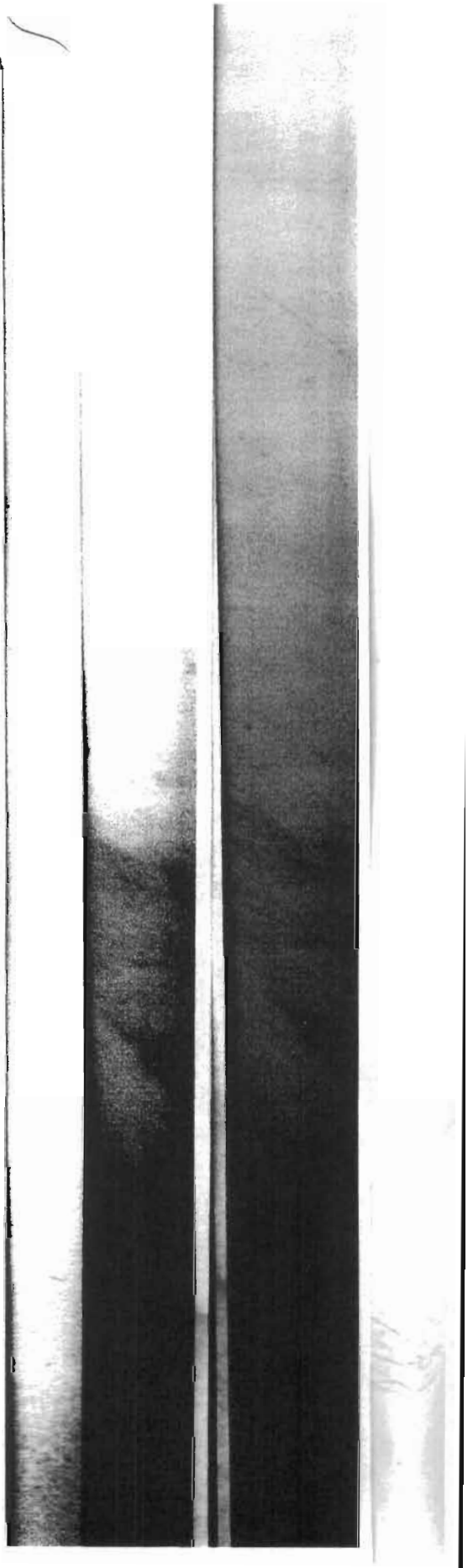
(b)(3)(b)(6)



(b)6 Foreign Language

(b)(6)

2-020-5

08-0103

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0205 **USARCS NUMBER: 08-0103**

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

Name: (b)(6)

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

Claim Summary: Claimant's filing for reconsideration of claim#07-0668 and has [redacted] provided new evidence.

(b)(2)High

Date of Incident: 10/2/2006 12:00:00 AM

Amount Requested: $18000.00

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

Notes: Claim packet was not in our possession upon first filing. The claims packet was reproduced.
2-2 ID mailed original to USARCS.

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

she will coming Saturday

CERP CONDOLENCE CONSIDERATION

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

REPLY TO
ATTENTION OF:

(b)(2)High

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4th BRIGADE COMBAT TEAM
4TH BRIGADE, 10TH MOUNTAIN DIVISION (4 ID)
FORWARD OPERATING BASE LOYALTY, APO AE 09390

(b)(2)High

23 December 2007

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM I48/07-0668:

Claim of: (b)(6)

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

Date Filed: 17-Nov-07

Amount Claimed: $18,000.00

Claimed Loss: Claimant's husband killed and property damaged in a vehicular accident involving C.F.

Claim Number: 2.0765

1. Your above-mentioned claim is disapproved.

2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.

3. The reason for the disapproval of this claim is code **3**:

   1. Loss was a result of Combat Operations
   2. The filing claimant is an improper claimant
   3. Claim lacked evidence supporting U.S. negligence or fault
   4. Claim lacked evidence to prove a loss
   5. Loss was a result of Anti-Coalition Forces.
   6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
   7. Statute of Limitations Expired.

4. 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.

5. POC for this memorandum is SSG (b)(3), (b)(6) FOB Loyalty, @ VOIP 722-7018.

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

CPT, JA
FOREIGN CLAIMS COMMISSION

Received on 6th Feb 08

General Information Center
LISA NISSAN

2

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: 5879

CLAIM #: I16/08-0103

PAYEE'S NAME AND ADDRESS
(b)(6)
(b)(2)High
Baghdad, Iraq. (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.				$10000.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL $10000.00

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

APPROVED FOR =$ | EXCHANGE RATE =$1.00 | DIFFERENCES

BY [1]

TITLE

Amount verified, correct for $10000.00
(Signature or initials) (b)(3), (b)(6

Pursuant to authority vested in me, I certif

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

(Date) (Authorized Certifying Officer) [2] (Title)

ACCOUNTING CLASSIFICATION

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

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 $ $10000.00 | DATE | PAY (b)(6)

[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)

Claims Form

Claim#. 2-6262-5

Date: 10th / Feb /2008

GICof / -9 NISSAN

To: United States Army Foreign Claims Commission.

