

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

1241

## Claims Coversheet

Claim #: 12 41

Date Submitted: \_\_\_\_\_

### Claimant Information

Last Name:

Claimant Address: Baghdad

Middle Name: (b)(6)

Claimant Contact Number: \_\_\_\_\_

First Name:

### Incident Information

- Vehicle Accident
- Loss of Property
- Raids/Cordon/Seizures
- Accident/Negligent Fires
- Real Property Damage
- Other

Incident Date: May 07 2007

Incident Location: \_\_\_\_\_

Amount Claimed: \_\_\_\_\_

Estimates Included? YES NO

Claim Card or Note? YES NO

### Denial Reasons

- Insufficient Evidence
- Combat Exception (CERP)
- US Involvement
- Lack of Causation
- Statute of Limitations
- Not a Property Claimant
- Non-Cognizable Claim

### Investigation Notes:

(b)(6) OPEL 6,500

H & FATHER OF (b)(6) 2,500

HMMWV DRIVEN wrong way

### Adjudication Notes:

9,000 Paid to 26 Mar 08 (b)(3),(b)(6)

Standard Form 1034 (E3) Revised October 1987 Department of the Treasury 1.7F14 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY HQ, 2nd Stryker Brigade Combat Team Office of the Command Judge Advocate</b>		10 DATE VOUCHER PREPARED <b>26 March 2008</b>		SCHEDULE NO.		
<b>APO AE 09378</b>		CONTRACT NUMBER AND DATE <b>(b)(2)High</b>		PAID BY <b>24 Finance Management Company APO AE 09344 TAJI DSSN: 5579</b>		
REQUISITION NUMBER AND DATE				DATE INVOICE RECEIVED		
PAYEE'S <b>CLAIM #: 1 2 4 1</b> <b>(b)(6)</b>				DISCOUNT TERMS		
NAME AND ADDRESS <b>Baghdad, Iraq</b>				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 <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE COST 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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$ 9 0 0 0
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$ 9 0 0 0
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR BY: <b>SFC (b)(3),(b)(6)</b> TITLE: <b>2SBCT, 25ID FOREIGN CLAIMS PAY AGENT</b>	EXCHANGE RATE = \$1.00	DIFFERENCES		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
<b>26 March 08</b> (Date)		<b>(b)(3),(b)(6)</b>		<b>CPT, JA</b> <b>Foreign Claims Officer</b> (Title)		
		<b>(b)(2)High</b>				
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		OR (Name of bank)		
	<b>CASH</b>	<b>9 0 0 0</b>	DATE <b>26 March 2008</b>	<b>(b)(6)</b>		
				PER		
				TITLE		

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



DEPARTMENT OF THE ARMY  
HEADQUARTERS  
2ND STRYKER BRIGADE COMBAT TEAM  
CAMP TAJI, IRAQ APO AE 09378

Foreign Claims Commission IK4

26 March 2008

SUBJECT: Claim # 241

Baghdad, Iraq

Dear Sir:

I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 2nd Stryker Brigade Combat Team claims office will compensate you for your losses in the amount of \$ 9 0 0 0 .00.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

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

CPT, JA  
Foreign Claims Commission



### Serial Number Accountability Record

The purpose of this form is to record the serial numbers on USD \$100 notes thereby providing a tracing mechanism to the Iraqi recipient. **Pay agents** should turn this form in to their respective finance offices as part of the reconciliation process. **Finance offices** should retain this form with their original reconciliation file, and provide a scanned copy to (b)(6)

DATE OF TRANSFER: 26 March 2008

PAY AGENT NAME: (b)(3),(b)(6)

PAID: Foreign Claim #: 1 - 3

(b)(6)

G PAYMENT ON BEHALF OF FIRM:

*Print given name, father's first name, grandfather's first name, tribal name*

\$100 note serial numbers:

(b)(6)            through (b)(6)            and,

           through            and,

           through            and,

           through            and,

           through            and,

           through           

\* Use additional forms if needed.  
SNAR Report

**2ND STRYKER BRIGADE COMBAT TEAM**  
**FOREIGN CLAIMS OFFICE**  
26 March 2008

**Claim Settlement/Witness Agreement**  
Claim # 1241

I hereby agree to accept the sum of \$ 9000 .00 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred involving U.S. 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 the said incident. This release / 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 statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of the United States of America, its officers, agents and employees.

(b)(6)

**Claimant's Signature**  
Name:  
Address: Baghdad, Iraq

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

Witness: Print and Sign

(b)(6)

Witness: Print and Sign

**7-ASK FORCE**  
**بغداد**

**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 [redacted] civilian, or other appropriate person in the case of death.
3. Direct claimants to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to the US, complete a SF 93 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 D 12-8

DATE 7 MAY 07

LOCATION (b)(2)High

TYPE OF INCIDENT Car was damaged

(b)(6), Foreign Language Text

**7-ASK FORCE**  
**بغداد**

**IRAQI CLAIM CARD**

**السلام عليكم ورحمة الله وبركاته**

لدى المواطن القوي مقليل الاموال التي تعبت به . سواء كانت اضرار جسيمة من اصابت في اثاره . و موت لا سمح الله لاحد المقربين . وكان السب وراء ذلك القوات الامريكية . فقد يكون لك الحق في التعويض.

تلقم بلاغ واطالبة بحق الرجاء انصاف الاتي هذه المنطقة و هي تملك المنية مع كل الارق الرسمية المنقولة به الامر و التي شاعه الموضوع مثل (صور للمخلفات، شهادة الشهود ، تقرير الشرطة ، ووصول بالاستلام او التقييم ، وثائق الملكية لما خلفه او تصور ولما تحول ان تحصل على تعويض عنه . و رخصة القيادة ان كنت تعمل رخصة).

الرجاء انصاف هذه المستشفيات التي مركز المساعدة العراقي في معسكر التاجي (Camp Taji) بوابة كتر (Gunner Gate) . البوابة الهندية في معسكر الفالكون (Camp Falcon) . المحمية في معسكر قلب (FOB) Mahmediyah .

واحد بعد المواكب الحكومية الثورة لا يسال الكفمية الرشيد المنصور الرضوانية الرخصة والاملاك . الكرخ اعلمية . كرامة و مسج النور

ملاحظة : امتلاك هذا القوت (المستمسك) لا يعني دفع الموك .  
وشكر المتعاونكم معنا

(b)(6), Foreign Language Text

(b)(6)

Name: \_\_\_\_\_ Foreign Language Text الاسم:

Address: \_\_\_\_\_ Foreign Language Text العنوان:

(b)(6)

Baghdad

I am

a. A national citizen of: Irqi Foreign Language Text أنا أعمل جنس:

b. A permanent resident of: \_\_\_\_\_ Foreign Language Text ب. عنواني الدائم:

c. Employed by: \_\_\_\_\_ Foreign Language Text ج. أعمل لدي:

(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)

أنتي أنتظم لدي حكومي الولايات المتحدة للأضرار والإصابات التي تسببت 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.)

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار الممتلكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إملأ أنتظم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصيبتهم.)



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

\_\_\_\_\_

\_\_\_\_\_

تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

\_\_\_\_\_

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

\$ \_\_\_\_\_ I.D. \_\_\_\_\_

مطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية \$ \_\_\_\_\_

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

سابقاً (قمت) (لم اقم) 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.

حسن عني طلب نظام (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 فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text



(b)(6)



(b)(6)