08-I60-T009

Filed: 20071005
Claimed: $40,000

(b)(6)

Text, Illegible T

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

CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME (b)(6)

FILE NUMBER: 08-I60-T009 AMOUNT CLAIMED: $ 40,000

DATE OF INCIDENT: 24 MAR 05 DATE CLAIM FILED: 2007 1003

LOCATION OF INCIDENT: (b)(2)High

DATE	STATUS OF CASE	INITIALS
26NOV07	logged into database	(b)(3), (b)(6)
28NOV07	Approved for payment	
10DEC07	payment paperwork	
10DEC07	Closed	

Standard Form 1034
Revised October 1967
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
376TH FMC DET
Camp Liberty, Iraq
APO AE 09344

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
376TH FMC DET
Camp Liberty, Iraq
APO AE 09344

PAYEE'S NAME AND ADDRESS
(b)(6)
(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)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (1)
		Claim Payment Final Payment of FCC Claim# 08-I60-T009 In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designed for such purposed under authority of 31 USC 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.				

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL

PAYMENT:
- [ ] PROVISIONAL
- [ ] COMPLETE
- [ ] PARTIAL
- [X] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

BY 2 (b)(3), (b)(6)

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

TITLE Pay Agent

Amount verified; correct for payment

(Signature or initials)

Pursuant to authority ves 1 proper for payment. (b)(3), (b)(6)

(Date) (Authorized certifying officer) Captain, Certifying Officer, 157 (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

Accounting Classification Verified: 376th FMC Det, Disbursing Office

PAID BY

CHECK NUMBER ON TREASURER OF THE UNITED STATES

CHECK NUMBER ON (Name of bank)

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

CASH $

DATE

1 When stated in foreign currency, insert name of currency.
2 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.
3 When 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.

FOR

TITLE

Previous edition usable

NSN 7540-00-900-2234

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.

قبول بالتوقيع من قبل المدع (المطالب)

I, the claimant by signing this document and accepting payment, am releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as final settlement on this claim.

أنا المدع (المطالب) بالأمضاء و بالتوقيع على تلك الاستمارة و الموافقة على العرض (المبلغ) أنا بأتنازل عن حقي الكامل و الأعفاء الكامل للقوات العسكرية الأمريكية أو حكومة الولايات المتحدة الأمريكية من أي مسئولية مقبلة تنتج من المطلب و الموافقة على المبلغ المعروض على انة عرض نهائي . و ليس من حقي و\أو الورثة من بعدي و\أو اية شخص متضرر أو غير متضرر القيام بأي عمل قانوني او غير قانوني ضد القوات العسكرية الأمريكية أو الولايات المتحدة الأمريكية في المستقبل.

Name of Claimant (b)(6)

FCC #: [redacted]

(b)(6)

Claimant's Signature:

Amount Received: $ 40.00

Date Received: 10 DEC 07

OSJA POC: (DSN) 318-822-2864

Office Copy

PAYMENT REPORT

TO: DFAS, DSSN_____ DATE:_____

A. Payment Data:

(1) Submitting agency/office: United States Army Claims Service
(2) **Office Code**:)(2)Hig
(3) Agency/Office mailing address: MNC-I, OSJA, Camp Victory, Iraq APO AE 09342
(4) Date Filed: 20071003
(5) **Claim Number**: 08-I60-T009
(6) **Amount Claimed**: $40,000.00
(7) Fund Cite: (b)(2)High
(8) **Payee**: (b)(6)
(9) **Address**: (b)(2)High
(10) SSN: N/A
(11) **Payment Amount**: _____
(12) Type Payment: PF
(13) For EFT Payments: ABA Routing Number: _____
(14) For EFT Payment: Account Name and Number: _____
(15) For EFT Payment: Name and Address of financial institution: _____
_____
(16) For EFT Payment: Account is (checking) (savings) Circle appropriate account

B. Acceptance by Claimant: (Note: This form should not be signed by the claimant if another release is signed by the Claimant is attached.)

