

08-I93-~~TO14~~ TO13

GIC

(b)(6)

CENTCOM 003087



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, BAGHDAD, IRAQ
APO AE 09348

AFVA-2BCT-BJA

4 November 2007

MEMORANDUM FOR International Zone, Finance Department, ATTN: SSG (b)(3)(b)(6)
Baghdad, Iraq, APO AE 09344

SUBJECT: Tracking of U.S Currency

1. I hereby acknowledge that on 3 November 2007, I made a foreign claims payment for claim number 08-I93-T013 using the following currency and serial numbers:

\$100 - Serial Numbers (b)(2)High (100); (b)(2)High
(50)

2. If you have any questions regarding this memorandum please contact the undersigned at
VOIP (b)(2)High or by email at (b)(6), (b)(3) @2bct1cd.army.mil.

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

SFC, USA
Claims Paying Agent

CENTCOM 003088

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000
1034-121

**BLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
**DEPARTMENT OF THE ARMY
15th FINANCE BATTALION
APO AE 09352**

DATE VOUCHER PREPARED
15 Oct 07

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
**15th FIN BN
3rd FIN, 3rd SSB
APO AE 09352
DSSN 5579**

PAYEE'S
NAME
AND
ADDRESS

(b)(6)
**AL SHAAB
BAGHDAD, IRAQ**

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
COST PER

AMOUNT

**FOREIGN CLAIMS NUMBER 08-I93-T013
DEATHS**

(1)
15,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

15,000.00

PAYMENT:

- ☐ PROVISIONAL
☒ COMPLETE
☐ PARTIAL
☐ FINAL
☐ PROGRESS
☐ ADVANCE

APPROVED FOR

= \$ 15,000.00

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY 2

CPT

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

Amount verified; correct for

15,000.00

TITLE

FOREIGN CLAIMS COMMISSION

(Signature)

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

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

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

15 Oct 07

(Date)

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

(Authorized Certifying Official)

(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER

(b)(2)High

PAID BY

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

3 NOV 07

PAYEE 3

(b)(6)

\$ 15,000.00

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.

TITLE

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 003089

USAPA V4 00



DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, IRAQ
APO AE 09348

FOREIGN CLAIM RELEASE AND SETTLEMENT AGREEMENT

I, (b)(6), of **Baghdad, Iraq**, hereby agree to accept the sum of **\$15,000.00** (U.S. Dollars) as payment in full satisfaction and final settlement of any and all claims against the United States of America. This includes its commissioned and noncommissioned officers, warrant officers, agents, and employees which have been asserted or which may be asserted arising from the incident that occurred on **2 June 2007**, in Baghdad, Iraq, involving U.S. Forces. This claim arose as a result of **two deaths** caused by coalition forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10, U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this 3 day of NOV 2007, at Baghdad, Iraq.

(b)(6)

Claimant Signature

Name: _____

Address: _____

(b)(6)

(b)(6)

Witness Signature

(b)(6)

Witness Signature

CENTCOM 003090



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, BAGHDAD, IRAQ
APO AE 09348

AFVA-2BCT-BJA

Claim of

(b)(6)

08-I93-T013

ACTION

1. Facts: Claimant states that on 2 June 2007, a U.S. Forces convoy driving down the wrong side of the road hit his vehicle. His wife and one year-old son were killed in the crash.
2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of U.S. Forces. The incident must have occurred outside the United States and not be the result of combat activities. Based on my review of this claim, I approve the claim and offer payment.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: Pay this claim in the amount of \$15,000.00.

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

CP1, JA
FCC I93

CENTCOM 003091



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB PROSPERITY, BAGHDAD, IRAQ
APO AE 09348

FCC I93

15 October 2007

CLAIM OF: (b)(6) |
CLAIM NUMBER: 08-I93-T013

Dear Sir:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) I93 has investigated and considered the 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 death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC I93 offers you \$15,000.00 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 thirty (30) days of signing this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

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

Captain, U.S. Army
FCC I93

CENTCOM 003092

CLAIMS CHECKLIST

CLAIM NUMBER: (b)(2)High

AMOUNT OF CLAIM: \$29,000.00

CLAIMANT'S NAME: (b)(6)

DATE OF INCIDENT: 2 Jun 07 DATE FILED: 4 Oct 07 DATE RECEIVED: 8 Oct 07

CLAIM TYPE:

- ☒ Vehicle Damage ☐ Detainee Property ☐ Damage During Raids
☐ SAF Damage/Injury ☐ Real Estate ☒ Other

CLAIM AROSE FROM:

- ☐ Combat Activities ☒ Non-combat Activities

CLAIM IS:

- ☒ Payable ☐ Not Payable

BRIEF OVERVIEW: Claimant states that on 2 June 2007, an U.S. Forces convoy driving down the wrong side of the road hit his vehicle. His wife and one year-old son were killed in the crash.

