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

Paid 26 May 07

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

(b)(6)

07I92T018

(4)

b)(3)(6

CLAIM FILE CHECKLIST

(b)(2)High

(b)(3)(6)

23 Aug 07

CLAIM FILE CHECKLIST

(b)(2)High

# CLAIMS CHECKLIST

**CLAIM NUMBER:**

**AMOUNT OF CLAIM: $** 11,000

**CLAIMANT'S NAME:** (b)(3),(b)(6) (b)(3)(6)

**DATE OF INCIDENT:** 15 OCT 06 **DATE FILED:** 5 Feb 07 **DATE RECEIVED:**

**CLAIM TYPE:**

- ☑ Vehicle Damage
- ☐ Detainee Property
- ☐ Damage During Raids
- ☑ SAF Damage/Injury
- ☐ Real Estate
- ☐ Other

**CLAIM AROSE FROM:**

- ☐ Combat Activities
- ☑ Non-combat Activities

**CLAIM IS:**

- ☑ Payable
- ☐ Not Payable

**BRIEF OVERVIEW:**

Claiment States That His vehicle was Struck while driving and his mother was Killed.

**REMARKS:**

Recommend Approval / Denial For Lessor Amount

**REVIEWED BY: SGT** (b)(3)(6) (b)(6) **DATE REVIEWED:** 2 mar 07

**FCC COMMENTS**

Approve for $10,000. Vehicle hit from rear showing negligence by CF. FZ claims office lost original file, ∴ negligence of Gov't.

**DATE APPROVED/ DENIED:** 23MAR07

- ☐ DENIED
- ☐ Denial Memo
- ☒ APPROVED
- ☒ Amount Approved: $10,000
- ☐ Approval Memo
- ☐ Settlement Agreement
- ☐ SF 1034
- ☐ Disbursing Officer Memo

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2060
1034-121

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
15th FINANCE BATTALION
APO AE 09352

DATE VOUCHER PREPARED
25 May 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
15th FIN BN
3rd FIN, 3rd SSB
APO AE 09352
DSSN 5579

PAYEE'S NAME AND ADDRESS
(b)(6)
RASHDIYA
BAGHDAD, IRAQ

DATE INVOICE RECEIVED

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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUANTITY | UNIT PRICE COST | UNIT PRICE PER | AMOUNT (1) |
|---|---|---|---|---|---|---|
| | | **FOREIGN CLAIMS NUMBER 07-I92-T018**<br>Vehicle Damage/Death of Family Member | | | | 10,000.00 |

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL 10,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$ 10,000.00

EXCHANGE RATE =$1.00

DIFFERENCES

BY 2 CPT (b)(3),(b)(6)

10,000.00

TITLE FOREIGN CI (b)(3),(b)(6)

Pursuant to authority vested in me, I certi (b)(3),(b)(6) for payment.

26 MAY 2007 (Date) (Authorized Certifying Officer) CLAIMS PAYING AGENT (Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER (b)(2)High

PAID BY

| CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank) |
|---|---|---|---|
| CASH $ 10,000.00 | DATE 26 MAY 2007 | (b)(6) | |

PER

TITLE

1 When stated in foreign currency, insert name of currency.
2 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.
3 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.

Previous edition usable

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.

NSN 7540-00-800-2234
USAPA V4.00

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
BRIGADE OPERATIONAL LAW TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO ATTENTION OF:

AFZN-BC-JA Claim of (b)(6) 07-I92-T018

ACTION

1. Facts: Claimant states that on 15 October 2006, a US Forces vehicle hit his vehicle and killed his mother.

2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.

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

4. Action: Pay this claim in the amount of $10,000.00.

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

CPT, JA
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, IRAQ
APO AE 09361

## FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I, (b)(6) of **Baghdad, Iraq,** hereby agree to accept the sum of **$10,000.00** (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on 15 October 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of **Vehicle Damage and Death of Family Member** caused by coalition 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 said incident. This release and 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 settlement and that the award is made pursuant to the Foreign Claims Act, Title 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.

Dated this 26th day of May 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature
Name: (b)(6)
Address: Section:
Street:
House:
Rashdiya neighborhood
Baghdad, Iraq
I.D. Number: 669337

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

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

Page 9 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Previously Released

**DEPARTMENT OF THE ARMY**
**HEADQUARTERS, 4TH INFNATRY BRIGADE COMBAT TEAM**
**BRIGADE OPERATIONAL LAW TEAM**
**MULTI-NATIONAL DIVISION—BAGHDAD**
**FOB FALCON, BAGHDAD, IRAQ**
**APO AE 09361**

REPLY TO
ATTENTION OF:

FCC I92

24 May 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 07-I92-T018

Dear Sir:

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

Foreign Claims Commission (FCC) I92 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. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC I92 offers you $10,000.00 to settle your claim.

