

(b)(6)

Feb 19 1968

19 Feb 2008



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

CENTCOM 011081
08-IJ6-A101-00001

28841

(b)(6)

(b)6 Foreign Language

(b)(6)

(b)6 Foreign Language

19/feb/2008

)6 Foreign Langua

- Death certificate
- Statement of what happened
- How much money he u

See b)(3), b(6)

CENT

(b)(3), b(6)

082

08-IJ6-A101-00002

28842

Claim Number: 08-IJ6-A101

Name: (b)(6)

Date of Incident: 31-Dec-07

Date Received: 21-Apr-08

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

Summary:

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 3216 (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 عذا التقطم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطوا المستمسكات التي تخولكم وتوكلكم

(b)6 Foreign Language

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

Baghdad, Iraq
(City) (Country)

(b)6 Foreign Language

CENTCOM 011084

08-IJ6-A101-00004

28844

My claim arose on: DEC 31 2007
Month Day Year

العن

يوم

شهر

نظمى قدم فى:

(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.).

بالختصار أشرح ما حدث والأضرار التي 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.).

Item

Amount

Total: _____

أشرح بالتفصيل متى تضرر والتكلفة الممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتلكات والفوائير الضرورية لكل شئ لوحدة)

تكلفته

الشيء المتضرر

اجمالي 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) 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 فأن تقسم على أن كل المعلومات المقدمة في هذا انتقام هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مخالق أو يزور التظلم ضدحكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويرحكم 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)

CENTCOM 011086
08-IJ6-A101-00006

Foreign Language Text, (b)(6)

CENTCOM 011087
08-IJ6-A101-00007

28847

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO. _____

U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DEPARTMENT OF THE ARMY

HQ, 1st Brigade Combat Team, 4th Infantry Division
Office of the Command Judge Advocate
APO AE 09361

DATE VOUCHER PREPARED

24 May 2008

SCHEDULE NO. _____

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY

24th Finance Company
APO AE 09352
CAMP LIBERTY
DSSN: (b)(2)Hiç

PAYEE'S

CLAIM #: 08-I2A-A101

(b)(6)

NAME
AND
ADDRESS

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		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:
 PROVISIONAL
 COMPLETE
 PARTIAL
 FINAL
 PROGRESS
 ADVANCE

APPROVED FOR

=\$

=\$1.00

DIFFERENCES

BY:

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

TITLE

1BCT, 4ID FOREIGN CLAIMS PAY AGENT

Amount ver

(Signature or II)

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

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

24 May 2008

(Date)

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

(b)(3), (b)(6) MAJ, JA
Foreign Claims Officer
(Title)

CLASSIFICATION

(b)(2)High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	(b)(6)
	\$ 12000	24 May 2008		

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 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

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)

tribal name

\$100 note serial numbers:

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

* Use additional forms if needed.
SNAR Report

CENTCOM 011091
08-IJ6-A101-00011

Claims Form

♂ Foreign Langu:

Name: _____ (b)(6) _____ Foreign Lang

Address: _____ (b)(6)

Phone Number: _____ (b)6

I am Iraqi أنا _____ أحمل جنسية:

a. A national citizen of: Iraqi ب. عنوان الدائم:

b. A permanent resident of: above address ت: أصل لدى:

c. Employed by: _____

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

أتفقليم لدى حكومى الولايات المتحدة للأضرار والإصابات التى 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 المفترضة مملوكة من: (إذا كان عذ التفاصيل قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطأر المستمسكات التي تغولكم وتوكلكم للتفاصيل ، أو أي دليل من ممثليين رسميين.
إلا التفاصيل بالأسفل للأفراد المقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم)

My claim arose at: Al-dorrah Muahalla 834 Baghdad Iraq
(Town) (City) (Country)

البلد أو المحافظة

المدينة

CENTCOM 011092

08-IJ6-A101-00012

My claim arose on: Dec 31 2007
Month Day Year

نظامي قدم في: _____

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.)

personal injury is based on 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

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

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.)

اشترى بالتقسيط متى تضرر والتكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبورات والممتلكات والفوارات الضرورية لكل شئ: لوحدة)

الشئ المتصدر ATLAS

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

No insurance

لدي تأمين على الممتلكات أو المضرر الجسدي المتضرر بما يوازي:

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

\$ 22000 I.D. _____

أطلب 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 النظم فإن تقسم على أن كل المعلومات المقدمة في هذا النظم هي صحيحة وحقيقة . أي شخص يحاول تقديم تظلم كاذب أو مخالف أو يزور النظم ضدحكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتواقيع

Subscribed to me this

19 day of Feb, 2013.

(Signature of Witness)

(Printed Name)

CENTCOM 011094
08-IJ6-A101-00014

28854

Pages 15 through
16 redacted for the
following reasons:-----

- - (b)6 Foreign
Language

Foreign Language Text, (b)(6)

CENTCOM 011097
08-IJ6-A101-00017

28856

Foreign Language Text, (b)(6)

CENTCOM 011098
08-IJ6-A101-00018

28857

An image of the 'Iraqi Claim Card' (Iraqi Claim Card). The card features a map of Iraq at the top. Below the map, the text 'MULTINATIONAL DIVISION - BAGHDAD' is written in English, and 'IRAQI CLAIM CARD' is written in large, bold, Arabic characters. The main text on the card is in Arabic, detailing the claim for compensation for damages suffered during the Gulf War. It includes a section for the claimant's information and a section for the claim details, including a claim number and a signature area.

<p>MULTINATIONAL DIVISION - BAGHDAD</p> <p>IRAQI CLAIM CARD</p>	
<p>The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.</p>	
<p>1. Fill out the required information below.</p>	
<p>2. Give this card to the Iraqi civilian or other appropriate person in the case of death.</p>	
<p>3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.</p>	
<p>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 to substantiate a claim against the US Army.</p>	
UNIT	E/2-2
DATE	31 DEC 07
LOCATION	Shooting at L.N.
<p>(2)H</p>	

CENTCOM 011099
08-IJ6-A101-00019