

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

Vehicle
Reclaim
Affair
Dissolved
Treasurer

(b)(6)

218-6
7-20-2007

Vehicle accident

(b)(6)

185-5
22 MAY 2007

07-147-150

(b)(6)

CAR
ACCIDENT

MARCH 2004

(b)(6)

reign Langua

Foreign Language

07-147-T506-00003

25289



(b)(6)

07-147-T506-00004

25290



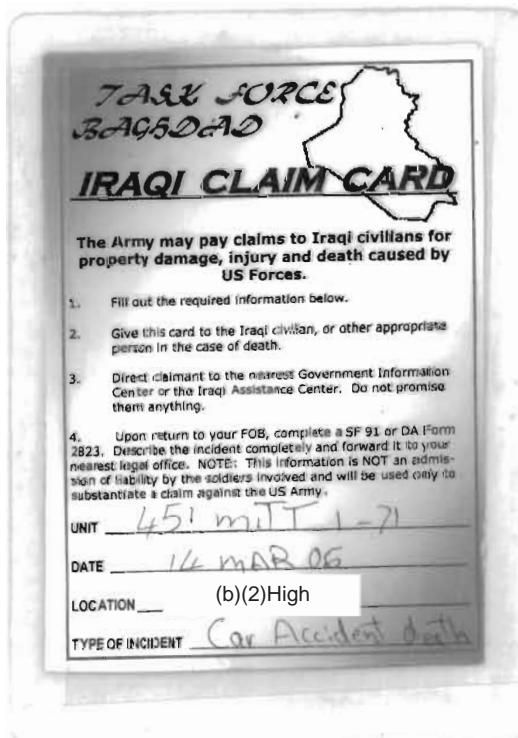
25291

07-147-T506-00005



07-147-T506-00006

25292



Standard Form 101a (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1024-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN 5579		DATE VOUCHER PREPARED 02-Jul-07		SCHEDULE NO			
		CONTRACT NUMBER AND DATE		PAID BY			
		REQUISITION NUMBER AND DATE		15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN 5579			
PAYEE'S NAME AND ADDRESS		CLAIM #: 07-147-T506 (b)(6) Baghdad, Al Dora		<i>Vehicle Accident</i>			
				DATE INVOICE RECEIVED			
				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM		TO		WEIGHT	GOVERNMENT BN 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
		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.			COST	PER	\$8,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL		\$8,000.00	
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	EXCHANGE RATE	Differences			
			=\$1.00				
		RY					
		(b)(3), (b)(6)					
		TITLE: SSG, US DISBURSING AGENT,					
		(b)(3), (b)(6)					
<i>2 Jul 07</i> (Date)		CPT	(b)(3), (b)(6)	Foreign Claims Commission			
		(Authorized Certifying Officer)		(Title)			
				ACCOUNTING CLASSIFICATION			
		(b)(2)High		\$8,000.00			
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER		ON (Name of bank)	
	CASH		DATE	PAYEE		(b)(6)	
\$8,000.00			(b)(6)		(b)(6)		
<small>When stated in foreign currency, insert name of currency</small> <small>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 on the space provided, over his official title</small> <small>When a voucher is received, 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>		<small>PER</small> <small>TITLE</small>					

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 65b 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

25294

07-147-T506-00008



T-506

**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 recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 1-9-02

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

from last name, first name

NAME OF IRAQI FIRM BEING PAID: N/A - Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

(b)(6)

from x name, grandfather's name, tribal name

for the purpose of tracing notes in the event of the reconciliation process. Please list the serial numbers of the \$100 note serial numbers:

(b)(6)

through

(b)(6)

and,

through

and,

through

and,

through

and,

through

and,

through

and,

through

and,

*Use additional forms if needed.



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

AFZS-LF-JA

02-Jul-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-I47-T506 / 185-5

1. Facts.

The claimant alleges her son was killed when the vehicle he was driving was struck by a US Forces (451 MITT, 1-71) vehicle.

