

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

Vehicle Accident

- make sure ~~at~~ this hasn't been filed in Yusufiyah

~~If not a duplicate, approve for \$10,000~~

- approve \$10,000

204-4
9-Apr-08

(b)(6)

T-510

CENTCOM 017071

29564

08-IK5-T510-00001



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)

08-IH1-~~T048~~ / ~~10001~~

T510 / 204-4

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.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالملكات الشخصية الخاصة بك, تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 162-27 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, ~~500.00~~ **10,000**

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

Sincerely,

(b)(6)

21 JAN 09
Date

Claimant

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

(b)(6)

Captain, US Army
Claims Attorney, IK5

21 Jan 09

CENTCOM 017073

08-IK5-T510-00003

29566

<small>Standard Form 103a (EG) Revised October 1987 Department of the Treasury 111M-6-2000 103a-121</small>		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 20-Jan-09		SCHEDULE NO.
PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px; margin: 5px;"> CLAIM #: 08-IK5-T510 (b)(6) Baghdad </div>				CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579
				REQUISITION NUMBER AND DATE		
				DATE INVOICE RECEIVED		
				DISCOUNT TERMS		
SHIPPED FROM TO WEIGHT				PAYEE'S ACCOUNT NUMBER		GOVERNMENT RL NUMBER
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	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.			\$10,000.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL \$10,000.00
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)(3), (b)(6) TITLE SFC, U.S. Ar Pay Agent	EXCHANGE RATE = \$ 1.00	DIFFERENCES		Amount verified, correct for (Signature or initials)
Pursuant to authority vested in me I,		(b)(3), (b)(6)	Foreign Claims Commission 12D			
21 JAN 09 <small>(Date)</small>		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
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.						TITLE
Previous edition usable:						
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 51 U.S.C. 82n and 52c, 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.						

NSI 7540-00-900-2234

CENTCOM 017074

08-IK5-T510-00004

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-IK5-T510-00005

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)

LAWYER

(b)(6)

13 April 08

(b)(6)

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: _____
- b. A permanent resident of: Iraq;
- c. Employed by: Baghdad - Iraq
- 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 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-Youssifeya 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-Youssifeya
Area. led to Killed my husband and damage car
For that am asking for compensation.

CENTCOM 017078

08-IK5-T510-00008

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.)

Item	Amount
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

08-1K5-T510-00009

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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

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08-IK5-T510-00013

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017084

08-IK5-T510-00014

Foreign Language Text, (b)(6)

CENTCOM 017085

08-IK5-T510-00015

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017086

08-IK5-T510-00016

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017088

08-IK5-T510-00018

**MULTINATIONAL
DIVISION - BAGHDAD**

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضرار جسيمة من أصابات إلى أخرى، أو موت لأحد من الأقارب، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض. المتقدم بمبلغ والمطالبة بحق الرجاء احضار الآتي، هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للخصات، شهادة الشهود، تقرير الشرطة، وإيصالات بالاستلام أو التسليم، وإثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورجاسة السجادة إن كنت تحمل رخصة).

الرجاء احضار هذه المستندات إلى مركز المساعدة العراقي في معسكر التاجي بولاية كسر، البوابة الهندية في معسكر هالكسون، العمودية في معسكر فاب معسكر هوت معسكر كاسو، معسكر دوك. أو أحد المراكز الحكومية، السيرة أو مدينة الصدر، ٩ نيسان - الرشيد الرضوانية الرصافة الأمانات الكرخ الأعظمية الأكرادة أو سبع البيور.

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

شكراً لتعاونكم معنا

**MULTINATIONAL
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 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 Cco. 2-14 INF

DATE 26 SEP 07

LOCATION (b)(2)High

TYPE OF INCIDENT Car was damaged and driver was killed by US forces

CENTCOM 017089

29580

08-IK5-T510-00019



CENTCOM 017090

08-IK5-T510-00020

29581



CENTCOM 017091

08-IK5-T510-00021

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CENTCOM 017092

08-IK5-T510-00022

29583