

CENTCOM 020055
27546

08-0103-00001

(b)6 Foreign Language

(b)(6)

2-000-5
08-0103

CENTCOM 020056

27547

08-0103-00002

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0205

USARCS NUMBER: 08-0103

Date Received: 3/25/2008 12:00:00 AM

Name: (b)(6)

Address: (b)(2)High Iraq. (b)(6)

Claim Summary: Claimant's filing for reconsideration of claim#07-0668 and has (b)(6) provided new evidence.

Date of Incident: 10/2/2006 12:00:00 AM

(b)(2)High

Amount Requested: \$18000.00

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

Notes:

Claim packet was not in our possession upon first filing. The claims packet was reproduced.

2-2 ID mailed original to USARCS.

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

she will coming Saturday

CERP CONDOLENCE CONSIDERATION

(b)(2)High, (b)(3)(b)(6)



REPLY TO
ATTENTION OF:

(b)(2)High

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4th BRIGADE COMBAT TEAM
4TH BRIGADE, 10TH MOUNTAIN DIVISION (4 ID)
FORWARD OPERATING BASE LOYALTY, APO AE 09390

(b)(2)High

23 December 2007

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM 148/07-0668:

Claim of: (b)(6)

Address: (b)(2)High (b)(6)

Date Filed: 17-Nov-07

Amount Claimed: \$18,000.00

Claimed Loss: Claimant's husband killed and property damaged in a vehicular accident involving C.F.

Claim Number: 2,0765

1. Your above-mentioned claim is disapproved.
2. This incident does not comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code 3:
 1. Loss was a result of Combat Operations
 2. The filing claimant is an improper claimant
 3. Claim lacked evidence supporting U.S. negligence or fault
 4. Claim lacked evidence to prove a loss
 5. Loss was a result of Anti-Coalition Forces.
 6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
 7. Statute of Limitations Expired.
4. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.
5. POC for this memorandum is SSG (b)(3), (b)(6) FOR Loyalty, @ VOIP 722-7018.

Received on 6 Feb 08
General Information
SANSA Contract
2

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

CPT, JA
FOREIGN CLAIMS COMMISSION

CENTCOM 020058

08-0103-00004

27549

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY HQ, 4th Infantry Division Office of the Staff Judge Advocate APO AE 09352		10 DATE VOUCHER PREPARED 16 April 2008	SCHEDULE NO.			
		CONTRACT NUMBER AND DATE	PAID BY			
		REQUISITION NUMBER AND DATE	13 th Finance Group Camp Liberty, Iraq APO AE 09352 DSSN: 5579			
CLAIM #: I16/08-0103						
PAYEE'S NAME AND ADDRESS	(b)(6) (b)(2)High Baghdad, Iraq. (b)(6)	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)	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.				\$10000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL	\$10000.00	
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 TITLE		EXCHANGE RATE =\$. =\$1.00	DIFFERENCES: Amount verified, correct for (Signature or initials) \$10000.00		
Pursuant to authority vested in me, I certif APR 19 2008		(b)(3), (b)(6)		(b)(3), (b)(6) CPT, JA Claims Judge Advocate		
(Date)	(Authorized Certifying Officer)*			(Title)		
ACCOUNTING CLASSIFICATION (b)(2)High (b)(3), (b)(6)						
SSG, U.S. Army Foreign Claims Pay Agent						
PAID BY	CHECK NUMBER: CASH \$ \$10000.00	ON ACCOUNT OF U.S. TREASURY DATE	CHECK NUMBER: PAY (b)(6)	ON (Name of bank)	PER	
* 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.						

Previous edition usable

NSN 7540-00-900-2234

CENTCOM 020059

08-0103-00005

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(b)(6)

Claims Form

Claim# 2-620-0-5

Date: 16th Feb. 2008

GICof / -9 NISSAN

To: United States Army Foreign Claims Commission.

Claimant Name

(b)(6)

Relationship: The victim's wife, owner's wife

National of: Iraqi Claimant's Address: Neighborhood

(b)(2)High

Q (b)(6)

St# (b)(6)

H# (b)(6)

Ph: (b)(6)

Have you filed a claim before? Yes NODamage type: Death Injury Car House Furniture Other

Place of incident: St. Canal road

Town, Zeona

City,

Baghdad

Country,

Iraq

Date of incident: Time 9:30 AM Day: 2nd Month: Oct. Year: 2006

Give a brief statement of the accident or incident.

An American tank crushed her husband's car and killed him. caused full damage to the car.

Did you receive a claims card from the military unit that caused the incident?

