

Feb 19/68

19 Feb 2008

(b)(6)

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

CENTCOM 011081  
08-IJ6-A101-00001

(b)(6)

(b)6 Foreign Language

(b)6 Foreign Language

(b)(6)

19/Feb/2008

(b)6 Foreign Language:

- Death Certificate
- Statement of what happened
- How much money he is

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

(b)(3), b(6)

CENT

082

08-IJ6-A101-00002

Claim Number: 08-IJ6-A101

Name: (b)(6)

Date of Incident: 31-Dec-07

Date Received: 21-Apr-08

Summary:

Husband was walking by base and was shot by (b)(2) High in tower.

Circle Decision, Fill-in Date, and initial

|      |             |                            |
|------|-------------|----------------------------|
| DENY | INVESTIGATE | PAY - \$ <u>12,000</u>     |
| DATE | DATE        | DATE <u>25 Apr 2008</u>    |
| INIT | INIT        | INIT <u>(b)(3), (b)(6)</u> |

- ☐ Insufficient Evidence
- ☐ Combat Exception
- ☐ US Involvement
- ☐ Lack of Causation
- ☐ Statute of Limitations
- ☐ Not a Proper Claimant
- ☐ Non-Cognizable Claim

NOTES:        CERP

CENTCOM 011083  
08-IJ6-A101-00003

Claims/Condolence Form

Name: \_\_\_\_\_

(b)6 Foreign Language

Address: \_\_\_\_\_

I am

a. A national citizen of: \_\_\_\_\_

(b)6 Foreign Language

b. .

(b)6 Foreign Language

c. Employed by: \_\_\_\_\_

(b)6 Foreign Language

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

E/7-2-2-16

(b)(2)High

(b)6 Foreign Language

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.)

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم

(b)6 Foreign Language

My claim arose at: (b)(2)High  
(town)

Beghdad,  
(City)

Iraq  
(Country)

البلد أو المحافظة

المدينة

القرية

تظلم قدم من:

(b)6 Foreign Language

25  
15/7/2000  
P2200

CENTCOM 011084

08-IJ6-A101-00004

My claim arose on: DEC 31 2007  
Month Day Year

تظلمى قدم فى: \_\_\_\_\_  
شهر يوم المون

(b)6 Foreign Language

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 التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن

(b)6 Foreign Language

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> |
|--------------|---------------|
| _____        | _____         |
| _____        | _____         |
| _____        | _____         |
| _____        | _____         |
| Total: _____ |               |

أشرح بالتفصيل متى تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوحدة)

| <u>الشئ المتضرر</u>   | <u>تكلفته</u> |
|-----------------------|---------------|
| _____                 | _____         |
| _____                 | _____         |
| _____                 | _____         |
| إجمالي التكلفة: _____ |               |

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

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

(b)6 Foreign Language

\$ \_\_\_\_\_ I.D

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

العملة المحلية \$ \_\_\_\_\_

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 Foreign Language

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this (b)6 Foreign Language day of 31/12/2007 (b)6

(b)6 Foreign Language

(b)6 Foreign Language, (b)6

Foreign Language Text, (b)(6)

