

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

# Vehicle Accident

204-4  
9-Apr-08

- Make sure ~~not~~ this hasn't been filed in Yusifiyah  
~~If not a duplicate, approve for \$10,000~~
- approve = \$10,000

(b)(6)

T-510

CENTCOM 017071

08-IK5-T510-00001

29564



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team  
1st Armored Division  
Camp Striker, Iraq, APO AE 09322

AETV-THO-JA

31-Jan-09

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

08-IK5-T510 / 204-4

#### 1. Facts.

Claimant alleges CF convoy hit the claimants husbands vehicle killing him and damaging the vehicle.

Claimant has requested \$13,500.00

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 \$10,000.00

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

CPT, JA  
Claim Attorney 12D

CENTCOM 017072

08-IK5-T510-00002

29565



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

07 August 2008

Foreign Claims Commission: IK5

RE:

(b)(6)

T510 / 204-4  
08-IK1-T~~048~~ / ~~1048~~

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage to your house. 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 \$500.00**

~~\$10,000~~

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.

عزيزى مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالمتلكات الشخصية الخاصة بك، تنظيم الجيش 27-20 وادارة شؤون US وقد قمت بمراجعة طبک وبذقة 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 المذكورة في طبک ومن خلال التحقيق اجد ان طبک قابل للتعويض ~~\$500.00~~ **10.000**

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

(b)(6)

Sincerely,

21 JAN 09  
Date

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

(b)(6)

Captain, US Army  
Claims Attorney, IK5

21 Jan 09

CENTCOM 017073

29566

08-IK5-T510-00003

Standard Form 103a (CG)  
Revised October 1987  
Department of the Treasury  
17 CFR 200  
103a-121

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		10 DATE VOUCHER PREPARED 20-Jan-09	SCHEDULE NO.			
		CONTRACT NUMBER AND DATE	PAID BY			
		REQUISITION NUMBER AND DATE	Camp Liberty, Iraq APO AE 09344 DSSN: 5579			
CLAIM #: 08-IK5-T510  PAYEE'S NAME AND ADDRESS  (b)(6) Baghdad		DATE INVOICE RECEIVED				
		DISCOUNT TERMS				
		PAYEE'S ACCOUNT 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		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 AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$10,000.00

(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL	\$10,000.00
PAYMENT:	APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL	=5	=\$1.00			
<input checked="" type="checkbox"/> COMPLETE	BY				
<input type="checkbox"/> PARTIAL	(b)(3), (b)(6)				
<input type="checkbox"/> FINAL					
<input type="checkbox"/> PROGRESS	TITLE: SFC, U.S. Ari	(b)(3), (b)(6)	Amount verified, correct for	\$10,000.00	
<input type="checkbox"/> ADVANCE	Pay Agent		(Signature or initials)		

Pursuant to authority vested in me: (b)(6)

21 JAN 09

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

Foreign Claims Commission 12D

(Date)

(Authorized Certifying Officer)

(Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

\$10,000.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	(b)(6)
	\$10,000.00		(b)(6)	PER
				TITLE

When stated in foreign currency, insert name of currency.

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.

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 7540-00-080-7236

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 017074

08-IK5-T510-00004

29567

# CLAIMS LOG

AMOUNT CLAIMED: 12500

**CLAIMANTS NAME:** (b)(6)

DATE CLAIM SUBMITTED: 9 Apr 08

DATE OF INCIDENT: 26 SEP 07

PARALEGAL RECOMMENDATION: Approve 10,000

FCC ACTION:  DENY  APPROVE  OTHER

**COMMENTS / REMARKS:**

claims card + photos good  
non-combat vehicle accident



CENTCOM 017075

08-JK5-T510-00005

29568

## GIC OPINION ABOUT A CLAIM

CASE NO. (b)(6)

(b)(6)

1. The claimant presented claim card from the US Army proved their responsibility for the death claimant's husband and destroyed his car type prince black color model (b)(6) plate NO (b)(6) /Baghdad.
2. The claimant presented pictures showing the damages into the car.
3. The claimant proved the owner ship of the car which belongs to her husband.
4. The claimant ask amount of **\$ 13500.00**.
5. We letting her case compensation go to you.

With our respects

(b)(6)

(b)(6)

LAWYER

(b)(6)

13 APRIL 08

CENTCOM 017076

08-IK5-T510-00006

29569

# Claim Department

## "THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- Claim card.....
- Three pictures.....
- Death certificate.....
- Vehicle ID.....
- Personal document.....
- .....