I, The claimant, do hereby accept the within – stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns; and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind in nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date:_____ _____ (Claimant)

(b)(6)

C. AGENCY CERTIFYING OFFICER

Pursuant to authority vested in me, I certify that this Payment Report is correct and proper for payment

10 DEC 07 (b)(3), (b)(6) FCC
(Date) (Signature Authorizing Certifying Officer) (Title)

Date Payment Recorded in Record: _____

A separate payment report must be completed for each claimant

This information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide the information may result in your claim not being processes for payment.

HEADQUARTERS
MULTI-NATIONAL CORPS – IRAQ
BAGHDAD, IRAQ
APO AE 09342

REPLY TO
ATTENTION OF:

FCC I60

CLAIM OF: (b)(6)
CLAIM NUMBER: 08-I60-T009

Dear Sir or Ma'am:

Foreign Claims Commission (FCC) I60 has investigated and considered your claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10,. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for loss of or damage to property is compensable when caused by noncombat activity or by the negligent or wrongful acts or omissions of Soldiers or civilian employees of the U.S. Armed Forces.

Your loss occurred because of noncombat activity of the United States. Therefore we offer you $40,000.00 to settle your claim.

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.

Sincerely,

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

Captain, U.S. Army
Foreign Claims Commission I60

HEADQUARTERS
MULTI-NATIONAL CORPS – IRAQ
BAGHDAD, IRAQ
APO AE 09342

REPLY TO
ATTENTION OF:

FICI-JA-C Claim of: (b)(6) 08-I60-T009

ACTION

1. Facts: The claimant alleges that while attempting to cross the Babel highway near Abu Gharaq on 24 March 2005 she and her family were struck by a HMMWV. Claimant's (b)(6) year old son (b)(6), age (b)(6) was killed, and claimant (b)(6). Claimant also suffered a broken leg and other injuries. The amount claimed in damages is $40,000.00.

2. Authority: The Foreign Claims Act (FCA), 10 U.S.C. § 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. Notice was filed with the Iraqi government in October 2005 as provided by AR 27-20, paragraph 2-7a, and the claim was reduced to writing within three years as required. Consequently, jurisdiction is proper for this claim.

3. Opinion: The FCA permits compensation for noncombat activities and damages caused by the negligent and wrongful acts of US forces. The movement and operation of military vehicles is specifically included within the definition of "noncombat activities" in AR 27-20. Therefore, IAW AR 27-20, para. 10-3a the claim will be paid.

4. Action: The claim will be paid in the amount of $40,000.00, and is approved IAW AR 27-20, para. 10-7a.

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

Captain, JA
FCC I60

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

Captain, JA
FCC I60

UNCLASSIFIED//FOR OFFICIAL USE ONLY

CENTCOM 010913
08-I60-T009-00007

A brief statement of the incident

According to Mrs (b)(6) , She had to bring her file a year ago, but did not get any result about it. She was (b)(6)) and going with her son b)(6 (b)(6) years) to public health clinic in Abu gharaq. When she was trying to cross the highway of Hilla Karbala, an American patrol consisting of (six) Hummers came from the highway of Karbala- Hilla and one Hummer struck the claimant (b)(6) this led to (b)(6) and death of her sor Then the American soldiers 3), (b gave her 100 dollars and claim card about the incident.
The Iraqi police moved her to the hospital.
Note that her aunt was present with the claimant during the incident.
She has submitted the claim card with the first file.

The incident dated on April 12 2005.

UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission Today's Date: OCT 7 2007

II. FROM: Name (English): (b)(6)

Name (Arabic)___ (b)6 Foreign Language

(a) **Circle one:** (Claimant) / Attorney/ Authorized representative/ Parent/ Brother/Sister/ Son/Daughter

→ [Attorney or representative MUST attach proof of authorization.] Other: him self

(b) IRAQI IDENTIFICATION NUMBER:_ (b)(6)

(c) DETAINEE IDENTIFICATION NUMBER: N/A

III. ADDRESS of person filing claim:

(English): __ (b)(6)

(Arabic): ___ (b)6 Foreign Language

IV. HOME OR CELL PHONE NUMBER: (b)(6)

(a) I, the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of Iraq.

(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: U.S. forces.

(c)The property damaged is owned by: The Claimant.

