

T: (b)(6)

PA: (b)(6)

Filed: 13 Jan 06

AAH
PL
5005
(b)(3),(b)(6)

(b)(6), Foreign Language

Foreign Language, (b)(6)

Foreign Language, (b)(6)

Foreign Language

CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME: (b)(6)

FILE NUMBER: **07157T026** AMOUNT CLAIMED: \$5,000.00

DATE OF INCIDENT: 17 Jan 06 AT: ^{AL & amadi} DATE CLAIM FILED: 13 Jan 07

DATE	STATUS OF CASE	INITIALS
1/14/07	Loggin in; To CPT (b)(3), (b)(6) for review	(b)(3)(b)(6)
23 JAN 07	check SIPR	
9 FEB 07	UPDATE: F.O. Atty., DAMAGE CODES, BASIS CODES	
2/9/07	basic code unknown /update d	
	(b)(5), (b)(2)High	



Tort and Special Claims 1.0.2

Home | Search | Administrator | Reports | Log Out | Request Assistance
SSD(b)(3)(b)(6) NCOIC of Client Services Wednesday, 30 May 2007

Closed Claims - Claim Data - 07157T026 (b)(6)

Fiscal Year: 01-Oct-2006 - 30-Sep-2007

Current Month: 01-May-2007 - 31-May-2007

SELECTED OFFICE: 157 - 157 (Iraq)

Printer Friendly Copy (MS Word) | Printer Friendly (Adobe Acrobat) | Printer Friendly: Expanded (Adobe Acrobat) | Create File Labels (Avery 5162/5262 Compatible)

Claimant's Assertion

Claimant's husband was killed by US Forces.

Claimant Information

Claimant: (b)(6)
Insured, or Name of Deceased in Estate: None Entered. See Claim Data.
SSN: None Entered. See Claimant Info.
DOB: None Entered. See Claimant Info.
Home Phone: None Entered. See Claimant Info.
Address: None Entered. See Claimant Info.
Claimant Attorney: No Entry
Amount: \$5,000.00

(b)(2)High

Claim Information

(b)(6)

The Army Team

Field Office Investigator: (b)(3),(b)(6)
Field Office Attorney: (b)(3),(b)(6)
Area Action Officer: None Chosen.
HQ: None Chosen. See POCs
HQ: None Chosen. See POCs

Final Disposition

Action	Date	Who	Amount
Final Payment Claim	30-May-07	157 (Iraq)	\$5,000.00
Final Payment Claim	30-May-07	157 (Iraq)	\$5,000.00
Final Payment Claim	30-May-07	157 (Iraq)	\$5,000.00

Uploaded Documents

Document Upload Date Who

Claim Retirement Information

Shipment Box Date

(b)(2)High

UNITED STATES ARMED FORCES CLAIMS FORM

I (TO) United States Army Foreign Claims Commission Today's Date 20.12.2006

II (FROM) Name (English): (b)(6), foreign language
Name (Arabic): (b)(6), foreign language

(a) Circle one: Claimant Attorney Authorized representative Parent Brother Sister Son Daughter
→ [Attorney or representative MUST attach proof of authorization.] Other: victims wife

(b) IRAQI IDENTIFICATION NUMBER: (b)(6)

(c) DETAINEE IDENTIFICATION NUMBER:

III. ADDRESS of person filing claim:
(English): Baghdad (b)(6)
(Arabic): (b)(6), Foreign Language

IV. HOME OR CELL PHONE NUMBER: (b)(6)

(a) I, (the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of victims wife

(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit:

(c) The property damaged is owned by:

(d) The incident happened on 17.1.2006 at AL-Ramadi province.
(Date) (city, town, neighborhood, highway, name & number)

V. The facts of the incident are as follows: Claimant states that her husband Saad (b)(6) with his friend were traveling on the highway from Jordan to Baghdad. There are an American tank parked on the right road in area called five kilometers region, this area faraway five kilometers from AL-Ramadi city, the American soldier jump to the roof of the tank and fired one bullet led to the injury of her husband and his death immediately, the victim was sitting near his friend who was driving his car type kia color black. His friend carried the victim body to AL-Ramadi hospital.

