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

(75

07I92T086

(b)(6)

Pay 2A 30 Jul 07
paid SP 4 Aug 07
USARCS 4 Aug 07 By SGT (b)(3),(b)
SP

07-I92-T086-00002
CENTCOM 019978

(b)(3)(b)(6) 28 Aug 07

CLAIM FILE CHECKLIST

(b)(2)High, (b)(3)(b)(6)

Phone # (b)(6)

CLAIMS CHECKLIST

CLAIM NUMBER:

AMOUNT OF CLAIM: $ 23,200

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT: 20 Sep 06 **DATE FILED:** **DATE RECEIVED:**

CLAIM TYPE:

- [x] Vehicle Damage
- [ ] Detainee Property
- [ ] Damage During Raids
- [ ] SAF Damage/Injury
- [ ] Real Estate
- [x] Other Death

CLAIM AROSE FROM:

- [ ] Combat Activities
- [x] Non-combat Activities

CLAIM IS:

- [x] Payable
- [ ] Not Payable

BRIEF OVERVIEW: Claimant States That while Her Husband was driving Home a Stryker Came down The wrong way and ran over his vehicle and Killed Him.

REMARKS:

Recommend (Approval) / Denial $15,000

REVIEWED BY: SGT (b)(3),(b)(6) (b)(3),(b)(6) **DATE REVIEWED:** 16 Jul 07

FCC COMMENTS

Approve $15,000

DATE APPROVED/DENIED: 29 July 2007

- [ ] DENIED
- [ ] Denial Memo
- [x] APPROVED
- [x] Amount Approved: $15,000
- [ ] Approval Memo
- [ ] Settlement Agreement
- [ ] SF 1034
- [ ] Disbursing Officer Memo

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000
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: 1 August 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) 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-T086				
		VEHICLE DAMAGE AND DEATH				15,000.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL 15,000.00

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

APPROVED FOR =$ 15,000.00

EXCHANGE RATE =$1.00

DIFFERENCES

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

Amount verified; correct for 15,000.00

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

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

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

4 August 2007 (Date) S

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 $ 15,000.00 | DATE 4 August 2007 | PAYEE 3 (b)(6)

R

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 7540-00-900-2234

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:

FCC I92

4 August 2007

CLAIM OF: (b)(6)
CLAIM NUMBER: 07-I92-T086

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 $15,000.00 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

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 **$15,000.00** (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 20 September 2006, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of a **Vehicle Damage and Wrongful Death** 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 a raid conducted by US Forces on 20 September 2006.

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 4th day of August 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature
Name: (b)(6)
Address: Section:
Street:
House:
Baghdad, Iraq

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

Wit

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

Wit

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-T086

ACTION

1. Facts: Claimant states that on 20 September 2006, US Forces ran over her husbands vehicle and killed him.

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 $15,000.00.

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

CPT, JA
FCC I92

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

Claims Form

reign Langua

Name: (b)(6) ign Lang

Address

Phone Number (b)(6)

I am

a. A national citizen of: Iraq reign Langua

b. A permanent resident of: The above address oreign Languag

c. Employed by: / oreign Languag

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

A-1-14 CAV

أنني أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابت التى نجمت من:(المنظمة , الوحدة العسكرية)

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.)

Death of her husband
car damage Too.

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

My claim arose at: Karad Alsharqa Bakhdad - Iraq .
(Town) (City) (Country)

تظلمي قدم في: القرية المدينة البلد أو المحافظة

My claim arose on: Sep (Month) 20 (Day) 2006 (Year)

تظلمي قدم في: _____

السن يوم شهر

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.)

The claimant said that while her husband was driving his vehicle coming back to his home the encounted American stroker coming on adverse direction and run over the vehicle caused a fatal accident and he killed. car damaged.

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

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
Death of her husband	$12000
car damag	$11200
Total:	23200

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

اجمالي التكلفة: _____

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

insurance -

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

/

I claim as damages: (Indicate amount in U.S. dollars and local currency)

$ 23 200 I.D. 29 000 000 -

أطالب بتعويض للأضرار بما يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

$ Foreign Language Text العملة المحلية Foreign Language Text

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمى طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة فى هذا اتظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 24 day of July, 2007.

