1762

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

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

✓ RETURN w/ WRITTEN STATEMENTS

- (b)(6) BMW : 5,000 (PAID 7,500 IN 2004)
- BROTHER'S DEATH 2,500

PAID 12 APR 08 (b)(3),(b)

Foreign Language Text

1762-00002

CENTCOM 020475

Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
I 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, 2nd Stryker Brigade Combat Team
Office of the Command Judge Advocate

APO AE 09378

10DATE VOUCHER PREPARED
12 April 2008

SCHEDULE NO

CONTRACT NUMBER AND DATE
(b)(2)High
(b)(2)High

REQUISITION NUMBER AND DATE

PAID BY
24 Finance
Management Company
APO AE 09344
TAJI
DSSN: 5579

PAYEE'S NAME AND ADDRESS

CLAIM #: 1762
(b)(6)
(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
		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.				$ 7500
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL		$ 7500

PAYMENT:
- [ ] PROVISIONAL
- [x] COMPLETE
- [ ] PARTIAL
- [ ] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

BY
SFC (b)(3),(b)(6)
(b)(3),(b)(6)

TITLE
2SBCT, 25ID FOREIGN CLAIMS PAY AGENT

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

12 April 2008
(Date)

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

(b)(3),(b)(6)
(b)(3),(b)(6)
CPT, JA
Foreign Claims Officer
(Title)

(b)(2)High
(b)(2)High

PAID BY

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

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

ON (Name of bank)

CASH $ 7500

DATE
12 April 2008

[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

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.

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

Foreign Claims Commision IK4

12 April 2008

SUBJECT: Claim # 1762

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 Styker Brigade Combat Team claims office will compensate you for your losses in the amount of $_____.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)

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

CPT, JA
Foreign Claims Commission

Office of the U.S. Treasury Department Financial Attaché
Embassy of the United States of America - Baghdad, Iraq

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) (b)(6)

DATE OF TRANSFER: 12 April 2008

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM

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

First given name, father's first name, grandfather's first name, tribal name

$100 notes serial numbers are:

(b)(6) (b)(6) through (b)(6) (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

12 April 2008

Claim Settlement/Witness Agreement

Claim # [illegible]

I hereby agree to accept the sum of $ [illegible] .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, but as a release of, the United States of America, its officers, agents and employees.

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

Claimant's Signature
Name:
Address: Baghdad, Iraq

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

Witness: Print and Sign

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

Witness: Print and Sign

Redact Page

Pages 7 through 8 redacted for the following reasons:
- -
(b)(6), Foreign Language Text

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: ACo 2-8 CAV

DATE: 12 SEP 07

LOCATION: (b)(2)High (b)(2)High

TYPE OF INCIDENT: Car Accident death

MULTINATIONAL DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

اخي المواطن الكريم، مقابل الاضرار التي لحقت بك، سواء كانت اضرار جسدية من اصابات الى اخره، او موت لاسمح الله لاحد من الاقرباء، وكان السبب وراء ذلك القوات الامريكية فقد يكون لك الحق في التعويض المتقدم ببلاغ والمطالبة بحقك الرجاء احضار الاتي: هذه البطاقة وهويتك المدنية مع كل الاوراق الرسمية المتعلقة بهذا الامر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، وايصالات بالاستلام او التسليم، واثبات الملكية لما حطم او تضرر ولما تحاول ان تحصل على تعويض عنه، ورخصة السياقة ان كنت تحمل رخصة).

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر التاجي بوابة كلر، البوابة الهندية في معسكر فالكون، المحمودية في معسكر فاب، معسكر هوك معسكر كالسو، معسكر دوك.

او احد المراكز الحكومية، التنورة او مدينة الصدر، ٩ نيسان، الرشيد، الرصوفية الرصافة الامانات الكرخ الاعظمية الاكرادة او سبع النور.

ملاحظة: امتلاك هذا الكرت (المستمسك) لايعني الدفع المؤكد.

وشكرا لتعاونكم معنا

Claims Form
طلب تظلم

Name: _____ الأسم:

Address: _____ العنوان:

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:

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

_____

_____

أننى أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابات 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.)

_____

_____

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 للإصابات أو الأضرار التى أصابتهم.)

_____

_____

My claim arose on: _____
Month Day 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.)

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

Foreign Language Text

Foreign Language Text

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:	25000

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

الشئ المتضرر	تكلفته

اجمالي التكلفة: $ 25000

~~$ 25000~~

$ 25000

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

_____

_____

ـتي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

_____

_____

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

$_____ I.D._____

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

$_____ العملة المحلية

_____

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

ـسابقا (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.

بحسن علمي 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 في هذا التظلم هي صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب او مختلق او يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6)

(Signature of Claimant)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Subscribed to me this _____ day of _____, 200_____.

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Claim Number	1762
Full Name	(b)(6)
Recheck Date	12 April 08

GIC/I-RAC 0790-194-3202

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)