

- Approve \$5,000 -

08-T1001-0001

CENTCOM 016511

29035

08-IK5-T1001-00001

MULTINATIONAL  
DIVISION - BAGHDAD

## IRAQI CLAIM CARD

إسناد طلبكم رخصة الله ورضاه

أخي المواطن الكريم، مقابل الضرر التي لحقت بك، سواء كانت أضرار  
جسدية من إصابات أو أخرى، أو موت لا سمح الله لأحد من الأقارب، وكان  
السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.  
للتقدم به لاغ والمالية بطلبك الرجاء إحصاء الآتي، هذه البطاقة وهو تلك  
للخدمة مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم لوضع مثل  
(صور للعائدات، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو  
التسليم، وإثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض  
عنه، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحصاء هذه المستندات إلى مركز السلعة العراقي في معسكر  
التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، المحمودية في معسكر  
الهدى، معسكر هوك، معسكر كالسو، معسكر دوك.

أو عند الضرر الحكومي، الثورة أو مدينة الصدر، نيمان الرشيد  
أو عند الضرر الأعطال الكرخ الأعطال الكرخة أو صنع البو.

أرجو أن هذا القرد (المستند) لوجني لنفع لمؤك.

ولمؤك لكم معاً

MULTINATIONAL  
DIVISION - BAGHDAD

Destroy + reactor

## 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 Bco 4-31 INF

DATE 9 Nov 06 - Incident Unknown

LOCATION (b)(2)High

TYPE OF INCIDENT ATC Craft Bomb

CENTCOM 016512

08-IK5-T1001-00002

29036

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>				10 DATE VOUCHER PREPARED <b>30-Jul-08</b>		SCHEDULE NO.	
				CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
				REQUISITION NUMBER AND DATE			
CLAIM #: 08-IK5-T1001  PAYEE'S NAME AND ADDRESS (b)(6)				DATE INVOICE RECEIVED			
				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER			
				GOVERNMENT B/L NUMBER			
SHIPPED FROM		TO		WEIGHT			
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	
		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.				\$5,000.00	
(Payee must NOT use the space below)						<b>TOTAL</b>	
						<b>\$5,000.00</b>	
(Use continuation sheet(s) if necessary) 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	EXCHANGE RATE	DIFFERENCES			
		= \$	= \$1.00				
		(b)(3), (b)(6)				\$5,000.00	
		TITLE <b>SFC, US</b>					
		Pay <b>Pay</b>					
		(b)(3), (b)(6)					
Pursuant to authority vested in me, I certify that:							
<b>31 July 08</b>		(b)(3), (b)(6)	Foreign Claims Commission IK5				
(Date)			(Title)				
ACCOUNTING CLASSIFICATION							
		(b)(2)High	\$5,000.00				
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE					
	<b>\$5,000.00</b>	<b>31 Jul 08</b>			(b)(6)		
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				NSN 7540-06-903-2234			
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 505 and 506 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 016513

29037

08-IK5-T1001-00003



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team  
101st Airborne Division (Air Assault)  
Camp Striker, Iraq, APO AE 09322

AFZB-KC-JA

30-Jul-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T1001 /

1. Facts.

The claimant alleges that his brother was accidentally killed, and his tractor was destroyed.

Claimant has requested \$10,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of \$5,000.00

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

CPT, JA  
Claim Attorney IK5

CENTCOM 016514

29038

08-IK5-T1001-00004

### 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 recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 31 Jul 08

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

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

Print given name, father's name, grandfather's name, tribal name

Serial Number:

(b)(6)

through

(b)(6)

and,

through

and,

through

and,

through

and,

through

and,

through

\* Use additional forms if needed.



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

29 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1001 /

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage to your tractor and land. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA) Title 10, USC §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Your damages are of great concern to the United States. In accordance with the cited references and the facts our investigation into your claim, I find your claim is **compensable**. **The United States will compensate you for your losses in the amount of \$5,000.00.**

If you are dissatisfied with this decision and wish to present additional evidence, you have thirty (30) days submit and appeal in accordance with AR 27-20.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالاملاك الشخصية الخاصة بك, تنظيم الجيش 27-20 و ادارة شؤون US وقد قمت بمراجعة طبيك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 27-162 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة, وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 5,000.00.

اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية, لديك ثلاثين يوما ( 30 ) و يقدم الطعن وفقا للمادة ( 27-20 ) من قانون الجيش. AR

(b)(6)

Sincerely,

Claimant

Date

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

(b)(6)

Witness

Date

Captain, US Army  
Claims Attorney, IK5

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08-IK5-T1001-00006

29040

**CLAIMS INTAKE FORM**

NAME: \_\_\_\_\_ (b)(6)

ADDRESS: \_\_\_\_\_ (b)(6)

ID#: \_\_\_\_\_ (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CLAIMS HIS ~~TR~~ TRACTOR  
WAS DESTROYED 20 SEP 06  
~~FEED~~ BRIDGE PUT ON FIELD 15 MAY 07  
20 SEP 06 Brother ACCIDENTALLY KILLED

DATE OF INCIDENT: SEE ABOVE

LOCATION: SHANGHAI

LIST OF  
DAMAGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMMOUNT CLAIMED: \_\_\_\_\_

AMMOUNT APPROVED: \$5,000 -

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

6 May 08  
DATE

(b)(6)

SIGNATURE OF CLAIMANT

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08-IK5-T1001-00007

To the Multi National Forces  
subject, I compensation  
I am the ~~native~~ <sup>native</sup> ~~native~~

The owner of the lands located in the district  
called Mula Proshki, the M.N. Forces fix  
a fence over <sup>(b)(6)</sup> land which is 2 domains  
in size, and ~~there~~ <sup>there</sup> is one compensation for  
that not in the past and not up to right  
now, and those lands are the source of  
living of me and my family, so please  
compensate me what you thing it good.  
Thank you with respect.

(b)(6)

(b)(6)

(b)(6)

(b)(6)



Foreign Language Text

(b)(6)

(b)(6)

Foreign Language Text

Foreign Language Text

CENTCOM 016519

29043

08-IK5-T1001-00009

Real estate document of Buice A mahupedia  
 No. 1. Date: (b)(6)  
 Piece of land No. 1  
 Typo of land (b)(6)  
 Ownership (b)(6)  
 and (b)(6)  
 No. 1 (b)(6)  
 3000 11 (b)(6)  
 all of the ~~the~~ have equal rights. (b)(6)  
 and (b)(6)  
 No. 1 (b)(6)  
 Folder. (b)(6)  
 Exhibit No. 1 (b)(6)  
 (b)(6)

Page 11 redacted for the following reason:  
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Foreign Language Text, (b)(6)

To the M.N.F.

subjected to compensation

I am the native

I live in

and the brother of the died person

who died due to

air strike by the U.S. Force on the date of  
09.20.2006, while he was driving tractor  
type (Fordson) which led to the destruction  
of the tractor and his killing at the same  
time. So I am asking compensation.

witness

(b)(6)

sign of  
claimant

(b)(6)

witness

(b)(6)

sign of

(b)(6)

Foreign Language Text

Foreign Language Text

(b)(6), Foreign Language Text

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08-IK5-T1001-00013

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Personal Id. No.:-  
Facial No.:-  
Name:-  
Gender:- Male  
Place and date of Birth:-

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Nationalization id. certificate

No. -

(b)(6)

E

dated :- 05-30-2002

Name:-

(b)(6)

date and place of Birth:-

(b)(6)

Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



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following reason:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Personal id. of	(b)(6)
gender:	(b)(6)
id No.:	(b)(6)
place and date of Birth:	(b)(6)

Contract of Buying and selling vehicles:-	
The seller name:-	(b)(6)
Address:-	(b)(6)
Personal id no:-	(b)(6)
The Buyer:-	Reahdad
Address:-	(b)(6)
Personal id no:-	(b)(6)
Type and Model:-	Forxon N21
Signature of the Buyer	(b)(6)
	Signature of the seller

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

Death certificate: No.:

(b)(6)

date: 09.25.  
2006

Name of the dead Person:-

(b)(6)

(b)(6)

Gender:- Male place and date of Birth:-

(b)(6)

Death date:- at the hour ten of the day 09.20.2006  
place of death:- Yousiphia Baghdad.  
Cause of death:- Fire shot

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Vehicle Certificate:-

No:- (b)(6)

Owner:- (b)(6)

Address:- (b)(6)

Type of vehicle:- Tractor Forxon Model 1981

No:- of vehicle:- (b)(6)

Colour:- red

Dated on:- 02-11-2002

Sig of the  
Captain

Power of attorney

In every line, name of  
N.B. Tract 1000

(b)(6)

(b)(6)

(b)(6)

to represent me

as agent

(b)(6)

I gave

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08-IK5-T1001-00024



Page 25 redacted for the following reason:  
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Foreign Language Text, (b)(6)



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08-1K5-T1001-00026

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08-IK5-T1001-00027

29061



CENTCOM 016538

08-IK5-T1001-00028

29062



CENTCOM 016539

08-IK5-T1001-00029

29063