(Signature of Witness)

(Printed Name)

CLAIMS SUPPORTING DOCUMENTS CHECKLIST

(b)(2)High

Page 14 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Previously Released

Claims Form

Name:_____ الأسم:

Address:_____ العنوان:

Foreign Language, (b)(6)

I am

أنا

a. A national citizen of:_____ أ. أحمل جنسية:_____

b. A permanent resident of:_____ ب. عنوانى الدائم:_____

c. Employed by:_____ ت: أعمل لدي:_____

Foreign Language, (b)(6)

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

_____

_____

أنني أتظلم لدى حكومة الولايات المتحدة الأمريكية [illegible]

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 أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

_____

_____

My claim arose at: _____
(Town) (City) (Country)

Foreign Language

Same form in English

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

_____

_____

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

_____

_____

I claim as damages: (Indicate amount in U.S. dollars and local currency)

$_____ I.D._____

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكى أو العملة المحلية)

$_____ العملة المحلية _____

I (have/ have not) previously filed a claim relating to the incident described above.

سابقا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمى طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة فى هذا التظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

Foreign Language, (b)(6)

_____

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this _____day of_____, 200_____.

_____

(Signature of Witness)

_____

(Printed Name)

My claim arose on: _____
Month Day Year

Foreign Language

تظلمى قدم فى: _____
السن يوم شهر

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.)

_____

_____

_____

_____

بإختصار أشرح ما حدث والأضرار التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

_____

_____

_____

_____

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: _____

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة: _____

Foreign Language, (b)(6)

the statement

to the claimant her husband killed by
vehicle accident, shasked compensation for care/husband

Foreign Language, (b)(6)

The paper Confirm the vehile belong to the family they bought it in

Foreign Language

(b)(6)

Foreign Language, (b)(6)

Foreign Language, (b)(6)

Foreign Language Text, (b)(6)

The with

accide

down

Foreign Language Text, (b)(6)

the

wrote

Foreign Language

The claimant went complain the U.S.A in police center
beause they killed her husband when the stryker
rashed and run over his vehicle.

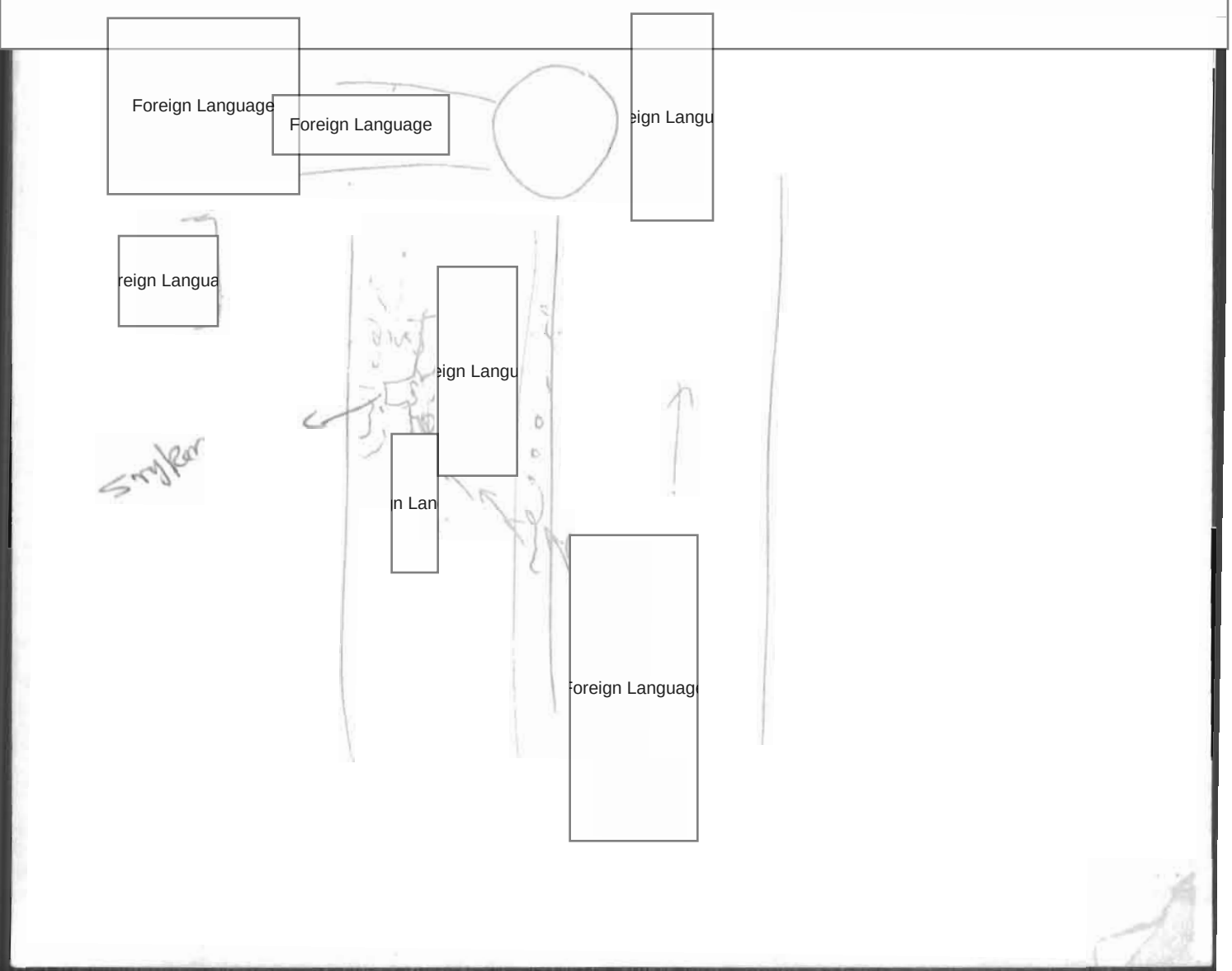
Foreign Language, (b)(6)

