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

)6 Foreign Languag

(b)(6)

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0175

USARCS NUMBER: 08-0100

FL 4627C
FL 4686C

Date Received: 3/25/2008 12:00:00 AM

Name: (b)(6)

Address: (b)(2)High Iraq. (b)(6)

Claim Summary: Claimant's husband killed by vehicle accident involving C.F.

Date of Incident: 10/18/2007 12:00:00 AM

Amount Requested: $12000.00

(b)(5), (b)(2)High

Notes:

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

she is coming in Saturday
2 May 08

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

(b)(2)High

Standard Form 1034 (EG)
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
HQ, 4th Infantry Division
Office of the Staff Judge Advocate
APO AE 09352

10DATE VOUCHER PREPARED
16 April 2008

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
13th Finance Group
Camp Liberty, Iraq
APO AE 09352
DSSN: 5579

CLAIM #: I16/08-0100

PAYEE'S NAME AND ADDRESS
(b)(6)
(b)(2)High
Baghdad, Iraq. (b)(6)
(b)(6)

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
		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.				**$6000.00**

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL **$6000.00**

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

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

BY[1]

TITLE

Amount verified; correct for **$6000.00**

(Signature or initial) (b)(3)(b)(6)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

APR 19 2008 (b)(3), (b)(6) (b)(3), (b)(6) CPT , JA
Claims Judge Advocate

(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

SSG, U.S. Army
Foreign Claims Pay Agent

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank)

CASH | DATE | PAY (b)(6)

$ **$6000.00**

[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.

PER

TITLE

Previous edition usable

NSN 7540-00-900-2234

(b)(6)

(b)6 Foreign Language

Claims Form

Claim#. 2-017-5

Date: 7th / Feb / 2008

GICof / (b)(6)

To: United States Army Foreign Claims Commission.

Claimant Name (b)(6) Relationship: The Victimes wife

National of: Iraqi Claimant's Address :Neighborhood (b)(6)

Q (b)(6) St# (b)(6) H# (b)(6) Ph: (b)(6)

Have you filed a claim before? ☐ Yes ☒ NO

Damage type: ☒ Death ☐ Injury ☐ Car ☐ House ☐ Furniture ☐ Other

Place of incident: St. Near Baragoba Bus-station Town. Al-Mastal

City. Baghdad Country. Iraq

Date of incident: Time 330 PM Day: 18th Month : Oct. Year : 2007

Give a brief statement of the accident or incident.

Her husband was crossing the road when an American vehicle ran him over and caused death to him. The American vehicle was coming wrongside.

Did you receive a claims card from the military unit that caused the incident?

☒ Yes ☐ No ☐ They didn't stop

List in detail the value of the property damage and itemized expenses resulting from the property damage or personal injury:(Attach bills)

Item	Amount: $	Amount :ID
Death	12,000.00	/
	/	/

Total 12,000.00 U.S.D

List of attached document.

Identity	☒	House document	☐
Certificate of Nationality	☒	Car document	☐
Ration card	☒	Claim card	☒
Residence card	☒	Bill	☐
Picture	☐		
IP Report	☐		
Certificate of death	☒		

Signature of claimant (b)(6) Date: 7th / Feb / 2008

Print Name (b)(6)

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED OMB NO. 1105-0008

1. Submit To Appropriate Federal Agency:

506th RCT Legal Office
Camp Loyalty, Iraq
APO AE 09390

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)

(b)(6)

(b)(6)

3. TYPE OF EMPLOYMENT
☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH
(b)(6)

5. MARITAL STATUS
Widow

6. DATE AND DAY OF ACCIDENT
18th Oct. 2007

7. TIME (A.M. or P.M.)
330PM

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

My husband was crossing the road when an American vehicle was coming wrong side ran him over and caused death to him

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

Same as above.

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

U.S Forces murdered my husband.

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

11. WITNESSES

NAME	ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
		12,000.00	12,000.00 U.S.D

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)
(b)(6)

13b. Phone number of signatory

14. DATE OF CLAIM
7th Feb 08

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of $2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

USAPC V1.00

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 9 redacted for the following reason:
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(b)6 Foreign Language

Foreign Language Text, (b)(6)

(b)6 Foreign Language

Report :

Brain CT without contrast:

Evidence of 2 small intracranial parnchymal hematoma in the anterior part of left parietal lobe.
Evidence of hemorrhage in the frontal and Rt. Ethmoidal sinuses.
Normal ventricles, no mass effect or r
No definite fracture could be detected.

(b)(6)

(b)(6)

nanks.

(b)(6) Dr: (b)(6)

(b)6 Foreign Language

Foreign Language Text

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

قوة مهام بـ...

رخصة المطالبة بالـ...

يحق لك المطالبة بتعويض عن الاضرار المادية الاصلية – فقدان الحياة من القوات الاميركية اذا كانت المتعدية بذلك، لملء استمارة التعويض ... [illegible] ... محضر شرطة وكذلك محضر الشهود ... [illegible] ... لاقرب مركز تعويضات يجب ... [illegible] ... وصورة اصلية ... [illegible] ... المصورة يكون مصيرها الرفض.

IRAQI CLAIMS POCKET CARD

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

If your unit is involved in an incident resulting in damage to property of an Iraqi civilian, or the death or injury of an Iraqi civilian:

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 SF 94. Describe the incident completely and forward it to your nearest [illegible] office and to MNC-I Client Services. NOTE: This information [illegible] an admission of liability by the service member [illegible] be used only to substantiate a claim against the US Military.

UNIT: 71TH MP CO/759TH MP BN

DATE: 18 OCT 07

LOCATION: [redacted])(2)Hig

TYPE OF INCIDENT: HIT BY CONVOY VEHICLE

Page 13 redacted for the following reason:
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(b)6 Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)