <b>Baghdad</b>				DISCOUNT TERMS			
SHIPPED FROM		TO		PAYEE'S ACCOUNT NUMBER			
		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 COST PER		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 AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$7,500.00	
(Payee must NOT use the space below)						TOTAL	\$7,500.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL							
<input checked="" type="checkbox"/> COMPLETE		BY: <b>(b)(3),(b)(6)</b>	= \$ <b>\$1.00</b>				
<input type="checkbox"/> PARTIAL							
<input type="checkbox"/> FINAL		TITLE: <b>CPT, FC</b>		Amount verified, correct for <b>\$7,500.00</b>			
<input type="checkbox"/> PROGRESS		<b>DISBURSING AGENT</b>		(Signature or initials)			
<input type="checkbox"/> ADVANCE							
Present to authority vested in me		<b>(b)(3),(b)(6)</b>	PAYING AGENT				
			(Title)				
ACCOUNTING CLASSIFICATION							
<b>(b)(2)High</b>					<b>\$7,500.00</b>		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		<b>(b)(6)</b>			
	<b>\$7,500.00</b>						
<small>           *When stated in foreign currency, insert name of currency.            † 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.            ‡ 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.         </small>						TITLE	
Previous edition usable						NSN 7540-00-000-2234	

**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.

06-I47-T193



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 recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 27 Nov 06

PAY AGENT NAME (b)(3),(b)(6)  
*Print last name, first name*

NAME OF IRAQI FIRM BEING PAID: N/A - Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:  
(b)(6)  
*Print given name, father's name, grandfather's name, tribal name*

At respective finance offices as part of the reconciliation process, Finance  
\$100 note serial numbers:

(b)(6) through (b)(6) d,  
\_\_\_\_ through \_\_\_\_\_ and,  
\_\_\_\_ through \_\_\_\_\_

\*Use additional forms if needed.



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team  
10th Mountain Division (Light Infantry)  
Camp Striker, Iraq APO AE 09322

AFZS-LF-JA

06-Nov-06

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

06-I47-T193 / 481-11

1. Facts.

The Claimant alleges that as her brother was driving in Abu Graib, when a US Forces (C / 1-87) convoy, driving in the wrong direction, hit his vehicle destroying the vehicle and killing him.

Claimant has requested \$12,000.00

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. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of \$7,500.00

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

CPT, JA  
CLAIMS ATTORNEY I47

## SETTLEMENT AGREEMENT

### اتفاقية تسوية وإعفاء

طلب # 06-147-T193  
481-11

أنني  
من  
(b)(6)  
Foreign Language Text  
\$7,500.00

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية  
ضباطها ووكلائها وعاملها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ  
2/13/2006 أو نحوه والمرتب بقرارات الولايات المتحدة الأمريكية

أخذاً بنظر الاعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية ضباطها ووكلائها وعاملها  
من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا  
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة إن  
وجدت أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملتمكات أو أية إصابات أو وفيات نتجت عن هذه  
الحادثة

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد  
تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10 'قانون الولايات المتحدة 2734' وعليه فيجب ألا يزول  
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها  
وموظفيها.

(b)(6)  
DATE 27 - Nov - 2006  
Foreign Language Text  
(b)(6)  
DATE 11 - 27 - 06  
WITNESS SIGNATURE Foreign Language Text

## GIC OPINION ABOUT CLAIMS

(b)(6)

1. The claimant has a claim card from the US army proved that they did the accident.
2. The claimant presented a photo for the car shows the great damages.
3. The claimant presented investigations paper from the police stations with witness supported that the US army was driving wrong side and that led to crashed the car and killed the driver.
4. The claimant presented certificate of death for his brother Mr (b)(6)  
(b)(6)
5. The claimant asks amount \$ 12000/00. For the death and the car.
6. We let this case goes to you and we suggest give him amount the same amount because we think that is very fair.

With our respect,

(b)(6)

(b)(6)



"THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- 1. A claimant... car... the US army
- 2. photo shows the damage... the victim's car
- 3. certificate of death for the victim shows the reason that the US army killed him by car accident.
- 4. investigation reports supported that the US army did the accident
- 5. certificate... showed for his mother and his father and his brother (the victim) so the claimant can ask about the claim.
- 6. Iraqi documents for the claimant

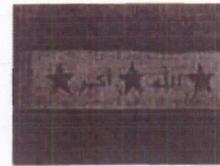
General Information Center/Al-Radhwanya

Government Info (b)(6)

7/11/2006



# Claims Form



To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No. \_\_\_\_\_

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Iraqi
- c. Employed by: (b)(6)
- d. Check one ( ) an insurer (x) 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 and Telephone Number)

MNF unit no 000-1-87 IN

The property damaged had 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.)

My claim arose at Abu-Chraib Baghdad Iraq  
(Town) (City) (Country)

My claim arose on May Feb 13 2006  
(Month) (Day) (Year)

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.)

In 13 Feb 2006, during my brother's driving his car on the highway between the Al-Dhahab, Al-Abiyah village, crossed with a convoy heading wrong side, that he couldn't do anything to avoid the convoy, and was crashed by it, which caused his death after being hit by car;

Omega/Opel (b)(6) no (b)(6)

for more information, I am the only legal one who can ask for compensation as my parents are dead

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

1- Death of my brother

(b)(6)

2- Damaging his Omega/Opet vehicle 1996-grey color

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
1- for my brother's death	\$4000
2-	
3- for his vehicle's destruction	\$8000
4-	
5-	
6-	

Total: \$12000

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)

\$ 12,000

local 10,180,000,000

(b)(6)

(Signature of Claimant)

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

Subscribed before me this \_\_\_ day of \_\_\_, 200\_\_.

(Print Name)

(Signature) (Address)

Pages 12 through 15 redacted for the following reasons:

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

(b)(6)

Foreign Language Text

(b)(6)

Foreign Language Text

Pages 17 through 25 redacted for the following reasons:

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



CENTCOM 019209 00147-T193-00026