Foreign Language, (b)(6)

(b)(6), Foreign Language

Foreign Language

(b)(6), Foreign Language



(b)(6), Foreign Language

The claimant asking the police ...
her a copy of the her claim docum...

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language

Foreign Language

Foreign Language

Foreign Language, (b)(6)

Foreign Language

ble Text, Nonrespo

the report from hospital / the cause of

Foreign Language

the Death were bleeding strokes /

(b)(6), Foreign Language

Death Certificate

Illegible, (b)(6), Foreign Language

Foreign Language, Illegible, (b)(6)

BAGHDAD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT A-1-14 CAV

DATE 20 Dec 06

LOCATION AL-Bayaa [illegible]

TYPE OF INCIDENT Accident [illegible]

MULTINATIONAL DIVISION -BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضرار جسدية من إصابات إلى آخره، أو موت لا سمح الله لأحد من الأقرباء، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض. للتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو التسليم، وإثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمسكات إلى مركز المساعدة العراقي في معسكر التاجي بوابة كنر، البوابة الهندية في معسكر فالكون، المحمودية في معسكر قاب، معسكر هوك، معسكر كالسو، معسكر دوك.

أو أحد المراكز الحكومية، الثورة أو مدينة الصدر، ٩ نيسان الرشيد، الرضوانية، الرصافة، الأمانات، الكرخ الأعظمية، الكرادة أو سبع البور.

ملاحظة: هناك هذا الفارق (المستمسك) لا يعني الدفع المؤكد.

وشكراً لتعاونكم معنا

Foreign Language, (b)(6)