 Yes No They didn't stop

List in detail the value of the property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills)

Item	Amount: \$	Amount: ID
Death	12,000.00	
Destroyed car kind BMW	6,000.00	

Total 18,000.00 U.S.D

List of attached document.

Identity	<input checked="" type="checkbox"/>	House document	<input type="checkbox"/>
Certificate of Nationality	<input checked="" type="checkbox"/>	Car document	<input checked="" type="checkbox"/>
Ration card	<input checked="" type="checkbox"/>	Claim card	<input checked="" type="checkbox"/>
Residence card	<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>
Picture	<input checked="" type="checkbox"/>	M.F.R	
IP Report	<input checked="" type="checkbox"/>		
Certificate of death	<input checked="" type="checkbox"/>		

Signature of claimant

(b)(6)

Date: 10th Feb 2008

Print Name

(b)(6)

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB ID. 1105-0008
1. Submit To Appropriate Federal Agency: 506th RCT Legal Office Camp Loyalty, Iraq APO AE 09390		2. Name, Address of claimant and claimant's personal representative, if different (b)(6) (b)(2)High		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	(b)(6)	4. MARITAL STATUS	5. DATE AND DAY OF ACCIDENT 2nd Oct. 2006	6. TIME (A.M. OR P.M.) 930 AM
7. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)				
<p>An American tank crushed my husband's car and killed him, caused full damage to his car.</p> <p>Same as above.</p> <p>U.S Forces killed my husband, caused full damage to his car.</p>				
8. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Block, street, city, State, and Zip Code)				
9. BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)				
10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEASED.				
11. WITNESSED NAME _____ ADDRESS (Block, street, city, State, and Zip Code)				
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)				
12a. PROPERTY DAMAGE 6,000.00	12b. PERSONAL INJURY	12c. WRONGFUL DEATH 12,000.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 18,000.00 U.S.	13. I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND EXPENSES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 			(b)(6)	14. DATE OF CLAIM 16th Feb 08
13b. CIVIL PENALTY FOR FRAUDULENT FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			15. CLAIM OR WAIVER OF FALSE STATEMENTS Fines of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 207, 7001.)	
Previous releases are void.		STANDARD FORM 65 (Rev. 7-69) PREScribed BY DEPT. OF JUSTICE 28 CFR 14.2		
(b)(6)		GSA FPMR V1.0		

Foreign Language Text, (b)(6)

CENTCOM 020062
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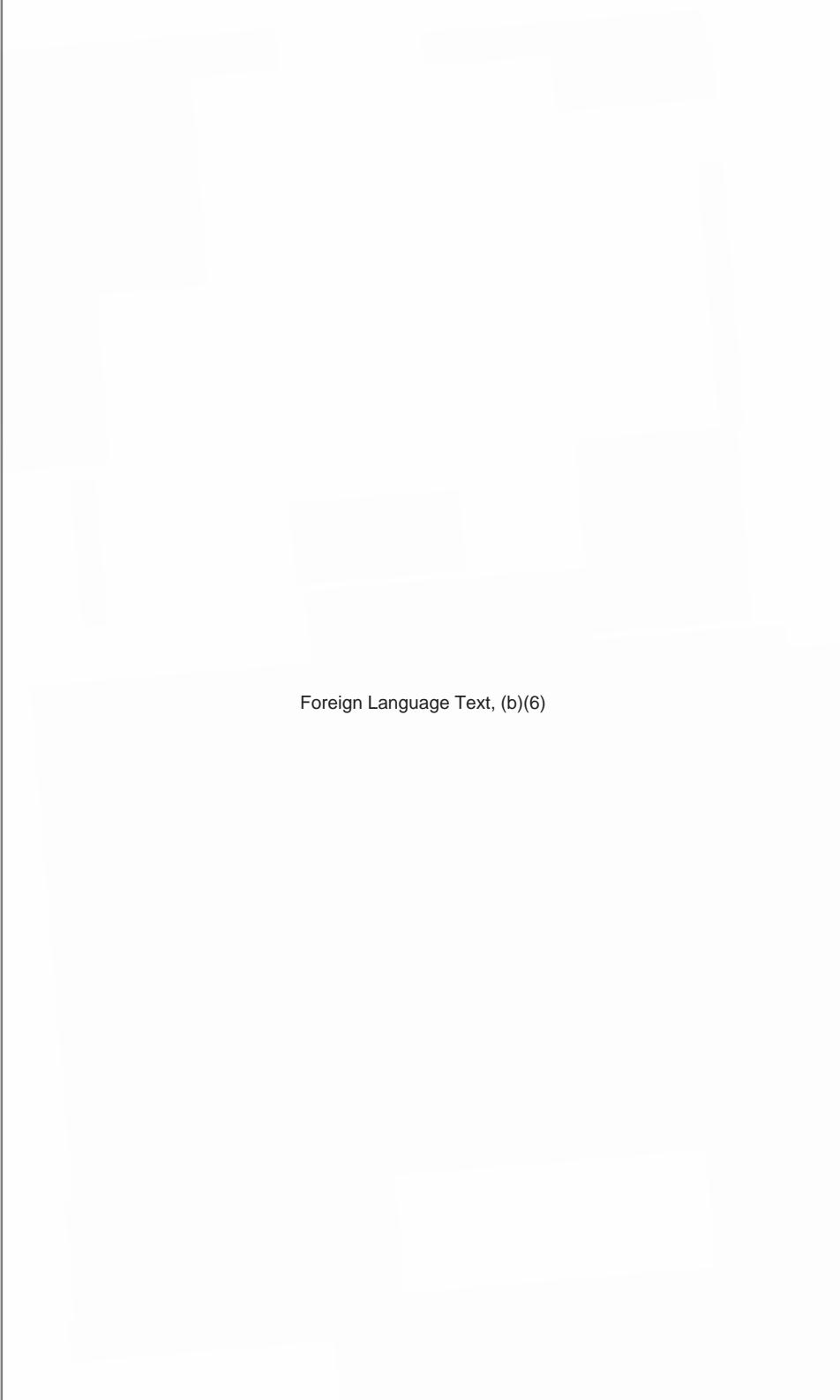
08-0103-00008

