

(b)(6)

562-N-9.

T1544

CENTCOM 011225
08-IK5-T1544-00001

29266

foreign language

562-N. 9

TSN

Vehicle Accident

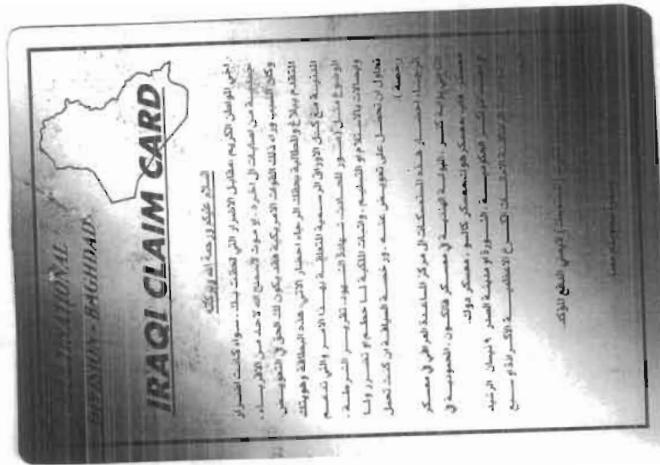
Translate Death Cert.

- Approve \$15,000 -

CENTCOM 011226

08-IK5-T1544-00002

29267



UNIT	DATE	2) F
ACO 1-38 INF	21 Nov 07	2) F
LOCATION:		
TYPE OF INCIDENT: Vehicle Accident		

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

Fill out the required information below.

- Give this card to the Iraqi civilian or other appropriate person in the case of death.
- Direct return to the nearest Government Information Center or the Iraqi Assistance Center. Do not give anyone anything.
- Upon return to your FOB complete a SF 91 in DA Form 2022. Describe the incident concisely and truthfully to your nearest Legal office (NOTE: This policy is NOT an admission of liability by the government) and can be used only to establish liability against the US Army.

CENTCOM 011227
08-IK5-T1544-00003

CLAIMS LOG

AMOUNT CLAIMED: # 161 000

CLAIMANTS NAME: _____ (b)(6) _____

DATE CLAIM SUBMITTED: 02 Sep 08

DATE OF INCIDENT: 21 Mar 07

LOCATION OF INCIDENT: Iraq, 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 CCR

CENTCOM 011228

08-IK5-T1544-00004



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)

CPT^Y JA
Claim Attorney IK5

CENTCOM 011229
08-IK5-T1544-00005

Standard Form 1034 (60) Revised October 1987 Department of the Treasury 17 CFR 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	CONTRACT NUMBER AND DATE	SCHEDULE NO.																
		REQUISITION NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579																
CLAIM #: 08-IK5-T1544 PAYEE'S NAME AND ADDRESS (b)(6) Mahmudiyah				DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER																
SHIPPED FROM		TO	WEIGHT	GOVERNMENT BAL 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)	QUANTITY	UNIT PRICE	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)			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)	EXCHANGE RATE =\$ =\$1.00	DIFFERENCES																
				Amount verified: correct for	\$15,000.00															
				(b)(3), b(6)																
Pursuant to authority vested in me, I hereby sign (b)(3), b(6)																				
C Foreign Claims Commission IK5 (Date) _____ (Authorized Certifying Officer) _____ (Title) _____																				
ACCOUNTING CLASSIFICATION (b)(2) High \$15,000.00																				
<table border="1"> <tr> <td>PAID BY</td> <td>CHECK NUMBER</td> <td>ON ACCOUNT OF U.S. TREASURY</td> <td>CHECK NUMBER</td> <td>ON (Name of bank)</td> </tr> <tr> <td></td> <td>CASH</td> <td>DATE</td> <td>PAYEE</td> <td>(b)(6)</td> </tr> <tr> <td></td> <td colspan="3">\$15,000.00</td> <td>(b)(6)</td> </tr> </table>						PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		CASH	DATE	PAYEE	(b)(6)		\$15,000.00			(b)(6)
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)																
	CASH	DATE	PAYEE	(b)(6)																
	\$15,000.00			(b)(6)																
<small>¹When stated in foreign currency, insert name of currency. ²If 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.</small>																				
<small>³When 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.</small>																				
Previous edition usable																				
PRIVACY ACT STATEMENT <small>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.</small>																				
NSN 7540-00-900-2234																				

