

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

Box #9

Need witness  
statements  
translated.  
CPT (3)(b)

(b)(6)

282-2  
10-July-006

06-141-729

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 FPM 4-2000 1034-127		<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</b>		10 DATE VOUCHER PREPARED <b>25-Aug-06</b>		SCHEDULE NO.		
(b)(3),(b)(6)		CONTRACT NUMBER AND DATE		PAID BY		
		REQUISITION NUMBER AND DATE		(b)(3), (b)(6)		
CLAIM #: <b>06-IW1-T296</b>				DATE INVOICE RECEIVED		
PAYEE'S NAME AND ADDRESS		(b)(6)		DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO		WEIGHT		GOVERNMENT BL 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.				\$2,500.00
(Use continuation sheets if necessary) (Payee must NOT use the space below) TOTAL						\$2,500.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		BY	=\$	= \$1.00		
<input checked="" type="checkbox"/> COMPLETE		(b)(3),(b)(6)				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE		Amount verified correct for (Signature or initials)		
<input type="checkbox"/> ADVANCE		<b>SSG, USA</b>		<b>\$2,500.00</b>		
		<b>DISBURSING AGENT</b>		(b)(3),(b)(6)		
Pursuant to authority vested in me		(b)(3),(b)(6)				
		(b)(3),(b)(6)		PAYING AGENT		
(Date)		(Authorized Certifying Officer)		(Title)		
ACCOUNTING CLASSIFICATION						
		(b)(2)High				\$2,500.00
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		(b)(6)		
	\$2,500.00					
When stated in foreign currency, insert name of currency.				PER		
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.				TITTLE		
When a voucher is received 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.						

Previous edition usable

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 826 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.

NSN 7540-00-900-2234



REPLY TO  
ATTENTION OF:

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

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 2D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
APQ-AE 09398

25-Aug-06

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) |  
06-IW1-T296 / 287-7

1. Facts.

Claimant states Military Convoy open fire on her husband who was driving along the main highway near their home.

Claimant has requested \$5,000.00

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 \$2,500.00

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

CPT. JA  
Claims Attorney IW1

# SETTLEMENT AGREEMENT

FOREIGN LANG. TEXT

06-IW1-T296 # Language

287-7

(b)(6)

Foreign Language Text

\$2,500.00

Foreign Language Text

FOREIGN LANG. TEXT

FOREIGN LANG. TEXT

FOREIGN LANG. TEXT

(b)(6)

DATE 22 Dec 2006

Foreign Language Text

(b)(6)

(b)(6), Foreign Language Text

WITNESS SIGNATURE Foreign Language Text

28 Dec 06





**GENERAL INFORMATION  
CENTER,  
AL-RADHWANYA- BAGHDAD,  
IRAQ.**



**GIC OPINION ABOUT CLAIMS**

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(b)(6)

(b)(6)

1. The claimant presented death certificate proof her husband get a shot.
  2. The checking on the body by the officer of (b)(6) police station clear is smashing the head of the victim.
  3. The claimant presented pictures clear the trace of bullets on the driver side caused the killing.
  4. The sworn statement for Mr. (b)(6) supporting open fire on the victim by US army.
  5. The claimant asking a compensation amount of \$5000:00 for killing her husband and she have four little kids.
  6. We let this case goes to you.
- With our respect,

(b)(6)

(b)(6)

**GIC OF ALRADWANYA  
11<sup>th</sup> JULY 2006**

(b)(6)

10-July-006



### Claims Form



Government Information Centre

Baghdad, Iraq

To: United States

From: Name: \_\_\_\_\_

(b)(6)

Address: Iraqi Baghdad

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

(b)(6)

(b)(6)

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: \_\_\_\_\_
- c. Employed by: \_\_\_\_\_
- 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 and Telephone Number)

M.N.F

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 \_\_\_\_\_

(b)(6)

Baghdad Iraqi  
(City) (Country)

My claim arose on \_\_\_\_\_

May 23 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.)

On 23 May 06 at 4: PM when my husband return back home the M.N.F open fire on him 4 hamvy and 2 car type GMC the First America car open fire on my husband car and he died for this I asked for Compensation.

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

My husband was killed by M.N.F  
open fire

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>
1- My husband was killed	5000 \$
2-	
3- by M.N.F open fire	
4-	
5-	
6-	
Total: 5000 \$	

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)

\$ 5000 \$ local 7.250.000 \$

(b)(6)

(Signature of Claimant)

Subscribed before me this 11 day of 7, 2006

(b)(6)

(Print Name)

(Signature)



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 1) death Certificate
- 2) 3 photo picture for the damages car
- 3) Investigated paper in police office
- 4) Sworn Statement
- 5) I.D Iraqi Sexuality
- 6) Ration Card.