Claimant has requested \$8,200.00

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 \$8,000.00

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

CPT, JA
CLAIMS ATTORNEY I47

07-147-T506-00010

25296

SETTLEMENT AGREEMENT

إتفاقية تسوية وإعفاء

طلب # 07-I47-T506

185-5

(b)(6) أني:

من Baghdad, Al Dora
أوافق هنا على قبول مبلغ مجموعه \$8,000.00

(b)(6) أمريكي كتعويض كامل وتسوية نهائية لكافه الطلبات من الولايات المتحدة الأمريكية،
ضباطها ووكالاتها وعاملتها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقه بهذا الطلب الحاصل بتاريخ
3/14/2007 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

أخذنا بنظر الإعتبار كل ذلك أعفي هنا وإلى الأبد الولايات المتحدة الأمريكية، ضباطها ووكالاتها وعاملتها
من كافه المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا
الإعفاء /التسوية تشمل بشكل خاص على كافه الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة، إن
وجدت، أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالمتلكات أو أية إصابات أو وفيات نتجت عن هذه
الحادثة

Foreign Language Text

(b)(6)

(b)(6)  توقيع الشاهد الأول

DATE 9 -- 2007

(b)(6)

Foreign Language Text

(b)(6)

(b)(6)  توقيع الشاهد الأول

DATE 9 July 2007



T-504

CLAIMS LOG

BRIGADE OPERATIONAL LAW TEAM, 2d BCT, 10th MTN DIV

AMOUNT CLAIMED: \$ 8,200

CLAIMANTS NAME: _____ (b)(6)

DATE CLAIM SUBMITTED: 5-29-07

DATE OF INCIDENT: 3-14-07

PARALEGAL RECOMMENDATION: Deny Approve \$ 8,200

FCC ACTION: DENY APPROVE OTHER

COMMENTS / REMARKS:

(b)(2)High

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

LTC

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

CSM

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

THE BATTALION COMMANDER COULD NOT GIVE
ME INFO BECAUSE OF CHANGES IN SQUADRONS TO
INCLUDE HIMSELF

CLAIM CARD STATES EARL

INCIDENT AND UNIT HERE IN 2006 NOT 2003
SINCE THE CLAIMANT STATES

CLAIM CARD STATES 2006 → consistent w/ BN ODR. This could have
been a mistake.
Where is death certificate?

Death certificate is more

(b)(6)

Death by

ACCIDENT IN WAR I SUGGEST A. AND

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



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

Foreign Claims Commission I47

08-Jun-07

SUBJECT: Claim # 07-I47-T506 / 185-5

(b)(6)
Baghdad, Al Dora

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. 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.

Allow me to express my sympathy for the loss you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s): Lack of Evidence – There is not enough evidence to prove that the proximate cause of your damages is the US Forces' negligence.

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 forwarded to this office for Foreign Claims Commission consideration. 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)

Captain, Judge Advocate
Claims Attorney I47

07-147-T506-00013

25299

GIC OPINION ABOUT CLAIMS

(b)(6)

Case no. (b)(6)

1. This claimant presented a claim card from the US army proved that the US army destroyed the claimant's son (b)(6) on the highway type (Daewoo prince/ black / MOD (b)(6) (b)(6)),. And that let to kill him.
2. The claimant presented 3 pictures shows the totally damages into the car.
3. The claimant presented the car documents proved the ownership for his son.
4. the claimant's son is a single and not married.
5. The claimant asks amount \$ 2500.00 for the death of his son and amount \$ 5700.00 about the totally damages of the car.
6. The claimant asks amount \$ 8200.00.
7. We suggest compensate him the same amount that he asks because it's so fair.

With our respect,



(b)(6)

(b)(6)

GIC MANAGER

The lawyer,

(b)(6)



Claims Form

To: United States Army Foreign Claims Commission
From: Name: _____ (b)(6)

Address: Baghdad AL Dora Abo desher (b)(6)

Iraqi ID No. _____ (b)(6)

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad Iraqi
- c. Employed by: Free job
- d. Check one () an insurer (X) Not an insurer
- e. Check one (X) 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)

Against (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 AL Haswa high way (Town) Baghdad (City) Iraq (Country)

My claim arose on March (Month) 14 (Day) 2007 (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 14-3-2007 while my son (b)(6) driving

viscar-type PRINCE Daewoo Model (b)(6)

dark blue numbered Baghdad (b)(6)

On-line rapid in the Al-Haswah region

Surprised American Column opposite direction

led to a pileup and the death and therefore, I ask
for compensation.

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

Death my son destroyed his car

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.)

<u>Item</u>	<u>Amount</u>
1- About value destroyed his car	\$ 5700,00
2- About value death my son	\$ 2500,00
3-	
4-	
5-	
6-	

Total: \$ 8200,00

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)

\$ 8200,00 local 10,660,000 I.D.

(Signature of Claimant)

Subscribed before me this 22 day of May, 2007.