Claimant Nam (b)(6) Relationship: The victim's wife, owner's wife

National of: Iraqi Claimant's Address :Neighborhoo (b)(2)High

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

Have you filed a claim before? ☒ Yes ☐ NO Lost claim folder

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

Place of incident:St. Canal road Town. Zeona

City. Baghdad Country. Iraq

Date of incident: Time 930AM Day: 2nd Month : Oct. Year :-2006

Give a brief statement of the accident or incident.

An American tank crushed her husband's car and killed him. caused full damage to the car.

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	
Destroyed car kind BMW	6,000.00	

Total 18,000.00 U.S.D

List of attached document.

Identity	☒	House document	☐
Certificate of Nationality	☒	Car document	☒
Ration card	☒	Claim card	☒
Residence card	☒	Bill	☒
Picture 5 1	☒	M.F.R	
IP Report	☒		
Certificate of death	☒		

Signature of claimant (b)(6) Date: 10th / 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

(b)(6)

(b)(2)High

3. TYPE OF EMPLOYMENT ☐ MILITARY ☒ CIVILIAN

(b)(6)

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT: 2nd, Oct., 2006

7. TIME (A.M. OR P.M.): 930 AM

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.)

An American tank crushed my husband's car and killed him, caused full damage to his car.

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 killed my husband, caused full damage to his car.

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.)
6,000.00		12,000.00	18,000.00 U.S.D

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT 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)

14. DATE OF CLAIM: 16th 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.)

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.

(b)(6)

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

USAPPC V1.0

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 14 redacted for the following reason:
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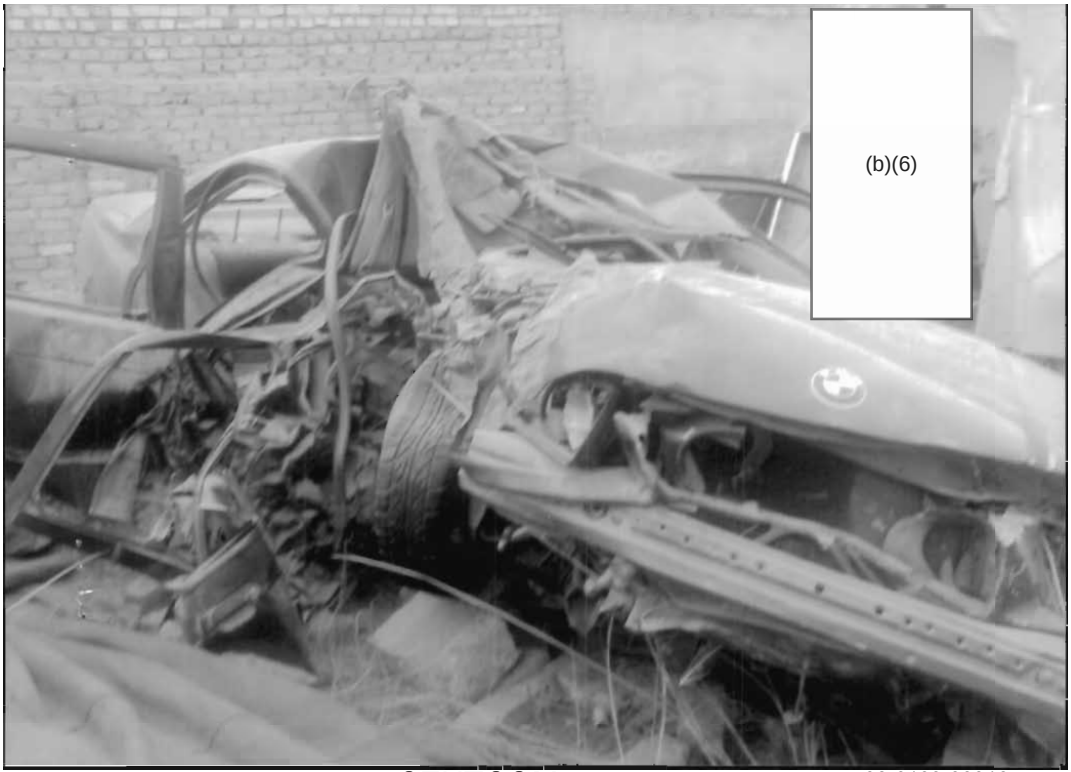
(b)6 Foreign Language

Foreign Language Text, (b)(6)


(b)(6)