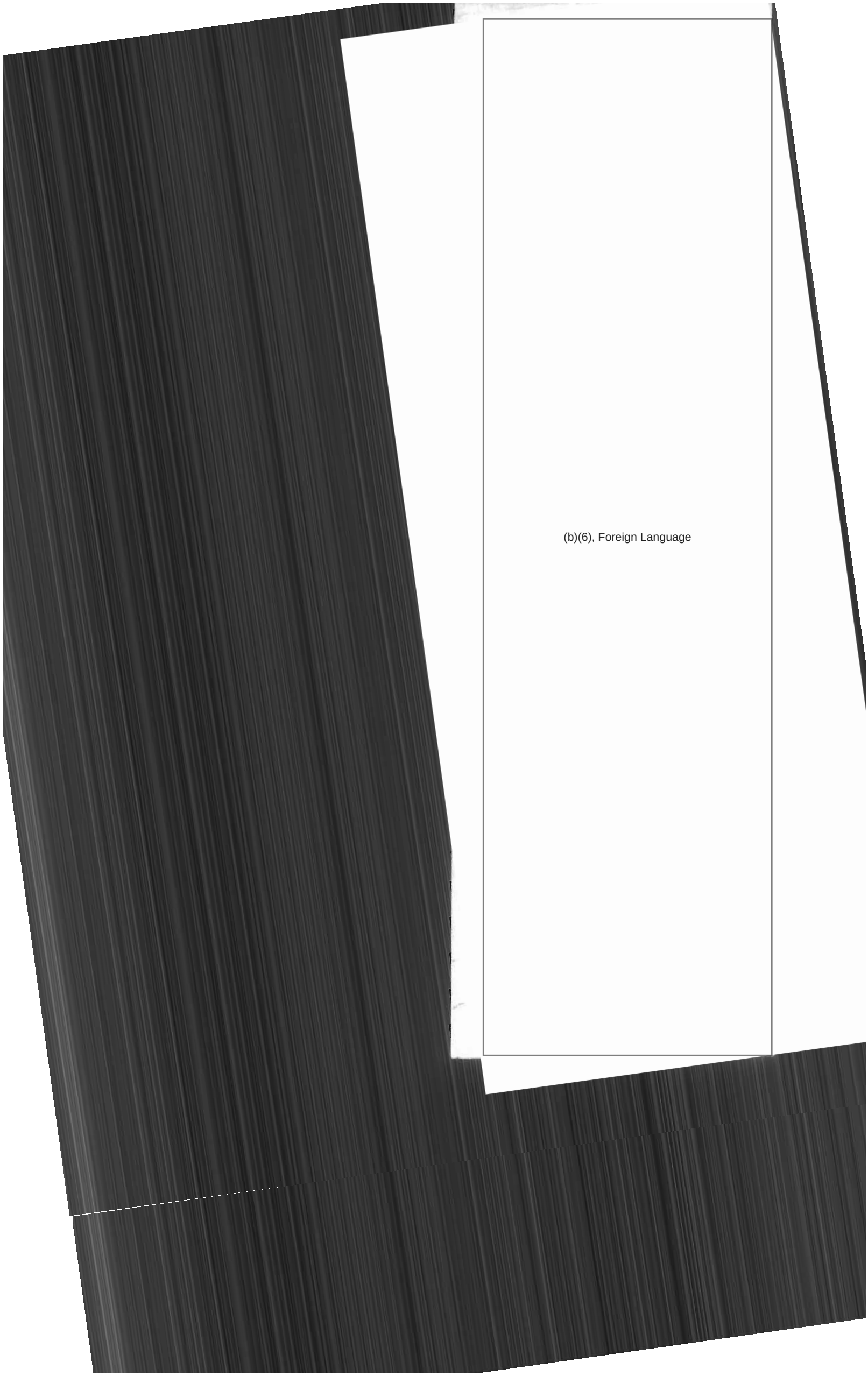
Foreign Language, (b)(6)

Foreign Language, (b)(6)

Foreign Language

Foreign Language, (b)(6)

(b)(6)


(b)(6), Foreign Language

(b)(6)

(b)(6)

Nonresponsive, (b)(6)
(b)(6)

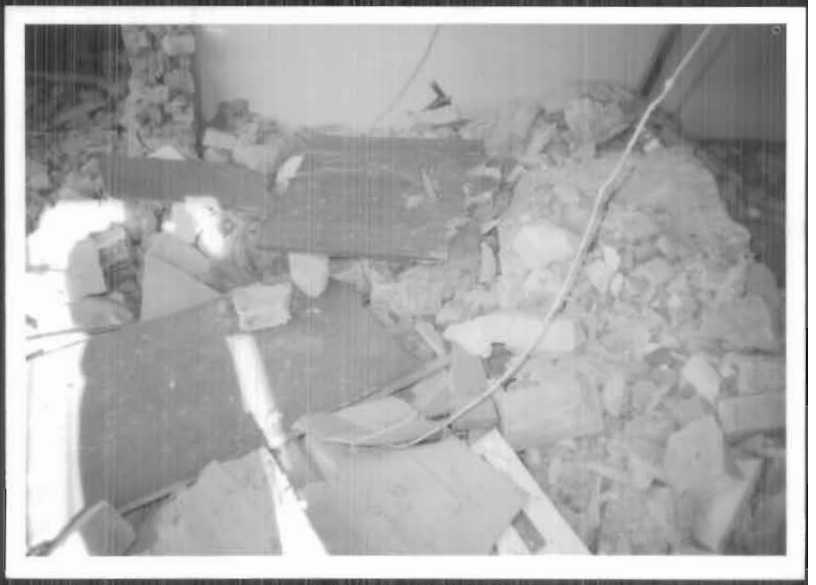
Nonresponsive, (b)(6)