REMARKS: The claimant submitted a picture of the vehicle and a copy of both of the death certificates. The unit issued the claimant a claims card. I could not find a SigAct for this incident. The unit has already left country, so there is no way to verify this with them. I spoke with the 2BCT Battle Captain who stated we do not get SIRs for incidents with LNs. 4-1 ID didn't have anything on this incident because 1-14 CAV belonged to us. Because the claimant submitted all documentation for his claim, I think it should be approved for \$12,000.00.

RECOMMEND: APPROVAL/DENIAL

REVIEWED BY: SPC (b)(3)(b)(6) (b)(3)(b)(6) **DATE REVIEWED:** 9 Oct 07

FCC COMMENTS

DATE APPROVED/DENIED: 14 OCT 07

☐ DENIED

- ☐ Denial Letter
☐ Denial Action Memo

☐ APPROVED

- ☒ Amount Approved: \$115,000 SIC
☐ Approval Action Memo
☐ Settlement Agreement
☐ Settlement Letter
☐ SF 1034
☐ Disbursing Officer Mem@ENTCOM 003093

INPUT INTO JAGCNER
4 NOV 07

Claim Form

طلب تظلم

To: United States Army Foreign Claims' Commission

From: Name__

(b)(6)

الى : مفوضية التظلم لم
من : الاسم

Address: _____

(b)(6)

العنوان: _____

Telephone__

(b)(6)

الهاتف: _____

I am

Iraqi

a. National citizen of

Iraq

انا
احمل الجنسية

b. Permanent address

Baghdad - Al-Shaab

ب- عنواني الدائم

c. Employed by

(b)(6)

ت- اعمل لدى

d. Check one () an insurer (☒) not an insurer

ش- ضع علامة على احدى () احمل التأمين () لا احمل التأمين

e. Check one () a subrogate (☒) not subrogate

ج- ضع علامة على احدى () دانن او () ليس دانن

CENTCOM 003094

**MULTINATIONAL
DIVISION - BAGHDAD**

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT ATRP 1-14 CAV

DATE 2 JUNE 07

LOCATION Holland APTS

TYPE OF INCIDENT Accident Death

**MULTINATIONAL
DIVISION - BAGHDAD**

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابل الأضرار التي لحقت بك، سواء كانت أضرار جسدية من إصابات إلى آخره، أو موت لا سمح الله لأحد من الأقرباء، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض. للتقدم ببلاغ والمطالبة بحقوقك الرجاء إحضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، ووصلات بالإستلام أو التسليم، وثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستندات إلى مركز المساعدة العراقي في معسكر التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، العمودية في معسكر قاب، معسكر هوك، معسكر كالسو، معسكر دوك.

أو أحد المراكز الحكومية: الثورة أو مدينة الصدر - نيسان الرشيد - الرضوانية - الرصافة - الأمانات - الكرخ الأعظمية - الكرادة أو سبع البور.

ملاحظة: إنك هذا الكرت (المستند) لا يعني الدفع المؤكد.

وشعرا لتعاونكم معنا

CENTCOM 003095

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

US Forces unit ATRP 1-14 CAU

أنني أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من:

U.S. ARMY
ATR 1-14 CAU
Holland APTS
الاسم
المنظمة
الوحدة العسكرية
العنوان
رقم التليفون

The property damaged is 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.)

N/A

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين. املا التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابات أو الأضرار التي أصابتهم.)

N/A

My claim arose at: Alawi Baghdad Iraq.
(Town) (City) (Country)

السراق بغداد العلاوي
البلد أو المحافظة المدينة القرية
تظلمي قدم في:

My claim arose on: June 2nd 2007
Month Day Year

C-V C حزيران
السنة يوم شهر
تظلمي قدم في:

CENTCOM 003096

A brief statement of the incident

According to the claimant "Mr. (b)(6) :
That at 3:pm in Jun 2nd 2007, when he was driving his car type
Chevrolet -Celebrity (b)(6) , white color, with his wife (b)(6) |
and their youngest kid (b)(6) rying to go to the near
hospital, a U.S forces convoy passed driving so fast in the wrong
side of the street and suddenly the claimant woke up among the
locals and the Americans who helped him to get out off his car and
while that he was in unconsciousness and some people helped him
to go home and there he knew that his wife and his little kid were
dead immediately because of the accident but nobody told him that
until he gets some rest. After he searched his pockets, he found the
claim card that the U.S soldiers putted it in there. The claimant got
a few bruises but he lost his wife and his youngest kid, and his car.
And he has (b)(6) sons will live without a mother for the rest of
their life's. CENTCOM 003097

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.)

بإختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

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

أشرح متى وطبيعة ما حدث من أضرار سواء كانت جسدية أو لممتلكاتك والتي أصابتك جراء ما حدث بسبب الحادث المقصود .