Foreign Language Text, (b)(6)

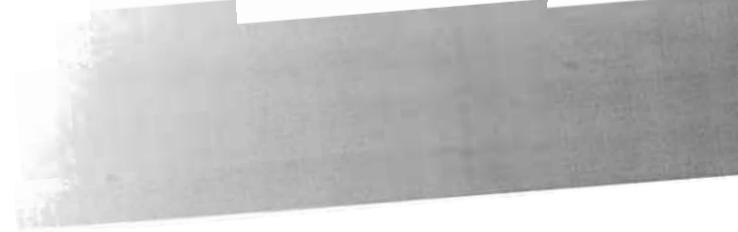
CENTCOM 020063

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08-0103-00009



Foreign Language Text, (b)(6)



CENTCOM 020064

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08-0103-00010

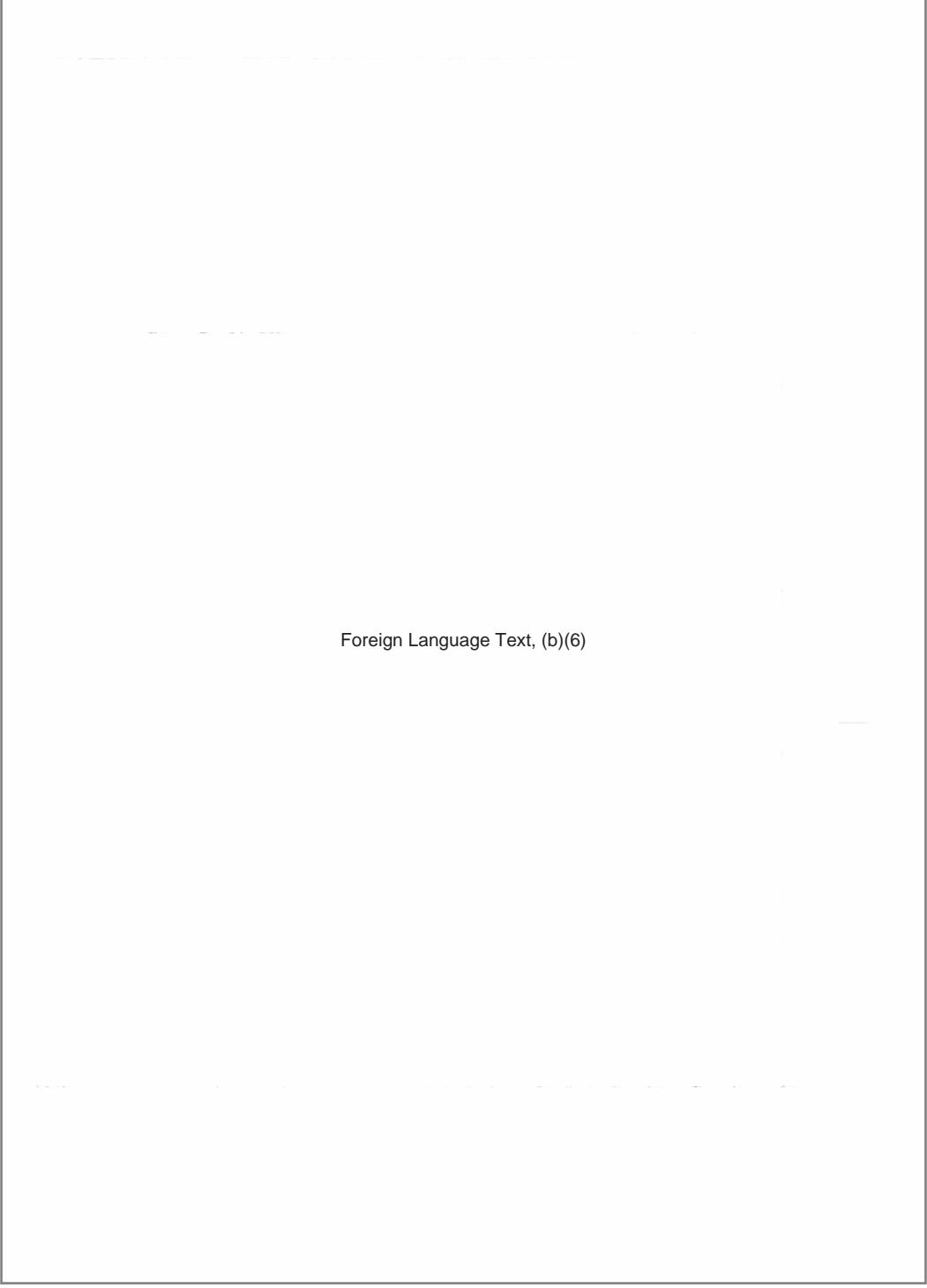
Foreign Language Text, (b)(6)