Foreign Language

(b)(6)

CENTCOM 020013

07-I92-T086-00037



CENTCOM 020015

07-I92-T086-00039

CENTCOM 020018

07-I92-T086-00042

CENTCOM 020019

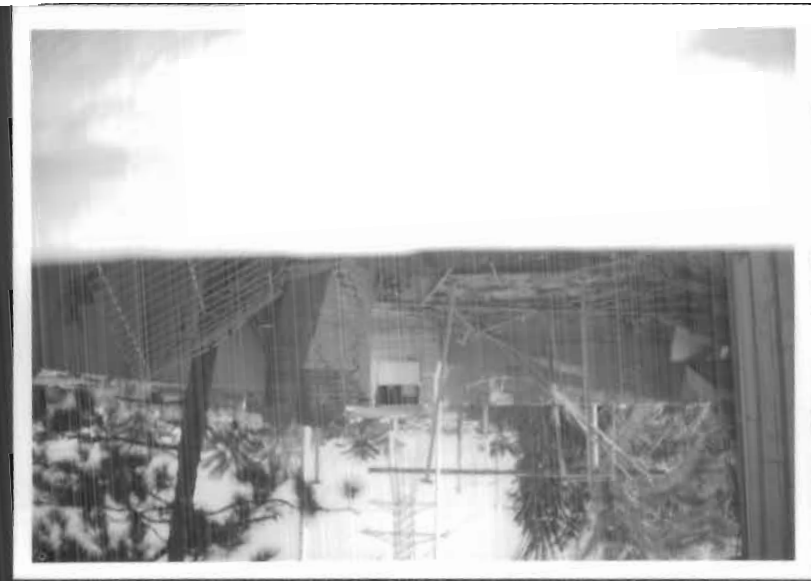
07-I92-T086-00043

CENTCOM 020022

07-I92-T086-00046

CENTCOM 020023

07-I92-T086-00047

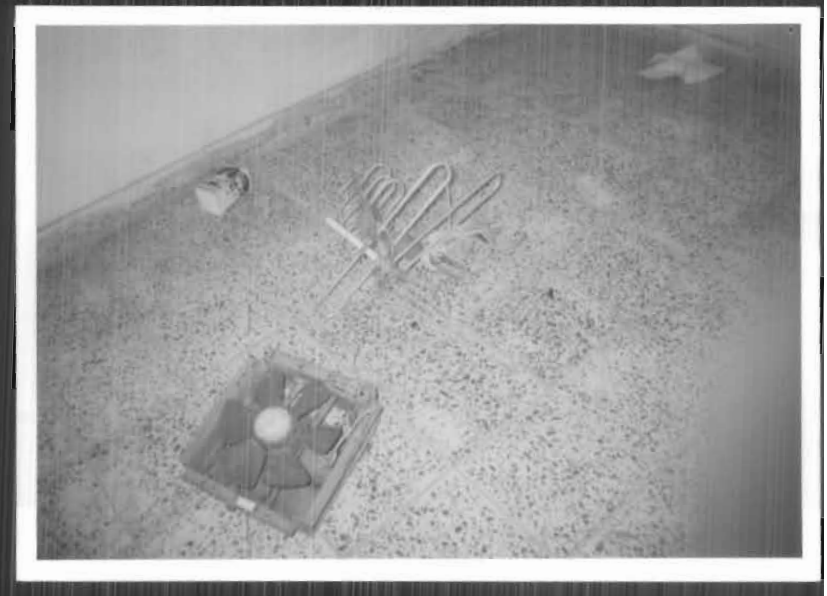