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>
Wife's Death	12,500
Son's Death	12,500
CAR Smashed	4,000
Total:	\$29,000

CENTCOM 003098

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والممتلكات والفواتير الضرورية لكل شيء لوحدة)

تكلفته

الد

foreign language

إجمالي التكلفة: \$ 29,000

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

N/A

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

N/A

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

(Name)

(Address)

إذا كان لديك أي تأمين الرجاء ذكر أسم وعنوان شركة التأمين:

(العنوان)

(الأسم)

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

\$ 29,000 USD Local 35,500.00 ID

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

foreign language

العملة المحلية

Foreign Language Text

\$

CENTCOM 003099

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية .
أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(b)(6)

(Signature of _____)
(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 4 day of Oct, 2007.

(b)(6)

(Signature of Witness)

(b)(6)

(Printed Name)

عُيِّنَ في يوم 4 الموافق تشرين الأول من عام 1429

(b)(6)

(توقيع الشاهد)

(b)(6)

CENTCOM 003100

(b)(6)

CENTCOM 003101

Pages 16 through 17 redacted for the following reasons:

foreign language, (b)(6)

CENTCOM 003104

Pages 19 through 20 redacted for the following reasons:

foreign language, (b)(6)

Al- Jeaifer Police Station

Jun 2nd 2007.

“Investigation and incident diagram”

1-The incident took place about half kilometer away of our police station.

2- The incident took place on a high way (Al-Muthana Air Port linked to Alawi city.

3-I saw a white car type celebrity plate (b)(6) stopped on the left side of the road, close to Al-Da'wa political party building, and the car was totally damaged because of the accident, and a blood on the ground

CENTCOM 003107

Page 22 redacted for the following reason:

foreign language

Al- Jeaifer Police Station

Jun 5th 2007.

‘Claimant Statement’

According to the claimant “Mr. (b)(6) :
That at 3:pm in Jun 2nd 2007, when he was driving his car type
Chevrolet -Celebrity (b)(6) white color, with his wife ((b)(6))
and their youngest kid ((b)(6) trying to go to the near
hospital, a U.S forces convoy passed driving so fast in the wrong
side of the street and suddenly the claimant woke up among the
locals and the Americans who helped him to get out off his car and
while that he was in unconsciousness and some people helped him
to go home and there he knew that his wife and his little kid were
dead immediately because of the accident but nobody told him that
until he gets some rest. After he searched his pockets, he found the
claim card that the U.S soldiers putted it in there. The claimant got
a few bruises but he lost his wife and his youngest kid, and his car.
And he has two more sons will live without a mother for the rest of
their life’s.

CENTCOM 003109

Page 24 redacted for the following reason:

foreign language, (b)(6)

Al- Jeaifer Police Station

Jun 9th 2007.

“Investigator Decision”:

- 1- Record the claimant statement.**
- 2- The car must be given to the claimant**
- 3- Give him a copy of the investigation papers**
- 4- Send all documents.**

Officer's notes about the incident,

- 1- Got his statement.**
- 2- Got copies of the police reports and to send it to you and to the compensation staff**
- 3- Damages caused by the U.S forces**
- 4- Give the car to the owner**

CENTCOM 003111

Page 26 redacted for the following reason:

foreign language

CENTCOM 003113

Pages 28 through 38 redacted for
the following reasons:- -----

foreign language
foreign language, (b)(6)

(b)(2)High

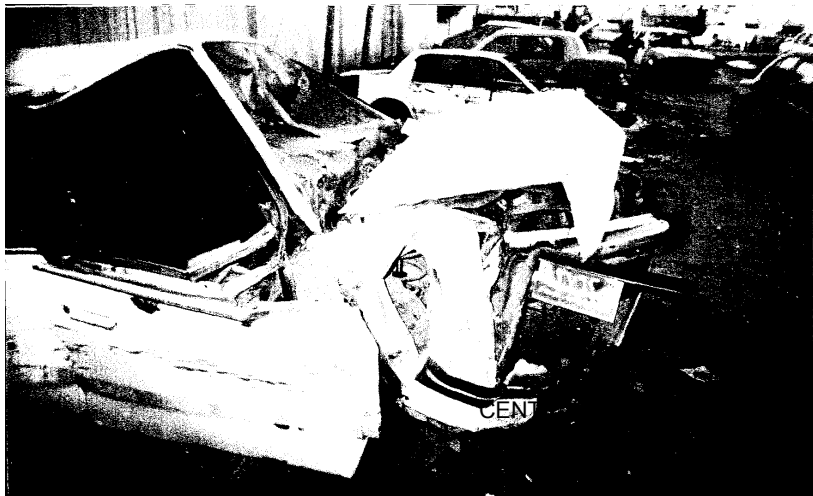
(b)(6)

08-193-7013

\$15,000.00

CENTCOM

28254



28255