Note the claimant is responsible for a family

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

of (b)(6) sons, the incident happened at four o'clock p.m. Page 1 of 2

071677026

قبول بقرار قديم من قبل المدعي (071677026)

I, the claimant by signing this document and accepting payment, am releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as final settlement on this claim.

الى المدع (المطالب) بالامضاء و تقبل دفع على ذلك الاستمارة و الموافقة على العرض (المبلغ) اما بقبول عن حق الكفيل و الاعضاء الكفيل القوات العسكرية الامريكية الى حكومة الولايات المتحدة الامريكية من أي مسؤولية مقبلة تنتج من الصلح و الموافقة على المبلغ المدبر من على ايد عرضي خطي . و ليس من حق بالي الورثة من بعدى و بالي اية شخصيا منسبر . و غير متسبرر القبول بالي عمل قادمى او غير قادمى ضد القوات العسكرية الامريكية او الولايات المتحدة الامريكية لس المستقل

Name of Claimant: **TS7**
Amount Received: \$ **57,892**
Date Received: **MAY 29 2007**
FCC #: **TS7**
OSJA POC: (DSN) 318-822-2864

(b)(6)



PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

DEPARTMENT OF ARMY DEPARTMENT AND LOCATION: DEPARTMENT OF THE ARMY
 DATE VOUCHER PREPARED: MAY 29 2007
 SCHEDULE NO.:
 CONTRACT NUMBER AND DATE:
 REQUESTION NUMBER AND DATE:
 PAYEE'S NAME AND ADDRESS: 071877620
 DATE INVOICE RECEIVED:
 DISCOUNT TERMS:
 PAYEE'S ACCOUNT NUMBER:
 PAYEE'S FEDERAL IDENTIFICATION NUMBER (FINN):
 PAYEE'S SOCIAL SECURITY NUMBER:
 PAYEE'S ACCOUNT NUMBER:
 PAYEE'S ADDRESS:
 PAYEE'S SOCIAL SECURITY NUMBER:
 PAYEE'S ACCOUNT NUMBER:
 PAYEE'S ADDRESS:
 PAYEE'S SOCIAL SECURITY NUMBER:
 PAYEE'S ACCOUNT NUMBER:
 PAYEE'S ADDRESS:

NUMBER AND DATE OF ORDER	QUANTITY	UNIT PRICE	AMOUNT
CLAIM PAYMENT			\$500
Final Payment of FICA Claim			
<p>In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 38 U.S.C. 5721 and 58 27-29, Chapter 16, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.</p>			
TOTAL			\$500

EXPENSES: (b)(3),(b)(6) \$1.00
 DIFFERENCE: (b)(3),(b)(6)
 TOTAL: \$500

DATE: MAY 29 2007
 SIGNATURE: (b)(3),(b)(6)
 TITLE: (b)(3),(b)(6)
 SIGNATURE: (b)(3),(b)(6)
 TITLE: (b)(3),(b)(6)

CLASSIFICATION: (b)(2)High

YOUR NUMBER: (b)(6)
 IN ACCOUNT OF U.S. TREASURY CHECK NUMBER: (b)(6)
 DATE: (b)(6)

PAYMENT REPORT

071577026

TO: DFAS, DSSN _____ DATE: MAY 20 2007

A. Payment Data:

- (1) Submitting agency/office: United States Army Claims Service
- (2) Office Code: 157
- (3) Agency/Office mailing address: MNC-I, OSJA, Camp Victory, Iraq APO AE 09342
- (4) Date Filed: _____
- (5) Claim Number: 071577026
- (6) Amount Claimed: 5000
- (7) Fund Code: _____ (b)(2)High
- (8) Payee: _____
- (9) Address: IRAQ
- (10) SSN: N/A
- (11) Payment Amount: 5000
- (12) Type Payment: PF
- (13) For EFT Payments: ABA Routing Number: _____
- (14) For EFT Payment: Account Name and Number: _____
- (15) For EFT Payment: Name and Address of financial institution: _____
- (16) For EFT Payment: Account is (checking) (savings) Circle appropriate account

B. Acceptance by Claimant: (Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within-stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind in nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim; by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may give rise to the claims by reason of the same subject matter.