In

(b)(6)

Pr:

(b)(6)

(b)(6)



General Information Center/Al-Radhwanya

Date:- 11 July 06

Foreign Language Text

Pages 10 through 11 redacted for the following reasons:

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



# SWORN STATEMENT

For use this form, see AR 190-45; the proponent agency is ODCSOPS

## PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately  
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION CMOC/GIC	2. DATE (YYYYMMDD) 2006 JUL 10	3. TIME /	4. FILE NUMBER /
(b)(6)		(b)(6)	
6. ORGANIZATION OR ADDRESS			
7. GRADE/STATUS			

9. I, (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 23 May 2006 at 3:30 afternoon during back home when I was driving on highway to home I saw american convoy consist of Four american Humvies and two civilian vehicles Type GMC, one of the Hummers open Fire on Iraqi civilian car Type pickup white colour that caused departure the vehicle and hit the Barrier and stop when the convoy continue moving, and I stopped my car with others to help the driver but at this time the driver dead because he get shot in the head and right hand and I saw the accident with many Iraqi policemen because the police station near the accident position and they transferred the body to the morgue to get death certificate. that's my statement and the fire open by the first American Convoy.

(b)(6)

10 JULY 2006

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

• STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

• STATEMENT (Continued)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

I, \_\_\_\_\_ CH  
BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_\_. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME, THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Signature of Person Making Statement)  
Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_  
(Signature of person Administering Oath)  
\_\_\_\_\_  
(Typed Name of person Administering Oath)  
\_\_\_\_\_  
(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT. PAGE OF PAGES

Page 14 redacted for the following reason:

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(b)(6), Foreign Language

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

شهادة خطية بقسم

أنا، \_\_\_\_\_،  
تمت لي قراءة الشهادة المذكورة في الصفحة رقم (١) والمنتوية بالصفحة رقم ( ) أنا مستوعب  
تماماً بمضمون الشهادة التي ادليت بها وسوف أوقع بالحروف الأولى من اسمي في نهاية كل صفحة متضمنة الشهادة بمحضى ارادتي  
وبدون أي نفع مادي أو مكافأة وبدون أي تهديد أو عقوبة أو أي تأثير غير قانوني أو بدون أي اغراء أو دافع غير قانوني.

توقيع الشخص الذي ادى القسم

الشهود

لقد تم أدلاء هذه الشهادة امامي أنا الممثل القانوني بتاريخ \_\_\_\_\_

الاسم الأول للشخص الذي ادى القسم

العنوان

التوقيع بالحروف الأولى من اسم الشخص الذي قدم الشهادة

العنوان

الصفحة من الصفحات

توقيع الشخص الذي ادى القسم

Pages 16 through 17 redacted for the following reasons:

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

(b)(6), Foreign Language Text

Survey for the body  
of died man

Page 19 redacted for the following reason:

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(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 22 redacted for the following reason:

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(b)(6), Foreign Language

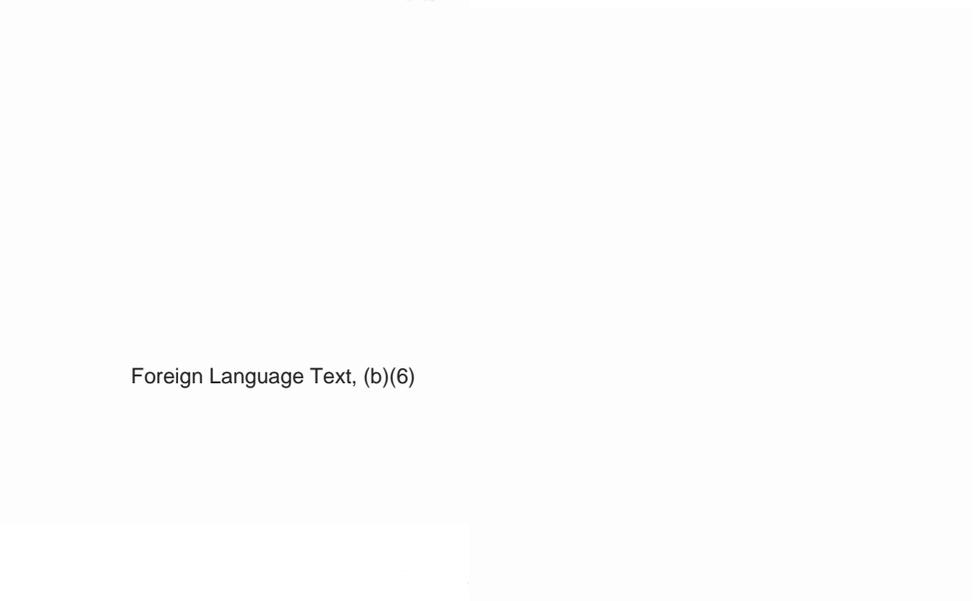
Foreign Language Text, (b)(6)

Foreign Language Text

(b)(6), Foreign Language Text

Pages 25 through 26 redacted for the following reasons:

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(b)(6), Foreign Language



Foreign Language Text, (b)(6)



Page 28 redacted for the following reason:

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Foreign Language Text, (b)(6)

[Redacted]

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[Redacted]

Foreign Language Text, (b)(6)

[Redacted]

[Redacted]

[Redacted]

Pages 31 through 32 redacted for the following reasons:

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(b)(6), Foreign Language



Pages 34 through 35 redacted for the following reasons:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Pages 38 through 39 redacted for the following reasons:

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FOREIGN LANG TEXT

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(b)(6)

CENTCOM 019629

06-IW1-T296-00040



CENTCOM 019630

06-IW1-T296-00041



Foreign Language Text

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06-IW1-T296-00042