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 signing this letter.

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

Sincerely,

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

CPT, U.S. Army
FCC I92

**I.** To: United States Army Foreign Claims Commission.

Today's Date: 5/Feb/07

**II.** From: Name (English): (b)(6), Foreign Language
Name (Arabic):
( a) IRAQI IDENTIFICATION NUMBER: (b)(6)
( b) DETAINEE IDENTICATION NUMBER:

**III.** Address of person filing claim:
(English): Rashdiya - Baghdad.
(Arabic): Foreign Language, (b)(6)

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

**V.** CIRCLE ONE: (Claimant) Attorney/ Authorized Rep/ Parent/ Brother/ Sister/ Son/ Daughter
[Attorney or representative MUST attach proof of authorization]
Other:
( 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 Iraq
(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: (Name, Organization, Military Department, Address, and Telephone Number) No claim Card.
( c) 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):
(d) My claim arose at: City Baghdad in Abu Dasher area.
(city/ town/ neighborhood/ highway name & number/ Country)
(e) My claim arose on: oct 15/06
Month Day Year

**VI.** The facts of the incident are as follows (Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based.)

On oct/15/06 At 08:30 while the claimant was going To one of his relative for Condolence. when he reached Near the garage at Abu Dasher area the american Military vehicles of fourth Car come across and the last vehicle crashed the claimant car and Caused Damages as well as killed his mother too.

**VII.** The following is a detailed list of what was damaged or destroyed and the estimates for repair if
damaged and replacement if destroyed (Attach bills and receipts, if applicable.):

| ITEM | PRICE |
|---|---|
| His car Compelly Damaged | 6000 |
| Type Victra model (b)(6) | |
| His mother was Died because of | 5000 |
| accident | |

Total: 11000 Dollars

( a) I had insurance for the following extent against the damage or injuries I have sustained:

No insurance.

(b) The name and address of my insurer (if any) is:

/ /

(Name) (Address)

**VIII.** My total claim in U.S. dollars against the United States Government is:$ 11000

and in Iraqi Dinars is: 14300000

*****CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK*****

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will likely need to provide new evidence in order to have my claim approved.

(Signature of Claimant)

*****CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK*****

This claimant was assisted in completing this claim form by:

(b)(6)

(Print Name)

(Contact Information: e-mail, address, DSN/DNVT, location)

*In the Name of God*

Abu Dsher Police Office
No.:
Date:

To\ American Forces in Abu Dsher
Sub\ Complaint

The complaint ( (b)(6) ), resides in Baghdad that his car no. (b)(6) model Vectra (b)(6) was crashed with an Amercian Hammer car (b)(6) at 8:00 in 15/10/2006 near the garage. He was going to one of his relatives for condolence. The accident caused his mother to die and his car to be damaged. Therefore, he asks for compensation on the damage.

The summary of this accident is that on the said date the above person was going to Abu Dsher with his mother ans he came across Amercian Military vehicles of four cars. His car crashed with the fourth Military Vehicle, an American private came up hurriedly and apologized for that.
He is now claiming for compensating him for the damage.

The story of the accident

Encloses:
Investigation papaers
Photographs of the car
Death certificate of his mother

***The commander of***
***Abu Dsher Police station***

**His current address is:**

(b)(6)

The boss he is working with is (b)(6)
(b)(6) phone: (b)(6)

To: Whom it may concern,

From:

(b)(6)

Sir,

I can not recall the dates. I can how ever give you a sequence of events.
(b)(6) came to me with the help of an interpreter and explained that his auto had been hit by an American military vehicle. Wh at do I do. We went to the embassy TOC, and asked where (b)(6) needed to file a report. The TOC directed us to camp victory or if he could wait for two weeks there was an office opening up in the convention center in the IZ. After three weeks, (b)(6) and I went to the convention center. We were directed to the right side of the building to a desk operated by an Iraqi person who spoke to (b)(6) gave him all of his pictures and a report was made. Some time after this we were installing the exhaust system at ocean cliff. (b)(6) took me to one of the offices in the complex. I explained the advents of above to the lady for (b)(6) She asked us to return later. Upon our return she explained to us that she was unable to locate any report and (b)(6) would have to start over.