Date: _____ (b)(6)

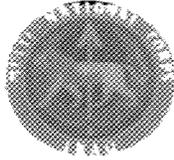
C. AGENCY CERTIFYING OFFICER

Pursuant to authority vested in _____ (b)(3),(b)(6) is correct and proper for payment
 MAY 20 2007 (Date) _____ (b)(3)(b)(6) Captain, IA (Signature Authorizing Certifying Officer) FCC (Title)

Date Payment Recorded in Record: _____

A separate payment report must be completed for each claimant

This information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide the information may result in your claim not being processed for payment.



REPLY TO
ATTENTION OF

HEADQUARTERS
MULTI-NATIONAL CORPS - IRAQ
BAGHDAD, IRAQ
APO AE 09342

FCI-JA

Claim of (b)(6) 07-157-T026

ACTION

1. Facts: The claimant alleges that on 17 January 2006, U.S. Soldiers shot her husband in Al Ramadi Province for no reason. During a meeting with the undersigned Claimant explained that her husband was making a business trip. Claimant explained how everyone is scared of U.S. troops and her husband was careful not to do anything to provoke fire. Claimant still has (b)(6) children at home. The amount requested is \$5,000 for the claim.

2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of U.S. forces. Here the U.S. Soldiers were clearly negligent by firing upon someone who was not a threat. Upon review of the claim, payment is granted.

- Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
- Action: The claim will be paid in the amount of \$5,000.

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

Captain, JA
Foreign Claims Commission 157

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REPLY TO
ATTENTION OF:

HEADQUARTERS
MULTI-NATIONAL CORPS - IRAQ
BAGHDAD, IRAQ
APO AE 09342

FCC 157

30 April 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 07-157-T026

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) 157 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries.

FCC 157 offers you \$5,000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

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

Captain, U.S. Army
Foreign Claims Commission 157



HEADQUARTERS
MULTI-NATIONAL CORPS – IRAQ
BAGHDAD, IRAQ
APO AE 09342

REPLY TO
ATTENTION OF:

FICI-JA-C

Claim of [REDACTED] 07-157-T026

ACTION

1. Facts: The claimant alleges that on 17 January 2006, U.S. Soldiers shot her husband in Al Ramadi Province for no reason. During a meeting with the undersigned Claimant explained that her husband was making a business trip. Claimant explained how everyone is scared of U.S. troops and her husband was careful not to do anything to provoke fire. Claimant still has (b)(6) children at home. The amount requested is \$5,000 for the claim.

2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Here the U.S. Soldiers were clearly negligent by firing upon someone who was not a threat. Upon review of the claim, payment is granted.

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

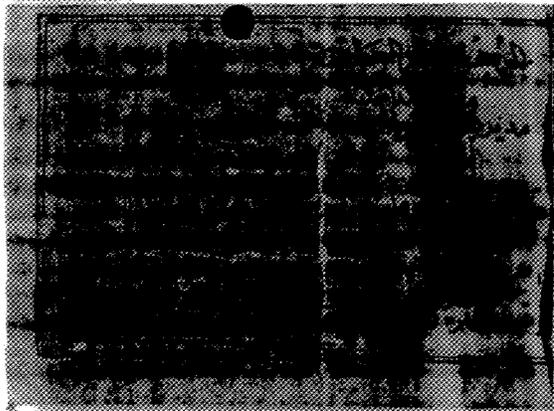
4. Action: The claim will be paid in the amount of \$5,000.