(d) The incident happened on Apr 1 2005 at babel - Abu ghraq - near Abu gharaq police station
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows:

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

ITEM	PRICE
- An injury to the right Foot and right hand and abroken hip.	~~5000 000~~ ID ~~$~~ 4000
- Death her son + abortion the twins.	
each one 15 000 000 ID X 3	45 000 000 ID
$ 12 000 x 3	$ 36,000
TOTAL	$ 40 000

(a) I had insurance for the following: N/A

(b) My insurer is: N/A

VII. My total claim in U.S. Dollars against the United States Government is: $ $ 40 000

and in Iraqi Dinars is: 50,000 000 ID

CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will likely need to provide new evidence in order to have my claim approved.

(b)6 Foreign Language

(Signature of Claimant)

CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK

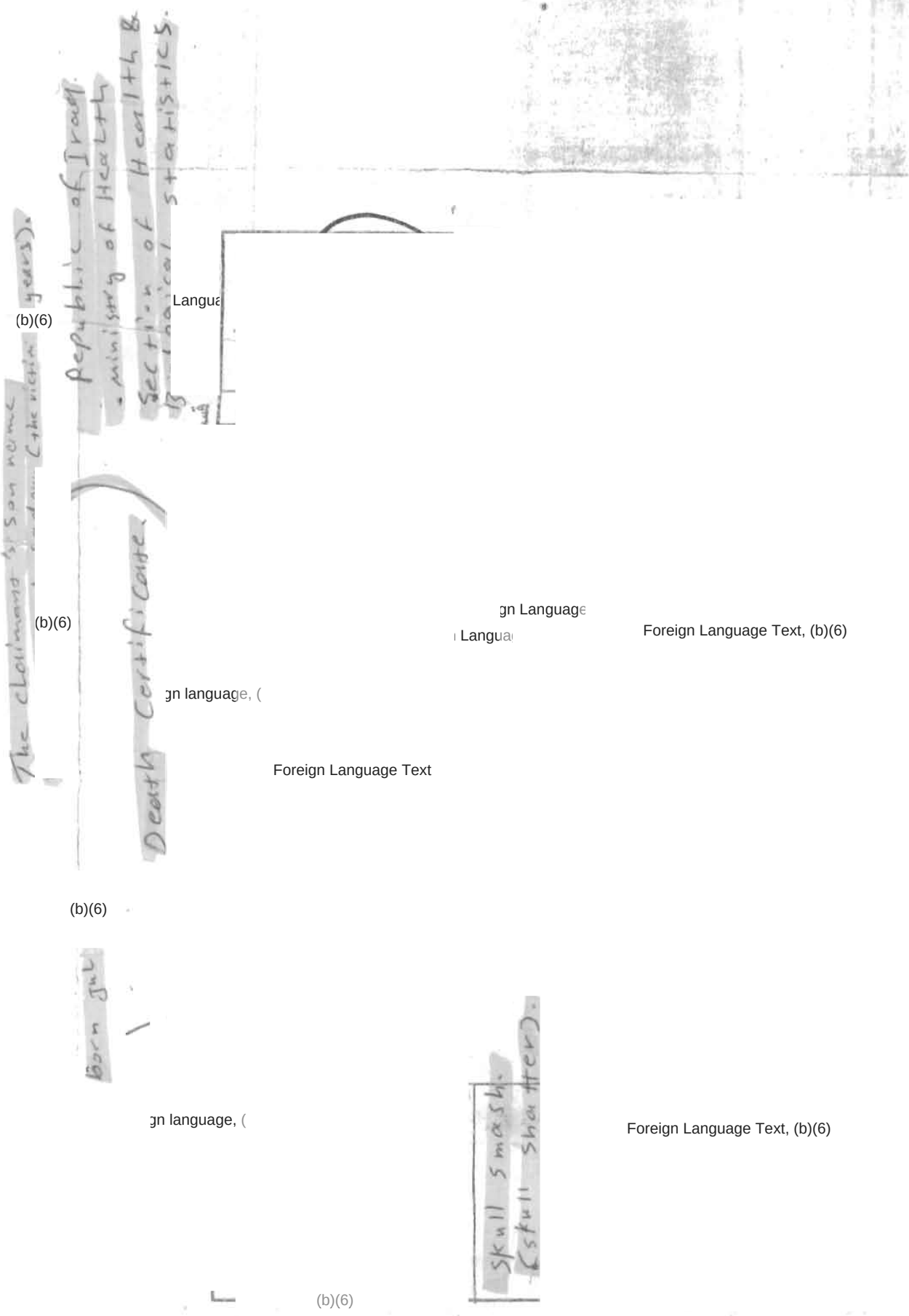
The claimant was assisted in completing this claim form by:

(b)(6)

(Name)

NIAC - compensation.

(Contact Information: e-mail, address, DSN/DNVT, etc.)



(b)(6)

Langua

(b)(6)

gn Language

Langua

Foreign Language Text, (b)(6)

gn language, (

Foreign Language Text

(b)(6)

gn language, (

Foreign Language Text, (b)(6)

(b)(6)

Foreign Language Text

foreign language

Feb 25 2003

foreign language

Name of claimant's husband father.

قضاء / ناحية :

(b)(6)

foreign language

كتابة : أربعة عشر

family's members (14) fourteen

foreign language

foreign language

ration food card

foreign language

(b)(6)

Foreign Language Text

(b)(6)

CENTCOM 010918

08-I60-T009-00012

27984

Page 13 redacted for the following reason:
- -
(b)6 Foreign Language

foreign language, (b)(6)

Claimant ID

foreign language, (b)(6)

foreign language, (b)(6)

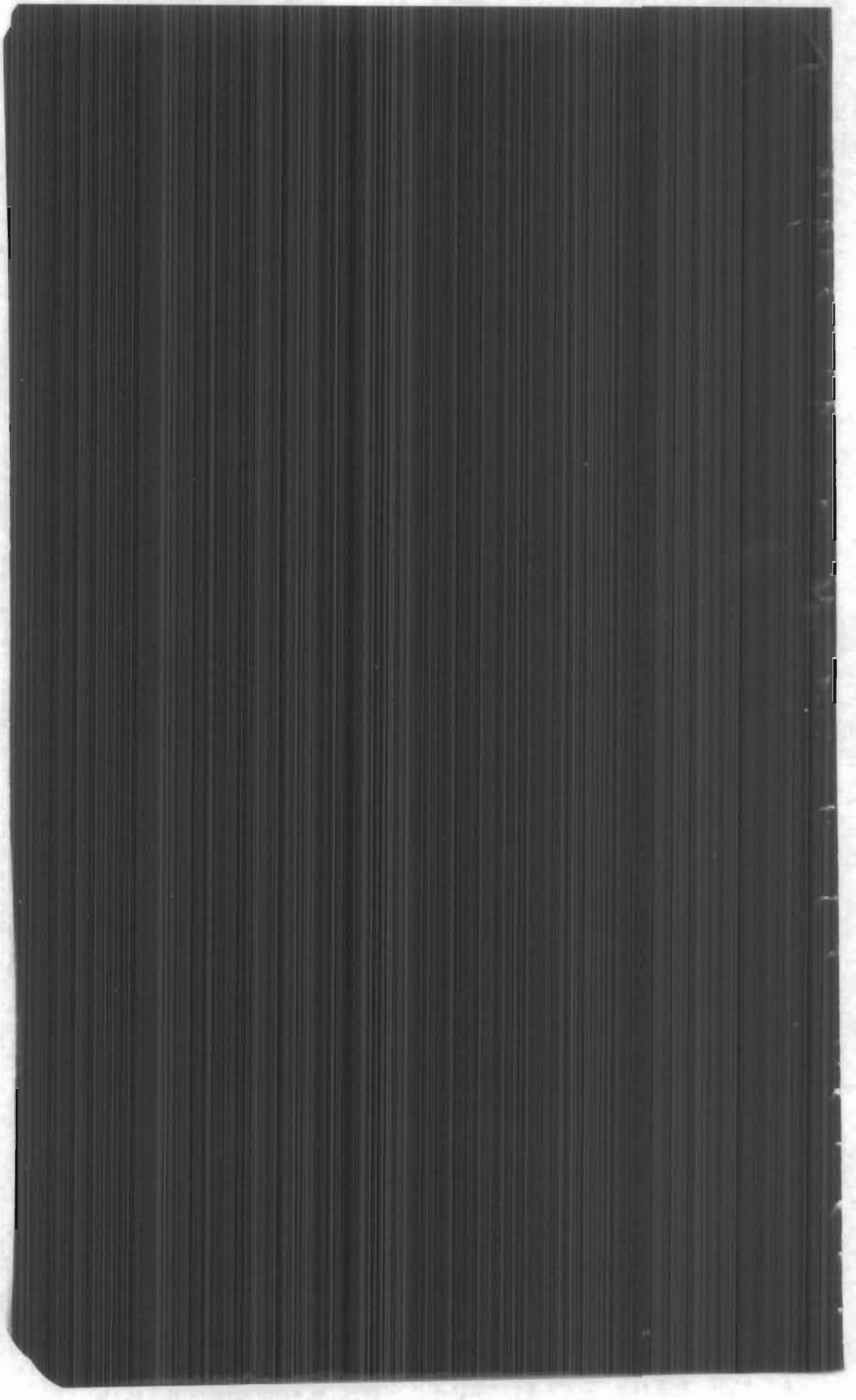
Claimant daughter ID

Claimant daughter ID

foreign language, (b)(6)

Claimant son ID

Claimant ID



In the Name of Allah, the Most Beneficent, the Most Merciful

The manager of primary health care in)(2)Hig

Sub/ Confirmation Request

I'm citizen (b)(6) On Mar 24 2005 (b)(6) and U.S.Forces struck me and this led to with appreciation.

The claimant's name.

Answer (b)(6)

foreign language, (b)(6)

CENTCOM 010925
08-I60-T009-00019

Open Police Report

Judicial investigator office in Abu gharaq police station
Mar 24 2005

attended to our office to inform us that the wife of her son had been run over by coalition forces for that we opened the police report and the investigation had been started.

The investigator Judge

The claimant's statement.....

the investigator Judge

The signature of claimant

27991

Page 20 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)6 Foreign Language

Judicial investigator office in Abu gharaq police station
Mar 24 2005
The deputy of public prosecutor of Al-Hilla investigation's court:

(b)(6) attended to our office to inform us that the wife of her son (b)(6) had been run over by coalition forces in April and this led to injury the claimant in her leg, we documented the claimant's statement and she asked a copy of the investigating papers.
Kindly request your acknowledgment and to issue the appropriate decision with appreciation.

Judicial investigator

The investigator
1. Open police report.
2. Attached the medical report.
3. To make Minutes of Examination and Sketch of the Incident Place.
4. To inform the public prosecutor.

