

(b)(3)(b)(6) X9

30+

(b)(6)

Need witness
statements
translated.

CPT (3),(b)

2827-1111-0006-1000

U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL		VOUCHER NO.		
(b)(3),(b)(6)		INDATE VOUCHER PREPARED 25-Aug-06	SCHEDULE NO.			
		CONTRACT NUMBER AND DATE	PAID BY			
		REQUISITION NUMBER AND DATE				
			(b)(3), (b)(6)			
CLAIM #: 06-IW1-T296						
PAYEE'S NAME AND ADDRESS		(b)(6)				
SHIPPED FROM		TO	WEIGHT	GOVERNMENT BILL 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)	QUAN- TITY	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 AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service				\$2,500.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)			TOTAL	\$2,500.00
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)(3),(b)(6)	EXCHANGE RATE =\$ BY SSG, USA DISBURSEMENT AGENT	DIFFERENCES =\$1.00 Amount verified correct for (Signature or initials)	\$2,500.00 (b)(3),(b)(6)	
Pursuant to authority vested in me <i>28 Aug 06</i> (Date) (Authorized Certifying Officer) (Title) ACCOUNTING CLASSIFICATION (b)(2)High \$2,500.00						
PAID BY		CHECK NUMBER CASH \$2,500.00	ON ACCOUNT OF U. S. TREASURY DATE	CHECK NUMBER PER (b)(6)	ON /Name of bank TITLE	
* When stated in foreign currency, insert name of currency * 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. * When a voucher is received 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.						

¹When stated in foreign currency, insert name of currency

If the ability to certify and authority to approve are combined in one person, one signature only.

(b)(6)

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100

When a question is re-
peated, the next one that

ISBN 7510-00900-2234

PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT

CFNTCOM 019591

06-IW1-T296-00002

25009



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
APO-AE 09398

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

25-Aug-06

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) |
06-IW1-T296 / 287-7

1. Facts.

Claimant states Military Convoy open fire on her husband who was driving along the main highway near their home.

Claimant has requested \$5,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of \$2,500.00

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

CPT. JA
Claims Attorney IW1

CENTCOM 019592

06-IW1-T296-00003

SETTLEMENT AGREEMENT

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06-IW1-T296 # Languag
287-7

(b)(6)

FOREIGN LANG. TEXT

\$2,500.00 Foreign Language Text

FOREIGN LANG. TEXT

FOREIGN LANG. TEXT

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(b)(6)

DATE 02 Dec - 2006

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(b)(6)

WITNESS SIGNATURE Foreign Language Text 28 Dec - 06

CENTCOM 019593

06-IW1-T296-00004

25011

CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 10 May 05
AMOUNT CLAIMED: \$5000
DATE OF INCIDENT: 23 May 05

(b)(6)

2-101ST
CLAIMS LOG

CLAIMS CARD: Y/N UNIT/INVOLVED: _____ P.O.C/ PH. #: _____ SIGACTS: Y/N

APPEAL: Y/N



GENERAL INFORMATION
CENTER,
AL-RADHWANYA- BAGHDAD,
IRAQ.



GIC OPINION ABOUT CLAIMS

(b)(6)

(b)(6)

1. The claimant presented death certificate proof her husband get a shot.
2. The checking on the body by the officer of (b)(6) police station clear is smashing the head of the victim.
3. The claimant presented pictures clear the trace of bullets on the driver side caused the killing.
4. The sworn statement for Mr. (b)(6) supporting open fire on the victim by US army.
5. The claimant asking a compensation amount of \$5000:00 for killing her husband and she have four little kids.
6. We let this case goes to you.

With our respect,

(b)(6)

(b)(6)

**GIC OF ALRADWANYA
11th JULY 2006**



10-July-06



Claims Form

Government Information Centre

Report of a Personal Injury

To: United States
From: Name: _____

(b)(6)

Address: Iraqi Baghdad

(b)(6)

Iraqi ID No. _____

(b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: /
- c. Employed by: _____
- d. Check one an insurer Not an insurer
- e. Check one A subrogee Not a subrogee

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

M.N.F

The property damaged had 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.)