CENTCOM 011087

08-IJ6-A101-00007

|  |                                   |  |                                 |  |                |  |  |
|--|-----------------------------------|--|---------------------------------|--|----------------|--|--|
| Standard Form 1034 (EG)<br>Revised October 1987<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                 |  |                | VOUCHER NO.  |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br><br><b>DEPARTMENT OF THE ARMY</b><br>HQ, 1st Brigade Combat Team, 4th Infantry Division<br>Office of the Command Judge Advocate<br>APO AE 09361                                      |                                   |  |                                 | DATE VOUCHER PREPARED<br><b>24 May 2008</b>  |                | SCHEDULE NO.   |  |
|  |                                   |  |                                 | CONTRACT NUMBER AND DATE   |                |  |  |
|  |                                   |  |                                 | REQUISITION NUMBER AND DATE  |                |  |  |
| PAYEE'S<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>CLAIM #: 08-I2A-A101</b> </div><br>(b)(6)<br><br>NAME AND ADDRESS<br><b>Baghdad, Iraq</b>   |                                   |  |                                 | PAID BY<br><b>24th Finance Company</b><br><b>APO AE 09352</b><br><b>CAMP LIBERTY</b><br><b>DSSN: )(2)Hic</b> |                |  |  |
|  |                                   |  |                                 | DATE INVOICE RECEIVED  |                |  |  |
|  |                                   |  |                                 | DISCOUNT TERMS   |                |  |  |
|  |                                   |  |                                 | PAYEE'S ACCOUNT NUMBER   |                |  |  |
| SHIPPED FROM TO WEIGHT   |                                   |  |                                 | GOVERNMENT B/L NUMBER  |                |  |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i>   | QUAN-<br>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 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service. |                                 |  |                | \$12000  |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below)  |                                   |  |                                 |  |                | TOTAL \$12000  |  |
| PAYMENT<br><input type="checkbox"/> PROVISIONAL<br><input checked="" type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE |                                   | APPROVED FOR<br><br>BY<br><b>SFC (b)(3), (b)(6)</b>  | EXCHANGE RATE<br><br>= \$1.00   | DIFFERENCES  |                |  |  |
|  |                                   | TITLE<br><b>1BCT, 4ID FOREIGN CLAIMS PAY AGENT</b>   | Amount ver<br>(Signature or ii) |  | (b)(3), (b)(6) |  |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |                                 |  |                |  |  |
| <b>24 May 2008</b><br>(Date)   |                                   | (b)(3), (b)(6)   |                                 | (b)(3), (b)(6)   |                | <b>MAJ, JA</b><br><b>Foreign Claims Officer</b><br>(Title) |  |
| (b)(2)High   |                                   |  |                                 |  |                |  |  |
| PAID<br>BY   | CHECK NUMBER                      | ON ACCOUNT OF U.S. TREASURY  | CHECK NUMBER                    | ON (Name of bank)  |                |  |  |
|  | CASH<br><b>\$ 12000</b>           | DATE<br><b>24 May 2008</b>   | PAYEE<br><b>(b)(6)</b>          |  |                |  |  |
|  |                                   |  |                                 | PER  |                |  |  |
|  |                                   |  |                                 | TITLE  |                |  |  |

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> 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.

<sup>3</sup> 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.

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.

**CENTCOM 011088**

08-IJ6-A101-00008





DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM  
4TH INFANTRY DIVISION  
FOB FALCON, IRAQ APO AE 09361

SUBJECT: Claim # 08-I2A-A101

24 May 2008

(b)(6)

Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the loss of your loved one. 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 of your loved one. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 4th Infantry Division Claims Office will compensate you for your losses in the amount of **\$12000.00**.

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 based on new or additional evidence and should be forwarded to this office. 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)

MAJ, JA  
Foreign Claims Commission I2A

CENTCOM 011089

08-IJ6-A101-00009

**1ST BRIGADE COMBAT TEAM**  
**4TH INFANTRY DIVISION**  
**FOREIGN CLAIMS OFFICE**

**Claim Settlement/Witness Agreement**  
**Claim # 08-I2A-A101**

(b)(6) of Baghdad, Iraq, hereby agree to accept the sum of \$12000.00 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident occurring on or about December 31, 2007 at Baghdad, Iraq, involving U.S. 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 the said incident. This release / 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 statements and that the award is made pursuant to the Foreign Claims Act, 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.

(b)(6)

**Claimant's Signature**

Name: (b)(6)

Address: Baghdad, Iraq

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

(b)(6)

Witness: Print and Sign

CENTCOM 011090  
08-IJ6-A101-00010



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 Iraqi recipient. **Pay agents** should turn this form in to their respective finance offices as part of the reconciliation process. **Finance offices** should retain this form with their original reconciliation file, and provide a scanned copy to (b)(3), (b)(6), (b)(2)High

DATE OF TRANSFER: 24 May 08

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

NAME OF IRAQI FIRM BEING PAID: Foreign Claim #: 08-I2A-A101

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

ribal name

\$100 note serial numbers:

(b)(6) through (b)(6) and,  
through and,  
through and,  
through and,  
through and,  
through .