CENTCOM 011230
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.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالممتلكات الشخصية الخاصة بك، تنظيم الجيش 27-20 وادارة شؤون US وقد قمت بمراجعة طبى وبدقة وفقا لقانون المطالبات الخارجية المعون 10, 2734, الجيش 27-162 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة، وفقا للواقع المذكور 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 ثلاثة يومنا (30) ويقدم الطعن وفقا للمادة (20-27) من قانون الجيش. AR

(b)(6)

Claimant

١٢ Nov 08

Date

Sincerely,

(b)(3), b(6)

(b)(6)

Witness

١٢ Nov 08

Date

Captain, US Army
Claims Attorney, IK5

CENTCOM 011231

08-IK5-T1544-00007

29272



AL_Mahmodia Claim Department



"THE CLAIM'S CONTAINS"

The Claimant name:-..

(b)(6)

- Two...photos...for...His...deceased...son...
-
• Iraq...claim...card...
-
• Iraq...death...certificate...
- A...contract...for...selling...and...buying...cars...
- A...temporary...car...document...
- Iraq...brother...card...
- Iraq...resident...card...
- A...copy...of...His...brother... (dead)..... (b)(6)
- A...copy...of...His...nationality..... (b)(6)

(b)(3), b(6)

AL Mahmodiah Claim Department

Date:... 7/9/08

CENTCOM 011232
08-IK5-T1544-00008



Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____ (b)(6)

Address: IRAQ - BAGHDAD

ID. 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 () Not an insurer
- e. Check one () A subrogee() 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: NUID 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 decide their duties in the south of IRAQ - Al-Fashid neighbourhood; my car was destroyed completely by american themselves 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 ID on my brother's death - the total compensation is 15 million ID

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08-IK5-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 Hunter
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- <i>destroying his car</i>	(b)(6)	<i>12 000 000</i>
2- <i>Killing His Brother</i>	(b)(6)	<i>3 000 000</i>
3-		
4-		
5-		
6-		

Total: *15 000 000*

I was insured to the following extent against the damager 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 the 21 day of Nov, 2007.

(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 11-2-2007. while the M.M.F. doing its jobs in the district of Al Basheer - South Baghdad near the the Bridge of the highway, while they were driving ~~as~~ in the wrong side. one of the hummers vehicles struck my car No. (b)(6) Baghdad Type Daeyo 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)

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: Youshina
Cause of death:
Car accident by U.S. vehicle
according to the Al Nasiriyah Police
officer date 11-21-2007

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08-IK5-T1544-00015

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Foreign Language Text, (b)(6)

CENTCOM 011240
08-IK5-T1544-00016

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Contract of Buying and Selling Case

The Seller:-

The Buyer:-

Vehicle No.: Hyundai Sonata

gray color, Saloon

Price: \$ 11,000.00

start

(b)(6)

(b)(6)

(b)(6)

Pages 18 through 19 redacted for the following reasons:

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

id. Card No. _____
Name: _____
gender: _____ male
Birth date: _____

M. - R. - M.

(b)(6)

(b)(6)

(b)(6)

foreign language, (b)(6)

29283

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08-IK5-T1544-00020

Personal id Card No.

Name:

Gender: Male

Birth date:

Boghdad

(b)(6)

(b)(6)

(b)(6)

foreign language, (b)(6)

29284

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08-IK5-T1544-00021

foreign language, (b)(6)

COM 011246
08-IK5-T1544-00022

29285

registration card for the vehicle no,

(b)(6)

Baghdad, owner name,

(b)(6) The User name

(b)(6)

Type: -1 yondanis Sonata

dated 08-15-2007

(b)(6) *prey*

CENTCOM 011247
08-IK5-T1544-00023

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Page 24 redacted for the following reason:

foreign language, (b)(6)



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08-IK5-T1544-00026

29289



CENTCOM 011251

08-IK5-T1544-00027

29290