(Print Name)

(b)(6)

(Signature)

(b)(6)



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ

"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 1). Claim card
- 2). Death of certificate
- 3). 3 pictures for the damages
- 4). Investigation documents from Iraqi police station
- 5). One witness
- 6). Ownership for his car
- 7). Survey of accident location
- 8). Personal documents



Foreign Language Text

Foreign Language

General Information Center/Al-Radhwanya
Date:- 22 May 07

Pages 18 through 24 redacted for the following reasons:

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

07-147-T506-00026

25306

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

07-147-T506-00028

25308

Page 29 redacted for the following reason:

Foreign Language Text, (b)(6)



GENERAL INFORMATION CENTER, AL-RADHWANYA,



Government Information Centre
218
Bahrain
218 6 218 218
Tunis 218 218
Al Radwanya

Foreign Language Text

Sub/Appeal request

I am..

(b)(6)

I had made a claim in No. (b)(6) At and the case was rejected
I would like you to appeal my case and I offer a new evidences to support my case:-

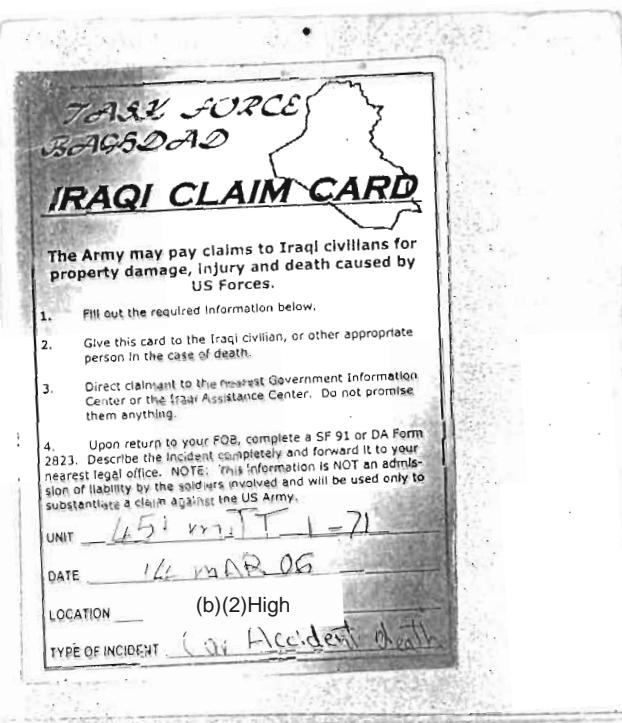
1. Please I refere to the meeting with
you and I attached for you Two
Witnesses Statement Supporting that
2. U.S Army vehicle Crache my son
car and come killing him -
3. In the mean time (the accident
arose on 14 March 2006 with
my respect
4. U.S Army vehicle Crache my son
car and come killing him -
5. (b)(6)

The claimant signature

(b)(6)

The claimant name

The date:- 25 June 2007



**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 retrieved

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 GIC	2. DATE 26 June (YYYYMMDD) 2007	3. TIME AM 10:00	4. FILE NUMBER 185-5
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN (b)(6)	7. GRADE/STATUS Married	

8. ORGANIZATION OR ADDRESS

Abu Ghraib Building

9. I, I (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 16 March 2006 I saw crash accident between (b)(6) (b)(6) of Mr- (b)(6) and U.S army vehicle on the highway of Al-Maswah and I saw that his car damaged completely and he die - That is my statement

(b)(6)

(b)(6)

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.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

- STATEMENT OF _____ TAKEN AT _____ DATED _____
- STATEMENT (Continued)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH 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:
law to

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

at _____

ORGANIZATION OR ADDRESS

(Signature of person Administering Oath)

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE
OF
PAGES

**SWORN
STATEMENT**

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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE <u>26 June</u> (YYYYMMDD) <u>2007</u>	3. TIME <u>10:00 AM</u>	4. FILE NUMBER <u>185-5</u>
-------------	--	-------------------------	-----------------------------

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN (b)(6)	7. GRADE/STATUS <u>Deserv</u>
--	------------------	----------------------------------

8. ORGANIZATION OR ADDRESS

Abu Ghonib - AL-Mansia village

9. I, (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER
OATH.

On 14 march 2006 I saw (b)(6)

the son of mr (b)(6)

Driving his car (Prince) dark brown
on AL-Hasrah area (highway) Suddenly
I saw U.S army vehicle crash his car
very bad cause to kill him and distract
his car. That is my Statement

(b)(6)

(b)(6)

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 OF _____ TAKEN AT _____ DATED _____

• STATEMENT (Continued)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH 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:
law to

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

at _____

ORGANIZATION OR ADDRESS

(Signature of person Administering Oath)

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE
OF
PAGES