SIGN; \_\_\_\_\_ (b)(6) \_\_\_\_\_

;

NAME; \_\_\_\_\_

DATE: 9-Apr-08



## Claims Form



To: United States Army Foreign Claims Commission

From: Name: \_\_\_\_\_ (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No. \_\_\_\_\_ (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Baghdad - Iraq
- 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 and Telephone Number)

M.N.F

The property damaged had 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 Al. Youssifaya Baghdad Iraq  
(Town) (City) (Country)

My claim arose on Sep 26 2007  
(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 26- Sep- 07 at 9:00 PM my husband had been  
To hit accident with a U.S convoy at Al. Youssifaya  
Area. lead to killed my husband and damage car  
For that am asking for compensation.

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

Killed my husband with damage vehicle  
By The U.S. convoy

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- For value the victim	\$ 5000.00
2- For damage vehicle	\$ 8500.00
3-	
4-	
5-	
6-	

Total: \$ 13,500.00

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)

\$ \$ 13,500.00 local 16,200,000 ID

(b)(6)

(Signature of claimant)

Subscribed before me this 9 day of Apr, 2008.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

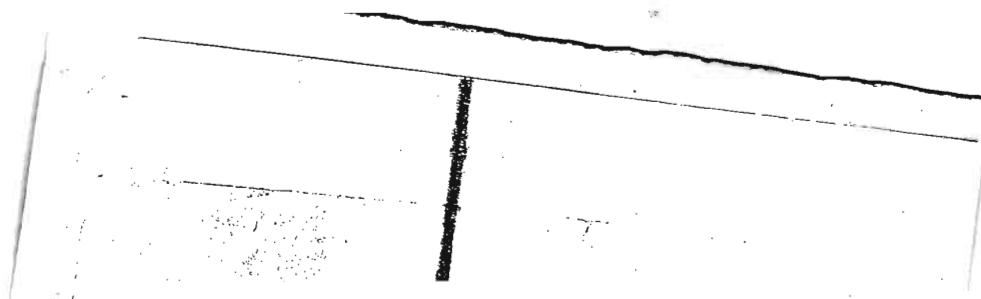
CENTCOM 017079

08-IK5-T510-00009

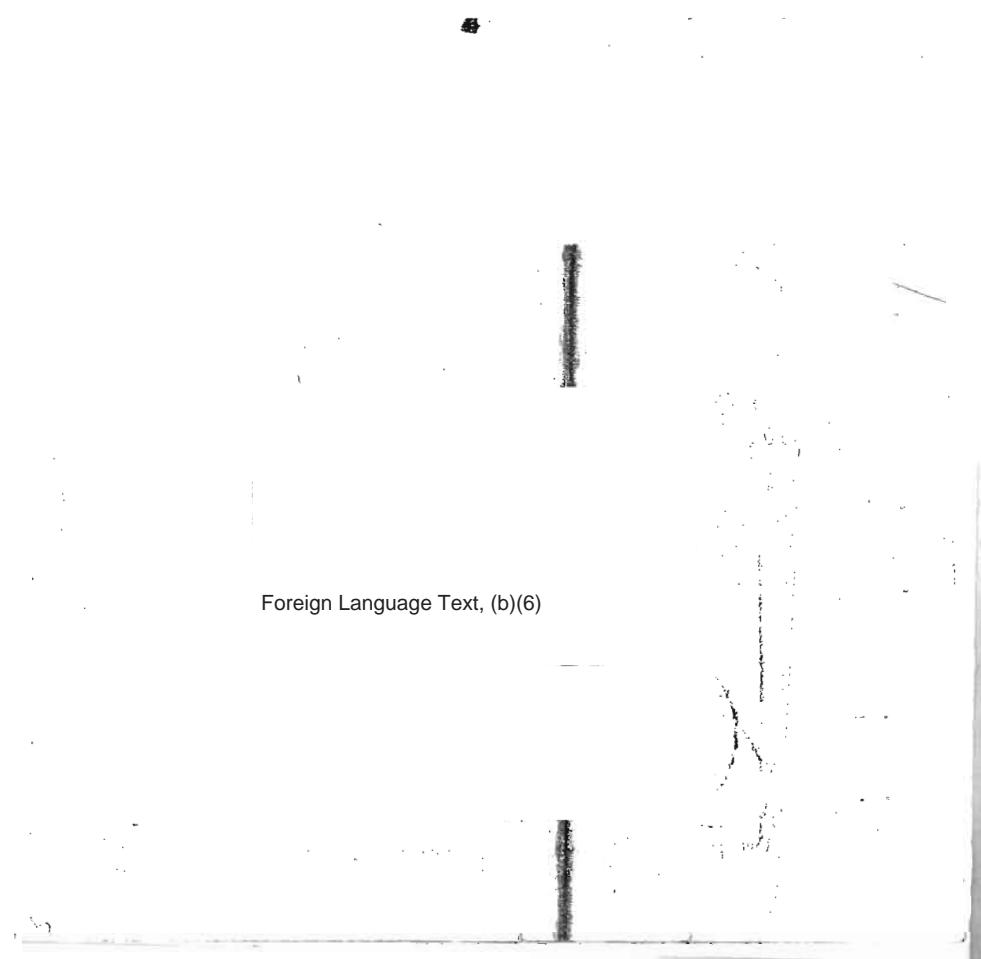
29572

Pages 10 through 12 redacted for the following reasons:

