

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

Box #9

(b)(6)

Need witness
statements
translated.

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

282-7
10-July-006

06-141-724

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				10 DATE VOUCHER PREPARED		SCHEDULE NO.	
DEPARTMENT OF THE ARMY (b)(3),(b)(6)				25-Aug-06		PAID BY (b)(3), (b)(6)	
				CONTRACT NUMBER AND DATE			
				REQUISITION NUMBER AND DATE			
CLAIM #:				06-IW1-T296			
PAYEE'S NAME AND ADDRESS				(b)(6)		DATE INVOICE RECEIVED	
						DISCOUNT TERMS	
						PAYEE'S ACCOUNT NUMBER	
						GOVERNMENT BAL NUMBER	
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	
				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.		UNIT PRICE (COST PER)	
						\$2,500.00	
(Use continuation sheet(s) if necessary)				(Payee must NOT use the space below)		TOTAL	
						\$2,500.00	
PAYMENT:		APPROVED FOR		EXCHANGE RATE		DIFFERENCES	
<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		BY (b)(3),(b)(6)		\$ \$1.00		Amount verified correct for (Signature or initials)	
		TITLE		SSG, USA		\$2,500.00	
						(b)(3),(b)(6)	
Pursuant to authority vested in me				(b)(3),(b)(6)			
28 Aug 06 (Date)				(Authorized Certifying Officer)		PAYING AGENT (Title)	
ACCOUNTING CLASSIFICATION							
(b)(2)High				\$2,500.00			
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)	
PAID BY		CASH		DATE		(b)(6)	
		\$2,500.00					
When stated in foreign currency, insert name of currency.						PER	
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.						TITLE	
When a voucher is received in the name of a company or corporation, the name of the person making 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							
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.							

CENTCOM 019591

06-IW1-T296-00002

25009



REPLY TO
ATTENTION OF:

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

FOREIGN LANG. TEXT

06-IW1-T296 # Foreign Language
287-7

(b)(6)

Foreign Language Text

\$2,500.00

Foreign Language Text

FOREIGN LANG. TEXT

FOREIGN LANG. TEXT

FOREIGN LANG. TEXT

(b)(6)

DATE 22 Dec - 2006

(b)(6), Foreign Language Text

Foreign Language Text

(b)(6)

WITNESS SIGNATURE Foreign Language Text 28 Dec 06

CENTCOM 019593

06-IW1-T296-00004

(b)(6)

CLAIMS CARD: Y/N
UNIT/INVOLVED:

P.O.C/ PH. #: _____

SIGACTS: Y/N

DATE	ACTION(S) TAKING	NOTES
	- No claim CARD	
	- US forces was engaged in firefight with insurgents according to witness statement	
	- Denied - loss result of combat operations	
	- Damage could either be US/Army fire	



**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**

(b)(6)



10-July-006

Claims Form

Government Information Center

Baghdad Iraq



To: United States

From: Name: _____

(b)(6)

Address: Iraqi Baghdad

Iraqi ID No. _____

(b)(6)

(b)(6)

I am

- a. A citizen and national of: Iraqi
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 Iraqi
(City) (Country)

My claim arose on

May 23 2006
(Month) (Day) (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 hamvy and 2 car type GMC the First America Car open fire on my husband Car and he died for this I asked 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 M.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 husband was Killed	5000 \$
2-	
3- by M.N.F open Fire	
4-	
5-	
6-	

Total: 5000 \$

I was insured to the following extent against the damager 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 7.250.000 \$

(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 car
- 3) Investigated paper in police office
in (b)(6)
- 4) Sworn Statment
- 5) I.D 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 JUL 10	3. TIME /	4. FILE NUMBER /
(b)(6)		(b)(6)	
7. GRADE/STATUS			

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 Humvies 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 American Convoy.

(b)(6)

10 JULY 2006

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	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 (Continued)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

WITNESSES:

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 20____, at _____

(Signature of person Administering Oath)

(Typed Name of person Administering Oath)

(Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT.

PAGE OF PAGES

Page 14 redacted for the following reason:

(b)(6), Foreign Language

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

شهادة خطية بقسم

أنا، _____، تمت لي قراءة الشهادة المذكورة في الصفحة رقم (٦) والمنتوية بالصفحة رقم () أنا مستوعب تماماً مضمون الشهادة التي أدليت بها وسوف أوقع بالحروف الأولى من اسمي في نهاية كل صفحة متضمنة الشهادة بمحضى ارادتي وبدون أي نفع مادي أو مكافئة وبدون أي تهديد أو عقوبة أو أي تأثير غير قانوني أو بدون أي اغراء أو دافع غير قانوني.

توقيع الشخص الذي ادى القسم

الشهود

لقد تم أدلاء هذه الشهادة امامي أنا الممثل القانوني بتاريخ

الاسم الأول للشخص الذي ادى القسم

العنوان

التوقيع بالحروف الأولى من اسم الشخص الذي قدم الشهادة

العنوان

الصفحة من الصفحات

توقيع الشخص الذي ادى القسم

Pages 16 through 17 redacted for the following reasons:

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

(b)(6), Foreign Language Text

Survey for the body
of died man

Page 19 redacted for the following reason:

(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 22 redacted for the following reason:

(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text

(b)(6), Foreign Language Text

Pages 25 through 26 redacted for the following reasons:

(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Page 28 redacted for the following reason:

(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 31 through 32 redacted for the following reasons:

(b)(6), Foreign Language

Pages 34 through 35 redacted for the following reasons:

(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Pages 38 through 39 redacted for the following reasons:

(b)(6), Foreign Language

FOREIGN LANG TEXT

(b)(6)

(b)(6)

CENTCOM 019629

06-IW1-T296-00040

25041



CENTCOM 019630
25042

06-IW1-1296-00041



Foreign Language Text

eign Language T

CENTCOM 019631

06-IW1-T296-00042

25043