[REDACTED]
(b)(3),(b)(6)

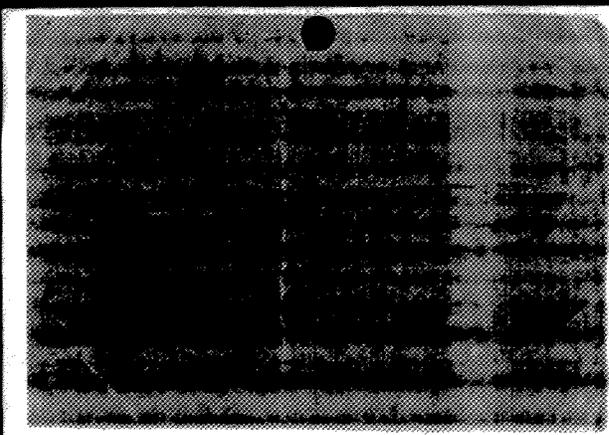
Captain, JA
Foreign Claims Commission 157

[REDACTED]
(b)(2)High

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Housing cards



Tort & Special Claims Application Claim: 07157T026

Current Owring Office: 157 - 157 (Iraq) Historical (PCE) Data: None Date Settled: N/A
Incident Date: 01/17/06 Subrogated Name: N/A Companion Claims Name: None Last Name: (b)(6)
Title: NONE SELECTED
Incident Location: AL RAMADI
Claim Amount Currency: U.S. DOLLARS
Property Damage (U.S. Dollars) Personal Injury (U.S. Dollars) Wrongful Death (U.S. Dollars) TOTAL (U.S. Dollars)
0 0 5,000.00 5,000.00
Chapter Code(s): CHAPTER 10 - FOREIGN CLAIMS ACT
Damage Code(s): UNKNOWN
Basis Code(s): UNKNOWN
Incident Source: OTHER

Claim Synopsis: CLAIMANTS HUSBAND WAS KILLED BY US FORCES.

Memo:

(b)(6), Foreign Language

(b)(6), Foreign Language

Foreign Language

Foreign Language, (b)(6)

(b)(6), Foreign Language

~~The claimant obligate~~
~~that he didn't receive~~
~~any money from U.S. Army.~~

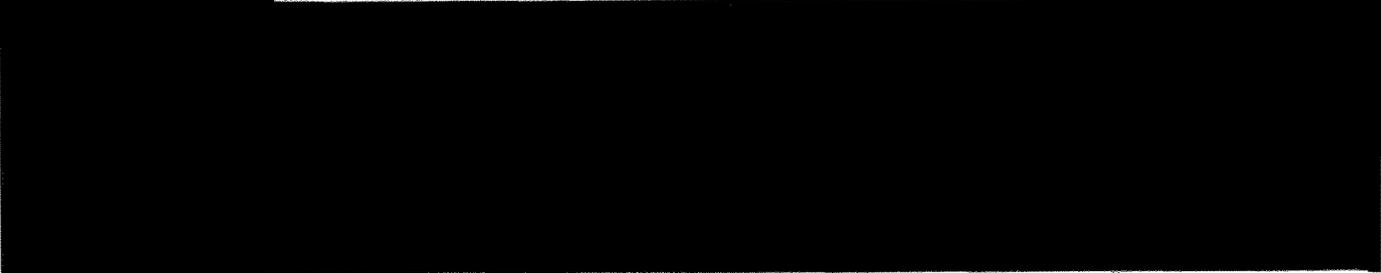
Foreign Language, (b)(6)

(b)(6), Foreign Language

~~SECRET~~ ID

Foreign Language, (b)(6)

(b)(6), Foreign Language



(b)(6), Foreign Language

(b)(6), Foreign Language

Foreign Language, (b)(6)

(b)(6), Foreign Language

(b)(6), Foreign Language

(b)(6), Foreign Language

Foreign Language

*The claimant got the authoring guardianship
over his family.*

(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

(b)(6)

(b)(6), Foreign Language

(b)(6), Foreign Language

~~Copy + investigation of AL-Ramadi~~
~~sent the investigation papers to~~
~~AL-Ramadi composition section~~

Foreign Language

(b)(6)

Foreign Language, (b)(6)

Foreign Language, (b)(6)

(b)(6), Foreign Language

(b)(6), Foreign Language

Foreign Language, (b)(6)

(b)(6), Foreign Language

Foreign Language Te