(b)(6)

(b)6 Foreign Language

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0405 (b)(3), (b)(6) **USARCS NUMBER: 08-0211**

Date Received: 6/15/2008 12:00:00 A (b)(3), (b)(2501G 2600G

Name: (b)(6)

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

Claim Summary: Claimant's husband and son killed and vehicle damaged in a vehicular accident involving C.F.

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

Amount Requested: $30000.00

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

Notes: Valid claims card inside. (b)(3)(b)(6) Nov 17, 08

file coming in Tuesday

CERP CONDOLENCE CONSIDERATION

(b)(2)High

Foreign Language Text, (b)(6)

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 أخره، 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 كثر، 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 الرصافة، الرصافة الأمانات الكرخ الأعظمية الكرادة أو سبع البور.

ملاحظة: إستلام هذا الكرت (المستمسك) لا يعني الدفع المؤكد.

وشكراً لتعاونكم معنا

MULTINATIONAL
DIVISION-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 ECO9TH EN

DATE 12 DEC 07

LO (b)(2)High

TYPE OF INCIDENT Car Accident/Death Hashad and Son

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
11 November 2008

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

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

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

GOVERNMENT B/L NUMBER

PAYEE'S NAME AND ADDRESS

CLAIM #: II6/08-0211

(b)(6)
(b)(2)High
Baghdad, Iraq. (b)(6)

SHIPPED FROM TO WEIGHT

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
- [x] COMPLETE
- [ ] PARTIAL
- [ ] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR =$ EXCHANGE RATE =$1.00

BY

TITLE

DIFFERENCES

Amount verified; correct for $10000.00
(Signature or initials)

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

NOV 1 2 2008 (Date) (b)(3), (b)(6) (Authorized Certifying Officer) (b)(3), (b)(6) CPT , JA Claims Judge Advocate (Title)

ACCOUNTING CLASSIFICATION

2192020 22-0204 P135198.00-4200 VIRQ F1202 S99999 APC: 0232(RA)

(b)(3), (b)(6)
SSG, U.S. Army
Foreign Claims P

PAID BY

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

CASH $ $10000.00 DATE

(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 NSN 7540-00-900-2234

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. Failuure to fmish this information will hinder discharge of the payment obligation.

(b)(6)

Claims Form

Claim#. 2-0405

Date: 27 / May / 2008

GICof / 9 NISSAN

To: United States / Iraq Foreign Claims Commission

(b)(6)

Claimant Name:- (b)(6) --Relationship: The victim's wife / victim's mother

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

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 camp Loyalty Town. Baladiat

City.----------Baghdad----------Country.----------Iraq----------

Date of incident: Time 500 PM Day: 12th Month : Dec Year :-2007

Give a brief statement of the accident or incident.

Her husband was driving his car when an American patrol came wrong side hit his and slipped it over caused death to her husband, her son, caused full damage to the car.

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

☒ Yes ☐ No

Her husband was working in (b)(2)High

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 2 Persons	24,000.00	
Full damage	6,000.00	

Total 30,000.00 U.S.D

List of attached document.

Identity s 3	☒	House document	☐
Certificate of Nationality	☒	Car document	☒
Nationality	☒	Claim card	☒
Residence card	☒	Bill	☒
Picture	☐		
IP Report	☐		
Certificate of	☒		

(b)(6)

(b)(6)

Date 27 / May / 2008

CLAIM FOR DAMAGE, INJURY OR DEATH

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

FORM APPROVED OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

4th ACT Legal Office
Camp Loveday, Iraq
APO AE 09360

2. Name, Address of Claimant and Claimant's Representative

(b)(6)

(b)(2)High

3. TYPE OF EMPLOYMENT: ☐ MILITARY ☒ CIVILIAN

(b)(6)

5. MARITAL STATUS: Widow

6. DATE AND HOUR OF ACCIDENT: 12, Dec., 2007

7. TIME (A.M. OR P.M.): 500 PM

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 driving his car when an American patrol came wrong side hit his car and flipped it over caused death to her husband and her son and caused full damage to the 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 murdered my husband, my son, 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		24,000.00	30,000.00 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)

(b)(6)

(b)(6)

14. DATE OF CLAIM: 27, May, 08

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum [illegible] 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