My claim arose at _____

(b)(6)

Baghdad
(City)

Iraq
(Country)

My claim arose on _____

May
(Month)

23
(Day)

2006
(Year)

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.)

On 23 May 06 at 4: PM when my husband return back home the M.N.F open fire on him 4 hamry and 2 car type GMC the first America car open fire on my husband car and he died for this I ask for Compensation.

Describe nature and extent of property damage or personal injury sustained as result because of the above incident.

My husband was killed by N.N.F
open fire

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
1- My husbands was Killed 5000 \$
2-
3- by N.N.F open fire
4-
5-
6- /

Total: 5000 \$

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

The name and address of my insurer (if any) is:

(Name) _____ (Address) _____

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

\$ 5000 local 7250.0001.0

(b)(6)

(Signature of Claimant)

Subscribed before me this 11 day of 7, 2006

(b)(6)

(Print Name)

(Signature)



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

① death Certificate

② 3 photo picture for the damages for

③ Investigated paper in Police office

In (b)(6)

④ Sworn Statement

⑤ ID Iraqi Sexuality

⑥ Ration Card

Pri.

(b)(6)

(b)(6)



General Information Center/Al-Radhwanya

Date: 11 July 06

Foreign Language Text

Pages 10 through 11 redacted for the following reasons:

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



SWORN STATEMENT

For use this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION CMOC/GIC	2. DATE (YYYYMMDD) 2006 JULY 10	3. TIME (b)(6)	4. FILE NUMBER (b)(6)
		7. GRADE/STATUS (b)(6)	

6. ORGANIZATION OR ADDRESS

9.

I,

(b)(6)

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 23 May 2006 at 3:30 afternoon during back home when I was driving on highway to home I saw american convoy consist of Four american Hummers and two civilian vehicles Type GMC, one of the Hummers open fire on Iraqi Civilian Car Type Pickup white colour that caused departure the vehicle and hit the Barrier and stop when the convoy continue moving, and I stopped my car with others to help the driver but at this time the driver dead because he get shot in the head and right hand and I saw the accident with many Iraqi policemen because the police station near the accident position and they transferred the body to the Morgue to get death certificate. that's my statement and the fire opened by the First Hummer American Convoy.

(b)(6)

Initials DMR

10 JULY 2006

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT DMR	PAGE 1 OF _____ PAGES
-------------	--	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT.
AND PAGE NUMBER MUST BE INDICATED.

• STATEMENT OF _____ TAKEN AT _____ DATED _____

• STATEMENT (Continued)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

I, _____, CH
BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME, THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____,
at _____

(Signature of person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE OF PAGES

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(b)(6)

شهادة خطية بقسم

لأنه، تمت لي قراءة الشهادة المذكورة في الصفحة رقم (١) والمتتبعة بالصفحة رقم (٢) أنا مستوعب تماماً مضمون الشهادة التي أدليت بها وسوف أوقع بالحروف الأولى من اسمي في نهاية كل صفحة متضمنة الشهادة بمحض ارادتي وبدون أي نوع مادي او مكافأة وبدون أي تهديد او عقوبة او أي تأثير غير قانوني او بدون أي اغراء او دافع غير قانوني.

توقيع الشخص الذي ادى القسم

الشهود

لقد تم أدلاء هذه الشهادة أمامي أنا الممثل القانوني بتاريخ

الأسم الأول للشخص الذي ادى القسم

العنوان

التوقيع بالحروف الأولى من اسم الشخص الذي قدم الشهادة

العنوان

الصفحات من الصفحة

توقيع الشخص الذي ادى القسم

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Foreign Language, (b)(6)

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Survey for the body
of died man

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06-IW1-T296-00020

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