27993
CENTCOM 010927
08-I60-T009-00021

Page 22 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)6 Foreign Language

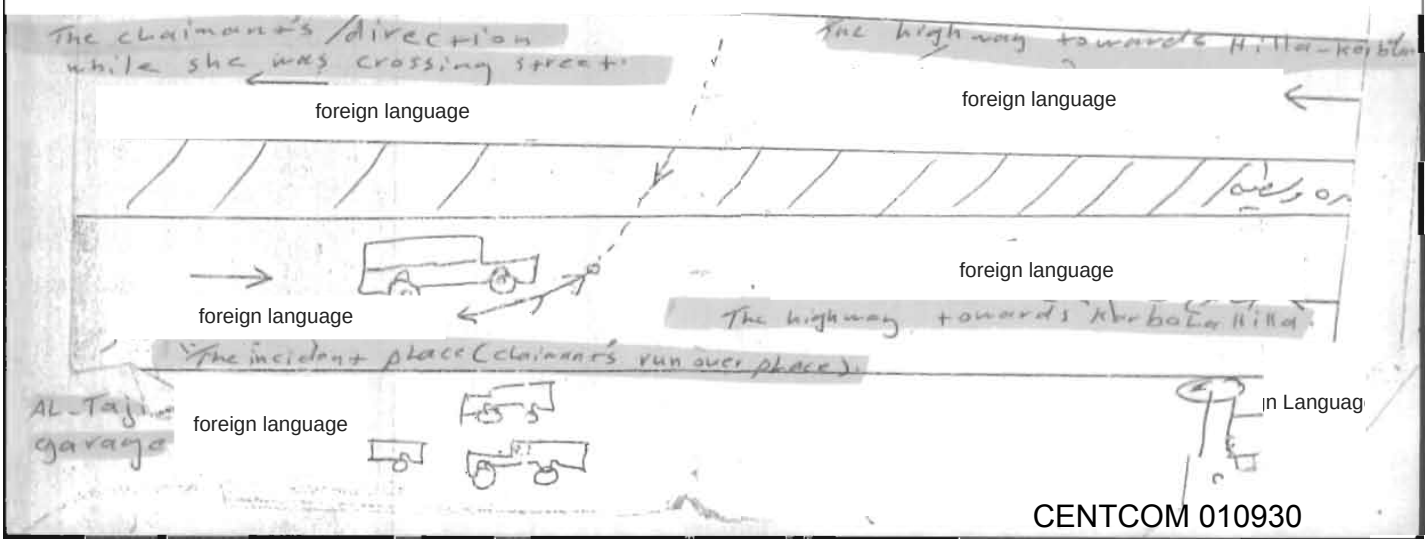
Judicial investigator office in Abu gharaq police station
Mar 27 2005

Minutes of Examination and Sketch of the incident place

In accordance to the informing awarded to us, we moved to the incident place, accompanied by the claimant and I saw the following:

1. The place of incident is far from the police station about (2)H (2)H
2. The place of incident is the highway of Karbala- Hilla.
3. There is informal garage of cars on the right side of the highway of Karbala-Hilla.
4. I do not see any traces of blood or brake of car.

foreign language, (b)(6)



Judicial investigator office in Abu gharaq police station:
Jun 1 2005
The deputy of public prosecutor of Al-Hilla investigation's court:
We bring before your honor the injured (the claiman (b)(6) (b)(6) kindly requesting to certify judicially her statements with appreciation.

Investigating Officer

The Investigating Judge:
1. Requesting to certify judicially the injured statement.
2. Bring the witnesses of the incident.
3. Attached the medical report with the investigating papers.

CENTCOM 010931
08-I60-T009-00025
27997

Page 26 redacted for the following reason:
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(b)6 Foreign Language

CENTCOM 010933
08-I60-T009-00027

Judicial investigator office in Abu gharaq police station
Jun 24 2005

The claimant's statement.....

The investigator

the signature of claimant

Page 28 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)6 Foreign Language

The manager of Al-Hindiya Hospital-Esq.

Sub: Report Request

I kindly request to provide me medical report supports the cases of ill-health, with appreciation.

Fracture's Advisory:

The claimant

(b)(6)

Jul 4 2007

CENTCOM 010935
08-I60-T009-00029
28001

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

The manager of Al-Hindiya Hospital- Esq.

Sub: Report Request

I kindly request to provide me medical report supports the cases of ill-health, with appreciation.

Fracture's Advisory:

Fracture in the right foot.

The claimant

(b)(6)

Jul 23 2005

CENTCOM 010937
08-I60-T009-00031
28003

Page 32 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)6 Foreign Language

Al-Hindiya police station
Oct ... 2005 open the file:

The Judicial investigator transmitted to us the investigation's papers of the claiman (6)(b) who claims that her son (6)(b) was killed by coalition forces, for that we opened the file.

The claimant's statement.....

Therefore I request complaint against U.S.Forces.

A

CENTCOM 010939
08-I60-T009-00033
28005

Page 34 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)6 Foreign Language

Judicial investigator office in Abu gharaq police station:
Jun 24 2005

The claimant's statement.....

Investigating Officer the signature of claimant

Page 36 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)6 Foreign Language

Judicial investigator office in Abu gharaq police station:

The claimant's statement.....

The signature of claimant:

Nov 17 2005

CENTCOM 010943
08-I60-T009-00037

Page 38 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)6 Foreign Language