CENTCOM 020027

07-I92-T086-00051

CENTCOM 020031

07-I92-T086-00055



CENTCOM 020032

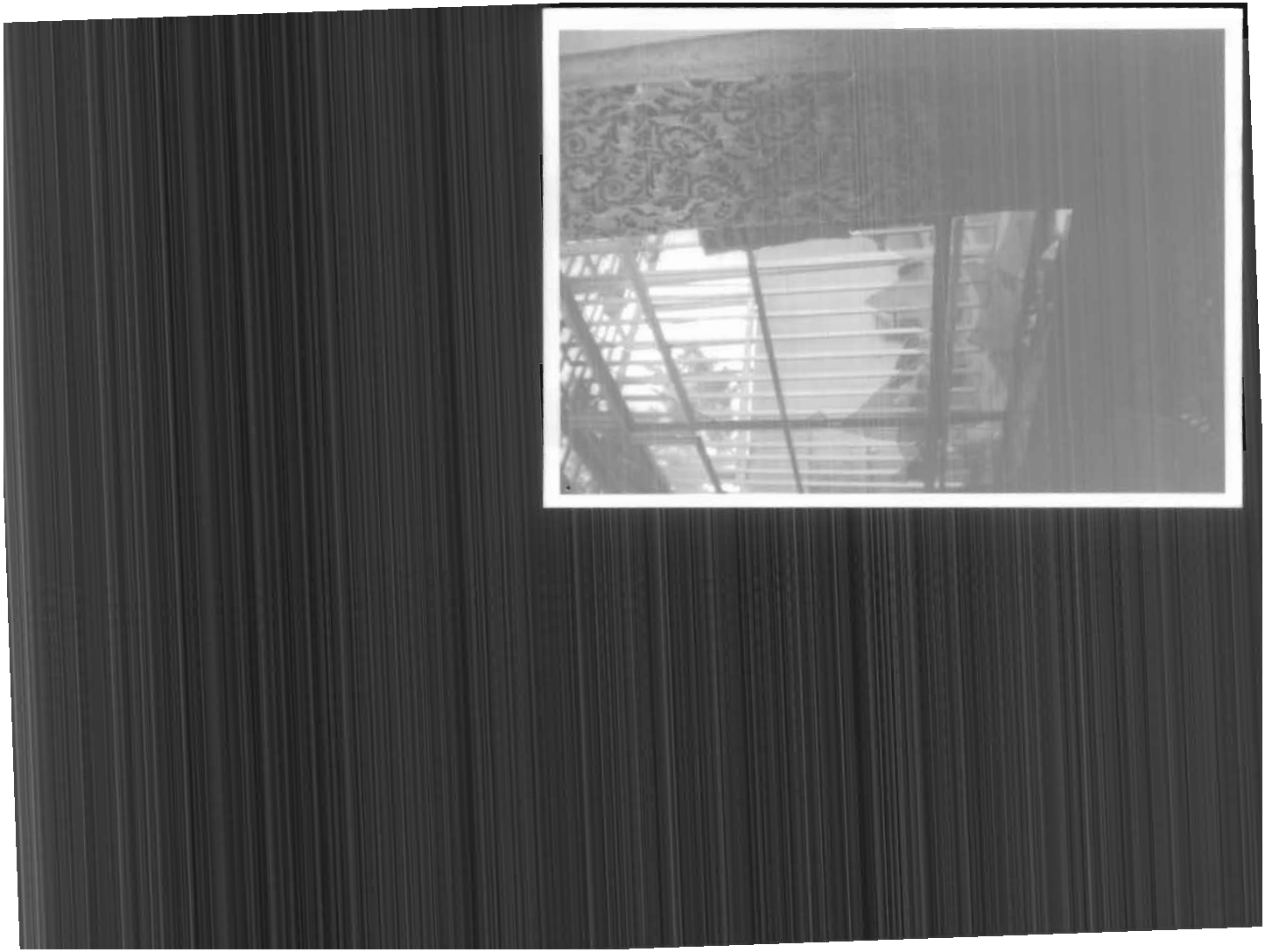
07-I92-T086-00056

CENTCOM 020033

07-I92-T086-00057

CENTCOM 020034

07-I92-T086-00058



CENTCOM 020035

07-I92-T086-00059

CENTCOM 020037

07-I92-T086-00061

CENTCOM 020039

07-I92-T086-00063