-----  
Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

CENTCOM 017083

08-IK5-T510-00013

29574

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017084

08-IK5-T510-00014

29575

Foreign Language Text, (b)(6)

CENTCOM 017085

08-IK5-T510-00015

29576

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

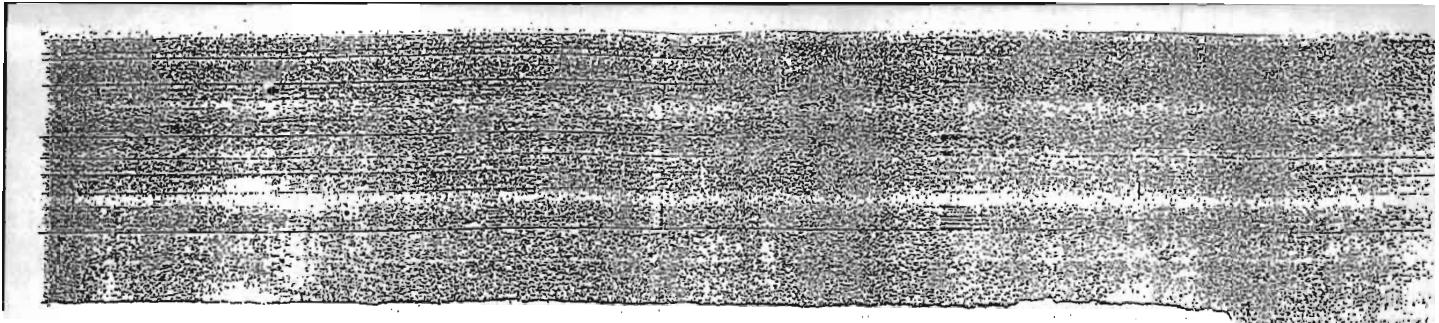
CENTCOM 017086

08-IK5-T510-00016

29577

Page 17 redacted for the following reason:

-----  
Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

CENTCOM 017088

08-IK5-T510-00018

29579

**MULTINATIONAL  
DIVISION - BAGHDAD**

**IRAQI CLAIM CARD**

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكرام، مقابل الضياف الذي ثقften بك، أسموا كانت اضراراً جسدية من اصابات إلى اخره ، او موت لاضيق الله لاخذ من الاقرءاء ، وكان السبب وراء ذلك القوات الامريكية فقد قتلت ذلك القات في التعرض، المتقدم ببلاغ والطالع بحقول الراجم احضار الآتي، هذه البطاقة وهي تذكر المخيبة من كل الورق الرسمي المتعلق بهذه الامر والتي تدعى باسم الموضع مثل: صور الحادث، شهادة الشهود، تقرير الشرطة، وأوصالات بالاسلام او التسليم، وأوراق المكالمة التي حصلت او تضررت ولا تهاول ان تحصل على تمويل عن عنة ، ورخصة الساقة ان كنت تعلم ( رخصة )

الراجم احضار هذه المستندات إلى مركز المساعدة العراقي في مسکر  
الناجي بوجبة كسر، البوابة الهمائية في مسکر الملاكون، الحموية في  
مسکر قاب مسکر قاب مسکر كالوس ، مسکر دوك .  
واحد الراجم الحكومية ، النورة او مدينة الصدر . ٩ - نهاش ، الرشيد  
الرسوخية الراصدة الامانات الکسر الاعظمية - الاکبرة او سبع  
البوز .

ملاحظة: امتلاك هذا الكرت (المستند) لا يعني الدفع المؤكد .

وشكراً لتعاونكم معنا

<b>MULTINATIONAL DIVISION - BAGHDAD</b>	
<b>IRAQI CLAIM CARD</b>	
 <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 2822. 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.</p>	
UNIT	Cco. 2-14 INF
DATE	26 SEP 07
LOCATION	(b)(2)High
TYPE OF INCIDENT	Car was damaged and this driver was killed by US forces

CENTCOM 017089

08-IK5-T510-00019



CENTCOM 017090

08-IK5-T510-00020

29581



CENTCOM 017091

08-IK5-T510-00021

29582



CENTCOM 017092

29583

08-IK5-T510-00022