

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

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

Claim Number: 2/25SBCT-0071

Name: (b) (6) (b)(6)

Date of Incident: 17-Apr-07

Date Received: 12-Jan-08

Summary:

Claimants vehicle struck by US, brother died in accident
Claims card says 17 Apr when did incident really happen



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

Foreign Claims Commission IK4

SUBJECT: Claim # 10071

11 FEB 2008

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 \$ 10000.00.

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

Claims Coversheet

Claim #: 71

Date Submitted: 12-Jan-08

Claimant Information

Last Name: (b)(6)
(b)(6)

Claimant Address: Baghdad-Dora

Middle Name: _____

Claimant Contact Number: _____

First Name: (b)(6)
(b)(6)

Incident Information

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

Incident Date: 17-April-07

Incident Location: Taji

Amount Claimed: _____

Estimates Included? YES NO

Claim Card or Note? YES NO

Denial Reasons

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

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

Investigation Notes:

Adjudication Notes:

TASK FORCE
31050AD
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 nearest legal office. NOTE: This information is NOT a basis of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT D/2-8
DATE 17 APR 07
LOCATION 92H

TYPE OF INCIDENT Car w/US damaged

Foreign Language



(b)(6), Foreign Language

(b)(6), Foreign Language

2

(b)(6), Foreign Language

(b)(6), Foreign Language

Foreign Language

Foreign Language

Standard Form 1034 (GG) 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, 2nd Stryker Brigade Combat Team Office of the Command Judge Advocate		10 DATE VOUCHER PREPARED 11 FEB 2008		SCHEDULE NO.		
APO AE 09378		CONTRACT NUMBER AND DATE (b)(2)High (b)(2)High		PAID BY 24 Finance Management Company APO AE 09344 TAJI DSSN: 5579		
REQUISITION NUMBER AND DATE				DATE INVOICE RECEIVED		
PAYEE'S CLAIM #: 10 0 7 1. (b)(6)				DISCOUNT TERMS		
NAME AND ADDRESS Baghdad, Iraq				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		AMOUNT
				COST	PER	
		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.				\$ <u>10000</u>
TOTAL						\$ <u>10000</u>
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		BY *				
<input type="checkbox"/> PARTIAL		SFC (b)(3),(b)(6)		(b)(3), (b)(6)		
<input type="checkbox"/> FINAL		TITLE		(b)(3),(b)(6)		
<input type="checkbox"/> PROGRESS		2SBCT, 25ID FOREIGN CLAIMS PAY AGENT				
<input type="checkbox"/> ADVANCE		Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.				
11 FEB 2008		(b)(3), (b)(6)	(b)(3),(b)(6)	CPT, JA		
(Date)		(b)(3),(b)(6)	(b)(3),(b)(6)	Foreign Claims Officer		(Title)
(b)(2)High		(b)(2)High				
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH 10000	DATE 11 FEB 2008	PAY (b)(6)			
<small> ¹When stated in foreign currency, insert name of currency. ²If 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. ³When 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. </small>						PER
						TITLE

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.



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

DATE OF TRANSFER: 11 FEB 2008

PAY AGENT NAME: (b) (5)(3), (b) (6) (6)

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 0071

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:
(b) (6) (b) (6)

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

\$100 note serial numbers:

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

* Use additional forms if needed.
SNAR Report

2ND STRYKER BRIGADE COMBAT TEAM
FOREIGN CLAIMS OFFICE

11 FEB 2008

Claim Settlement/Witness Agreement

Claim # 0071

10000

I hereby agree to accept the sum of \$ 10000 .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

I.D. Number: _____

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

Witness: Print and Sign

I.D. Number: _____

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

Witness: Print and Sign

I.D. Number: _____

Claims Form

(b)(6), Foreign Language

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

Address: (b)(6), Foreign Language (b)(6), Foreign Language Baghdad (b)(6) (b)(6)

I am
a. A national citizen of: Iraq عراقية أنا أحمل جنسية:
b. A permanent resident of: ب. ضوائي الدائم
c. Employed by: ت: أصل 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)

أنتى ألتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي 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 حقل فالرجاء أظلم المستمعات التي تحوكم وتوكلكم لتتقدم بهذا التظلم ، أو أي دليل من معنيين رسميين. إملأ التظلم بالأصل للأفراد المتكلمين بالشكوي للإصابات أو الأضرار التي أصابتهم.)

(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



CENTCOM 020511

2-25SBCT-0071-00017



CENTCOM 020512

2-25SBCT-0071-00018