

(b)(6)

562-N-9.

71544

foreign language


562-N.9

TRM

Vehicle Accident

Translate Death Cert.

- Approve \$15,000 -

MILITARY MAIL 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 Assistance Center. Do not promise them anything.		
4.	Upon return to your FOB, complete a SF 91 or DA Form 1043. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the military and should not be used only to compensate victim against the US Army.		
UNIT	Aco 1-38 INF		
DATE	21 Nov 87		
LOCATION			
TYPE OF INCIDENT: Vehicle Accident			

CLAIMS LOG

AMOUNT CLAIMED: \$ 14,000

CLAIMANTS NAME: (b)(6)

DATE CLAIM SUBMITTED: 02 Sep 08

DATE OF INCIDENT: 21 Nov 07

LOCATION OF INCIDENT: Baghdad

IRAQI ID NUMBER: (b)(6)

PARALEGAL RECOMMENDATION: _____

FCC ACTION: ☐ DENY ☐ APPROVE ☐ OTHER

COMMENTS / REMARKS:

The claimant alleges that a CF Convoy hit his vehicle resulting
in the death of his brother and the damage to his car.

- Translate Death Cert



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

02-Nov-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T1544 / 562n-9

1. Facts.

The claimant alleges that his vehicle was hit by a speeding CF convoy. His brother was a passenger in the vehicle and died from the accident.

Claimant has requested \$15,000.00

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 \$15,000.00

(b)(6)

CP1, JA
Claim Attorney IK5

CENTCOM 011229

08-IK5-T1544-00005

Standard Form 1034 (200) Revised October 1987 Department of the Treasury 175M-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 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579				10 DATE VOUCHER PREPARED 02-Nov-08		SCHEDULE NO.	
				CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
				REQUISITION NUMBER AND DATE			
CLAIM #: 08-IK5-T1544 PAYEE'S NAME AND ADDRESS (b)(6) Mahmudiyah						DATE INVOICE RECEIVED	
						DISCOUNT TERMS	
						PAYEE'S ACCOUNT NUMBER	
						GOVERNMENT BAL 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)	QUANTITY	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.				\$15,000.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL \$15,000.00	
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 BY: (b)(6) TITLE: SFC, US Pay Agent		EXCHANGE RATE *\$1.00		DIFFERENCES	
						Amount verified, correct for \$15,000.00	
Pursuant to authority vested in me, I certify that the (b)(3), b(6) C Foreign Claims Commission IK5 (Date) (Authorized Certifying Officer) (Title)							
ACCOUNTING CLASSIFICATION (b)(2) High \$15,000.00							
PAID BY: CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank) CASH DATE PAYEE (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.							
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.							

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08-IK5-T1544-00006



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

2 November 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1544 / 562n-9

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage caused by U.S. Forces. 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 \$15,000.00.**

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.

عزيري مقدم الطلب

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

ان الأضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة، وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض، 15,000.00

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)

Claimant

Date

12 Nov 08

Sincerely,

(b)(3), b(6)

(b)(6)

Witness

Date

12 Nov 08

Captain, US Army
Claims Attorney, IK5

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08-IK5-T1544-00007



AL_Mahmodia Claim Department



"THE CLAIM'S CONTAINS"

The Claimant name:-..

(b)(6)

- Two photos for his destroyed car.
- IRAQ claim card.
- IRAQ's Death Certificate.
- A contract for selling and buying cars.
- A temporary car document.
- IRAQ's Ration card.
- IRAQ's Resident card.
- A copy of his brother's (dead).
- A copy of his nationality.

(b)(6)

(b)(6)

(b)(3), b(6)

AL Mahmodiah Claim Department

Date: 7/9/08

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08-IK5-T1544-00008



Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____ (b)(6)

Address: IRAQ - BAGHDAD

I.D. number _____ (b)(6)

I am

- a. A citizen and national of: IRAQ - BAGHDAD
- b. A permanent resident of: BAGHDAD (b)(6)
- c. Employed by: _____
- d. Check one () An insurer (x) Not an insurer
- e. Check one () A subrogee (x) Not a subrogee

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

MNF

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.)

My claim arose at: MUHD BAGHDAD IRAQ
(Town) (City) (Country)

My claim arose on: 11 21 07
(Month) (Day) (Year)

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.)

On 21 Nov 07, when the American forces were doing their duties in the south of IRAQ - AL-BAGHDAD neighbourhood; my car was destroyed completely by American missiles in the intersection of roads (High speed or express way). That leads to my brother's death (b)(6) that's why I am asking double compensation (\$12) million on my car damage and "3" million I.D. on my brother's death. The total compensation 15 million I.D.

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08-1K5-T1544-00009

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

His car destroyed completely by American Humvee
and killing his brother. Asking for 15 million T.D

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>
1- <u>Destroying His car</u>	(b)(6)	<u>12 000 000</u>
2- <u>Killing His Brother</u>	(b)(6)	<u>3 000 000</u>
3-		
4-		
5-		
6-		

Total: 15 000 000

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

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

(Name)

(Address)

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

\$ 14 000 local 15 000 000

(Signature of Claimant)

Subscribed before me this 21 day of Nov, 200 7

(b)(6)

(Signature)

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08-IK5-T1544-00010

Pages 11 through 12 redacted for the following reasons:

Foreign Language Text, (b)(6)

claim for the claimant!