Information Center NISSAN

Foreign Language Text, (b)(6)

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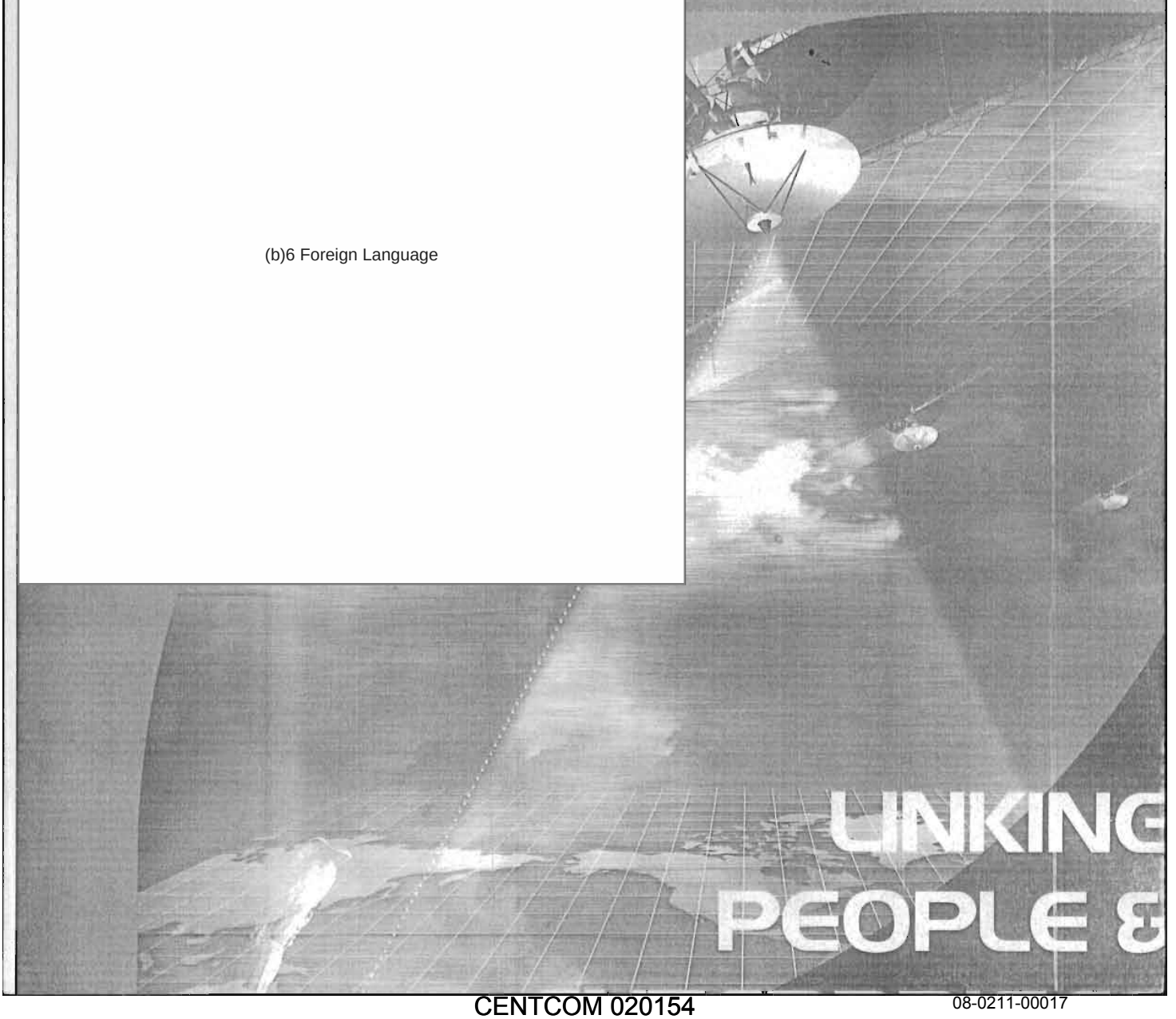
Prince Al Saoud Building - 2nd Floor - Beirut - Lebanon
+(961-1) 345635 - 750640, Fax: +(961-1) 349552
E-mail: graphtel@cyberia.net.lb

LUNASAT

ng you connected

(b)6 Foreign Language



Page 18 redacted for the following reason:
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