



DEPARTMENT OF THE ARMY  
 HEADQUARTERS, MULTINATIONAL DIVISION - CENTRAL SOUTH  
 US ARMY G-STAFF  
 AD DIWANIYAH, IRAQ  
 APO AE 09332

REPLY TO  
 ATTENTION OF

To: [REDACTED]  
 From: Foreign Claims Commission IF9  
 Re: Claim number 05IF9T0222

Sir/Ma'am

Your claim, number 05IF9T0222 filed pursuant to the Foreign Claim Act has been approved in the amount of \$ 10,000.00. That proposed payment, if accepted, will constitute a full and final satisfaction of your claim against the United States and against any of its entities and a full and final waiver by you of your claim against the United States and against any of its entities.

Foreign Claims Commission IF9:

With regard to my claim number 05IF9T0222, I accept payment in the amount of \$ 10,000.00 and acknowledge receipt of the same. I agree that my acceptance of said payment constitutes a full and final satisfaction of my claim against the United States or against any of its entities and constitutes a full and final waiver by me of my claim against the United States or against any of its entities.

20 April 06  
 Date

[REDACTED]

[REDACTED] الى  
 [REDACTED] شكاوى  
 : 05IF9T0222

[REDACTED] : 05IF9T0222 شكاوتكم الرقم

:IF9 [REDACTED]

\$ 10,000.00 الدولار [REDACTED] 05IF9T0222 [REDACTED]

[REDACTED]

20 April 06  
 Date

[REDACTED]

التاريخ  
 000366

Standard Form 1034  
 Revised October 1987  
 Department of the Treasury  
 1 TFM 4-2000  
 1034-121

**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

VOUCHER NO.  
  
 SCHEDULE NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
 Department of the Army  
 230th Finance Battalion  
 Camp Liberty, Iraq  
 APO AE 09352  
 DSSN: 5579

DATE VOUCHER PREPARED  
 4/16/2006 9:07:16 AM  
 CONTRACT NUMBER AND DATE  
 051F9T0222 4/20/2006  
 REQUISITION NUMBER AND DATE  
 WAT6YA-6104-0800 14 April 2006

PAID BY  
 230th Finance Battalion  
 Camp Liberty, Iraq  
 APO AE 09352  
 DSSN: 5579

PAYEE'S NAME AND ADDRESS  
 [REDACTED]  
 ID # 680681

DATE INVOICE RECEIVED  
 DISCOUNT TERMS  
 PAYEE'S ACCOUNT NUMBER

SHIPPED FROM TO WEIGHT GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
1	4/20/2006	Payment in settlement of claim under Foreign Claims Act	1			10,000.00

(Use continuation sheets if necessary) (Payee must NOT use the space below) TOTAL 10,000.00

PAYMENT:  PROVISIONAL  COMPLETE  PARTIAL  FINAL  PROGRESS  ADVANCE

APPROVED FOR = \$ EXCHANGE RATE = \$1.00 DIFFERENCES

BY: MAJ [REDACTED] TITLE MAJ US ARMY PAYING AGENT

Amount verified; correct for (Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

20 April 06 [REDACTED] [REDACTED], LTC, USA  
 MND-CS, FCC IF9

ACCOUNTING CLASSIFICATION  
 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9205 \$10,000.00  
 WAT6YA-6104-0800

PAID BY CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank)

CASH DATE 20 April 2006 PAYEE [REDACTED]

\$10,000.00

PER 000367  
 TITLE



REPLY TO  
ATTENTION OF

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HEADQUARTERS, MULTINATIONAL DIVISION – CENTRAL SOUTH  
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MND-CS-LEGAD

Claim of [REDACTED], 05-IF9-T-0222

ACTION

- Facts: The claimant alleges that on 23 September 2005 his brother and sister-in-law were killed by US forces while driving near Masayyib. His two nephews were wounded and treated at an American medical facility. Medical records were attached. Claimant demanded payment in the sum of \$30,000.00. A review of available US reports established that an Escalation of Force Incident did occur SW of Musayyib at about 2000D on ASR Cleveland on 23 September 2005. The American unit involved was 3/B/1-155IN. The patrol followed established procedures when approached by a civilian vehicle which did not yield to the patrol, including using lights, hand signals and warning shots. When the vehicle continued to approach, the patrol fired on the vehicle with two M249 SAWs firing a total of 200 rounds (100 per weapon). Two adult civilians were killed and two children (ages 9 and 6) were wounded.
- Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. The use of arm signals indicates that there was sufficient daylight for the oncoming driver to observe the convoy, which would indicate that the military personnel were in a position to observe the number of occupants in the vehicle (at least that there were two adults). The number of rounds fired is not proportionate to the need as required by the proportionality requirement of the existing ROE. Therefore, this Foreign Claims Commissioner feels that the patrol's actions were excessive and wrongful under these circumstances.
- Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
- Action: The claim will be paid in the amount of \$10,000.00 as the decedent father was contributorily negligent under the circumstances..

[REDACTED]  
LTC, JA, U.S. Army  
FCC IF9

000368

Claims Form

To: HQ MND (C-S)

From:

Name:

Address:

Phone no:

I am:

- a) a citizen and national of: Iraq
- b) a permanent resident of: Kerbala-Al-Husseiniya
- c) employed by: free works
- d) check one ( ) an insurer ( ) not an insurer
- e) check one ( ) a subrogee ( ) not a subrogee

I hereby make a claim against the HQ MND (C-S) for damages or injuries caused by:  
(name, organization, military department, address, telephone number)

against USA Army

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.)

Death of Two persons (My brother and his wife)  
injury of Two persons (My nephews)  
and damaged car

My claim arose at: Al-Husseiniya Kerbala Iraq  
(town) (city) (country)

My claim arose on: Sep 23 2005  
(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, include witnesses.

while My brother [redacted] and his wife [redacted] in their car  
they shot by the American Soldiers and killed them  
at once in addition to injury their kids  
7,4 years old. besides damaging their car  
Mazda, red, 89 completely

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

\* Death of My brother [redacted] and his wife [redacted]

\* Injuring of [redacted] (7 years old) [redacted] (4 years old)

\* Damaging their car

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
* Death	15,000 \$
* Injury	10,000 \$
* Car damage	3,000 \$
* funeral	2,000
Total: 30,000 \$	

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

Name and address of my insurer (if any) is:

(name)

(address)

as damages: (Indicate amount in US dollars and local currency)

30000 US\$

local 45,000,000 ID

(signature of Claimant)

Subscribed before me this

24th

day of

Nov

2005

(signature)