(b)(6)

(b)(6)

On the date of 11-21-2007, while the M.M.F. doing its jobs in the district of Al Rashid - South Baghdad near the Bridge of the highway, while they were driving in the wrong side, one of the humped vehicles struck my car No. (b)(6) Baghdad Type Dajno Sonata grey color, which led to be destroyed completely and to the killing of my brother (b)(6). So I am asking compensation of 12 million Iraqi dinar for the damages of the car and 3 million I.D. for the death of my brother (b)(6). So the total of 15 million I.D. here are the proofs I have (1) compensation card (2) car registration, (3) contract of buying the vehicle (4) death certificate to my brother (b)(6) (5) Personal I.D. card for the claimant. asking of 15 million I.D.

(b)(6)

C

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08-1K5-T1544-00013

Page 14 redacted for the following reason:

(b)(6), foreign language

Death certificate: No.

dated: 11-21-2007

(b)(6)

Name of the dead Person

(b)(6)

Death date: at the hour 08.00 in the morning of the day 11-21-2007

Place of death: Youshiba

Cause of death:

Car accident by U.S. vehicle according to the Al Hasid Police Office dated 11-21-2007



Foreign Language Text, (b)(6)

Contract of Buying and Selling Cars

The ~~Seller~~ Seller

The Buyer

Vehicle No. is Hyundai Sonata

Gray color, Sedan

Price is \$ 11,000.00

Stamp

Pages 18 through 19 redacted for the following reasons:

(b)(6), foreign language
Foreign Language Text, (b)(6)

Relationship

(b)(6)

(b)(6)

(b)(6)

id. card No.
Name:-
gender:- male
Birth date:-

foreign language, (b)(6)

Boysdod

(b)(6)

(b)(6)

Personal id Card No

Name:-

Gender:- Male

Birth date:-

(b)(6)

foreign language, (b)(6)

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08-IK5-T1544-00021

foreign language, (b)(6)

COM 011246
08-IK5-T1544-00022

Registration Card for the vehicle No. (b)(6)
Baghdad. Owner Name: (b)(6)
, The USer Name (b)(6)
Type: 1st Jordanian Sonata (b)(6)
dated 08-15-2007 Grey

Page 24 redacted for the following reason:

foreign language, (b)(6)



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08-IK5-T1544-00025

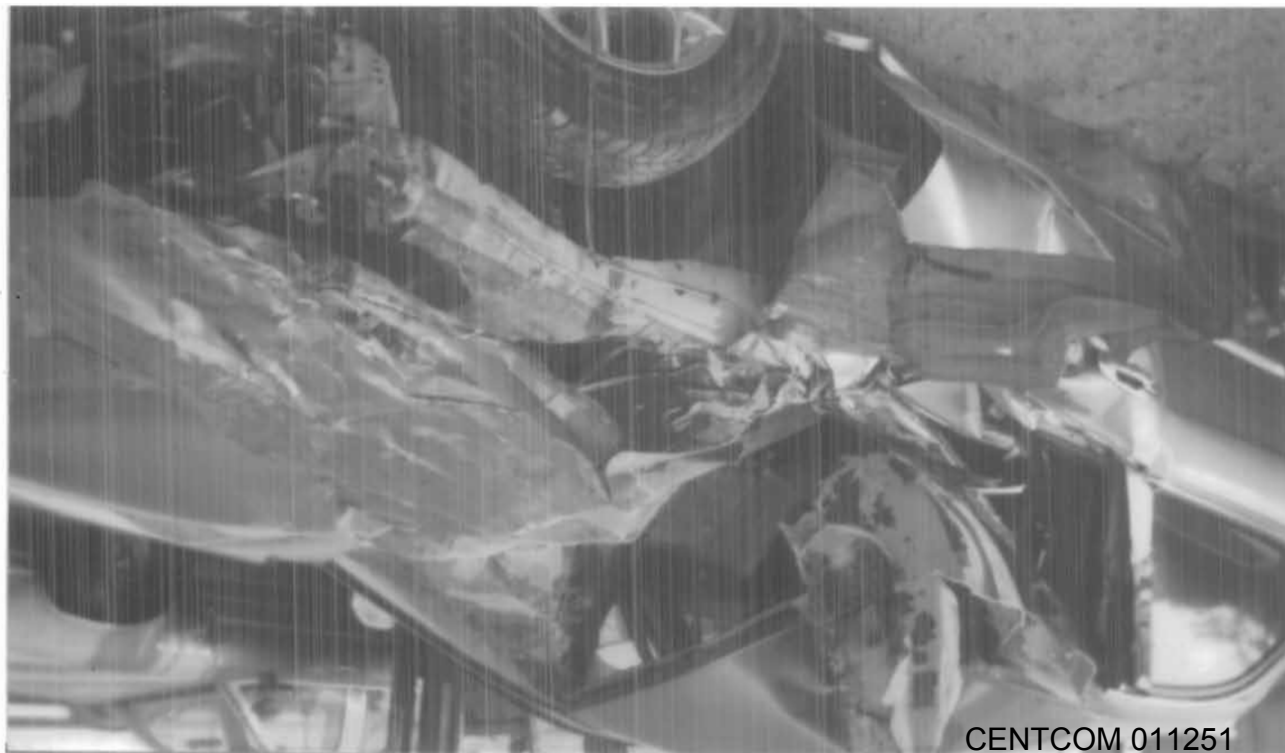
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