**CENTCOM 020065
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08-0103-00011

Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

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08-0103-00013

Page 14 redacted for the following reason:

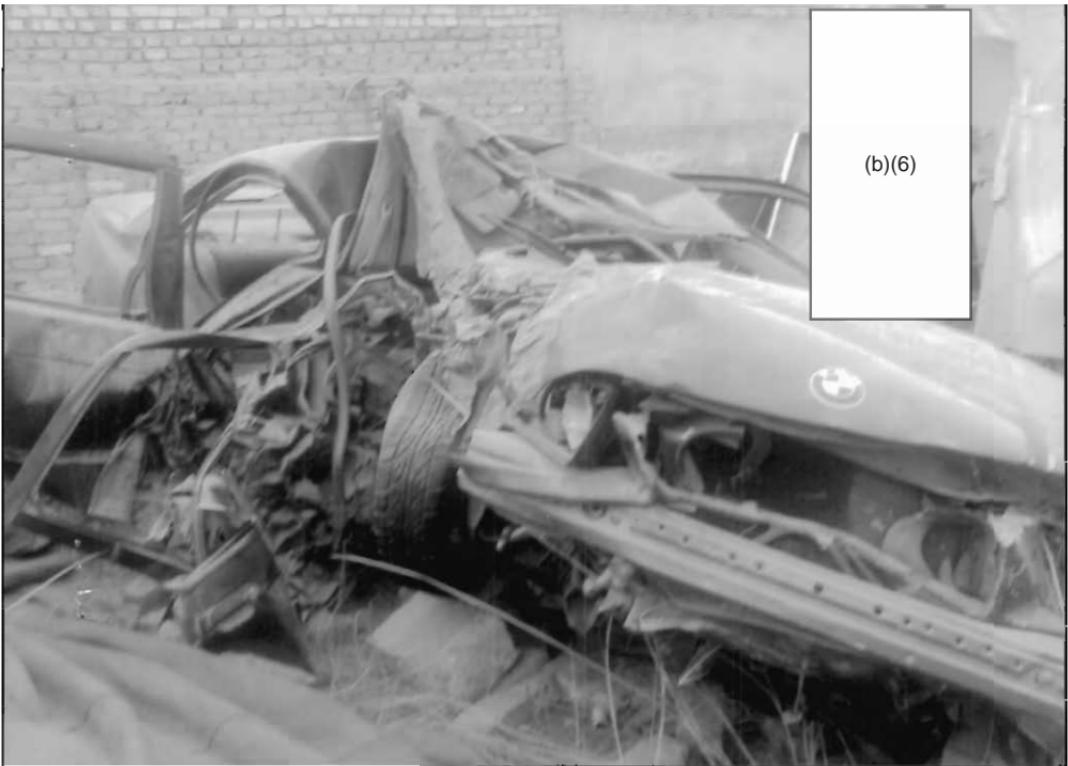
(b)6 Foreign Language

Foreign Language Text, (b)(6)

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08-0103-00015

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