(b)(6)

This note from boss - please read it

(b)(6)

Carefully

(b)(6)

Page 15 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text

(b)(6), Foreign Language

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Caseworker

(b)(6)

GIC

28 Jan 2007

Foreign Language, (b)(6)

Foreign Language, (b)(6)

The claimant
Compensation for
vehicle damages and t
His mother died

(b)(6)

Page 18 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language Text and (b)(6)

Foreign Language, (b)(6)

Certificate Date of his Mother

The cause of dead with

Pages 20 through 22 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - -
Foreign Language Text and (b)(6)

Foreign Language

eign Langu

Foreign Language

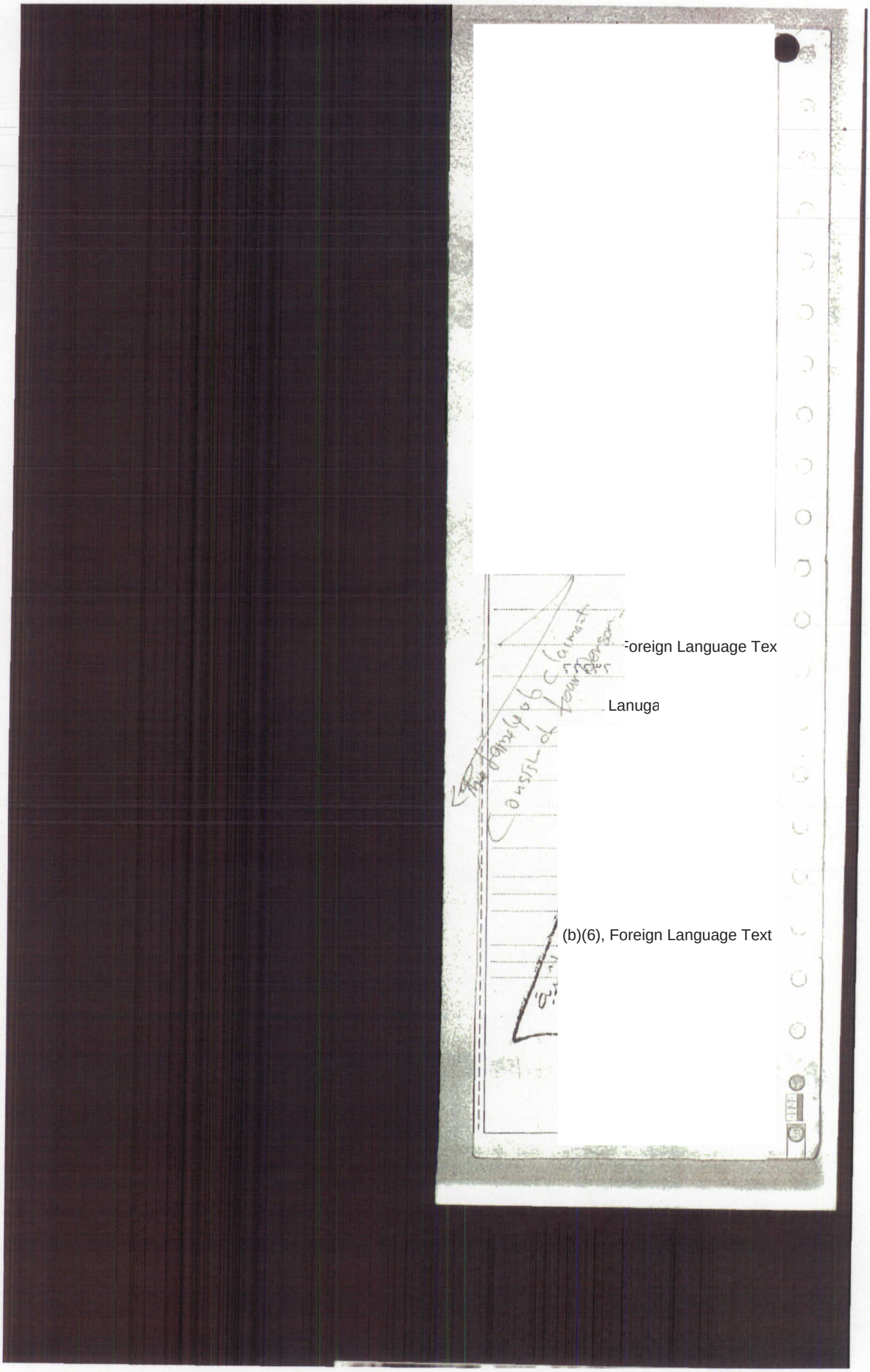
Foreign Language, (b)(6)

Foreign Language

(b)(6)

Foreign Language

Pages 24 through 25 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - - -
Nonresponsive, (b)(6)



Foreign Language Tex

Lanuga

(b)(6), Foreign Language Text

CENTCOM 019930

07-I92-T018-00027

CENTCOM 019932

07-I92-T018-00029

CENTCOM 019933

07-I92-T018-00030

Page 31 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6)