\* Use additional forms if needed.  
SNAR Report

CENTCOM 011091  
08-IJ6-A101-00011

### Claims Form

Foreign Language

Name: (b)(6)

Foreign Language

Address: (b)(6)

Phone Number: (b)(6)

I am Iraqi

a. A national citizen of: Iraqi أنا أحمل جنسية:

b. A permanent resident of: above address ب. عنواني الدائم:

c. Employed by: / ت: أعمل لدي:

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

أنني أتقدم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من: (المنظمة، الوحدة العسكرية)

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.)

person death

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

My claim arose at: Aldorah Muhalla 834 Baghdad Iraq  
(Town) (City) (Country)

البلد أو المحافظة

المدينة

GENTCOM 011092

08-IJ6-A101-00012

My claim arose on: Dec 31 2007  
Month Day Year

تظلمى قدم فى: شهر يوم السن

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based (The back of this sheet if necessary.)

The claimant (b)(6) wife of the victim she said that while her husband was walking the sniper at the

باختصار أشرح ما حدث والأضرار التي أصابك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)  
Base shot him and he died immediately - the claimant has (b)(6) kids -

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  |
|----------------|---------|
| person killed  | \$22000 |
| Total: \$22000 |         |

أشرح بالتفصيل مكي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لو حدة)

| تكاليفه | الشئ المتضرر    |
|---------|-----------------|
|         |                 |
|         |                 |
|         |                 |
|         | إجمالي التكلفة: |

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

No insurance

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ 22000

I.D.

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

العملة المحلية

\$

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

سابقاً (قلت) (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 طلبت تعظماً (قلت) (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 التعظم فإن تقسم على أن كل المعلومات المقدمة في هذا التعظم هي صحيحة وحقيقية. أي شخص يحاول تقديم تعظم كاذب أو مختلق أو يزور التعظم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التعظم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this

19 day of Feb

2018

(Signature of Witness)

(Printed Name)

CENTCOM 011094

08-IJ6-A101-00014

Pages 15 through  
16 redacted for the  
following reasons:-----  
-----  
- (b)6 Foreign  
Language

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم مقابل الأمر في التي تحت يدي ، سواء كنت ضاراً  
جسدياً من إصابات في إدم ، أو موت لا أصبح إلا لأحد من الأقارب ،  
وكان حسب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض ،  
التكريم ببالغ والمطالبة بحقوقه الرجاء إحضار الأتي ، هذه البطاقة وهيئة  
قائمة مع كل الأوراق الرسمية المتعلقة بهذه الأمور والتي تدعم  
الموضوع مثل (صورات الحوادث ، شهادة الشهود ، تقارير الشرطة ،  
والبيانات بالإستلام أو التسليم ، وثائق الملكية لما حطمت أو تضررت إذا  
تحاول أن تحصل على تعويض عنه ، ورخصة السيارة إن كنت تحصل  
رخصة)

الرجاء إحضار هذه المستندات إلى مركز المساعدة الم في مقر معسكر  
التابع بولاية كثر ، الدولة الهندية في معسكر فلكون ، المعنوية في  
معسكر قلب ، معسكر هوكا ، معسكر كلسو ، معسكر بوناك  
أو أحد المراكز الحكومية مثلاً : في مدينة الصدر - B نيسن - الرشيد  
أو مركز قبة - الرصافة - الكرخ الأطلية - الأفرقة - أو سبيع  
الفرج.

ملاحظة : إمتد هذا الوقت (المستندات) لإثباتي فليح الموكد.  
وشكراً لتعاونكم معنا

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 DIA 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 to substantiate a claim against the US Army.

UNIT E/3-2-44 (2)H  
DATE 31 DEC 07  
LOCATION  
TYPE OF INCIDENT Shooting of LN