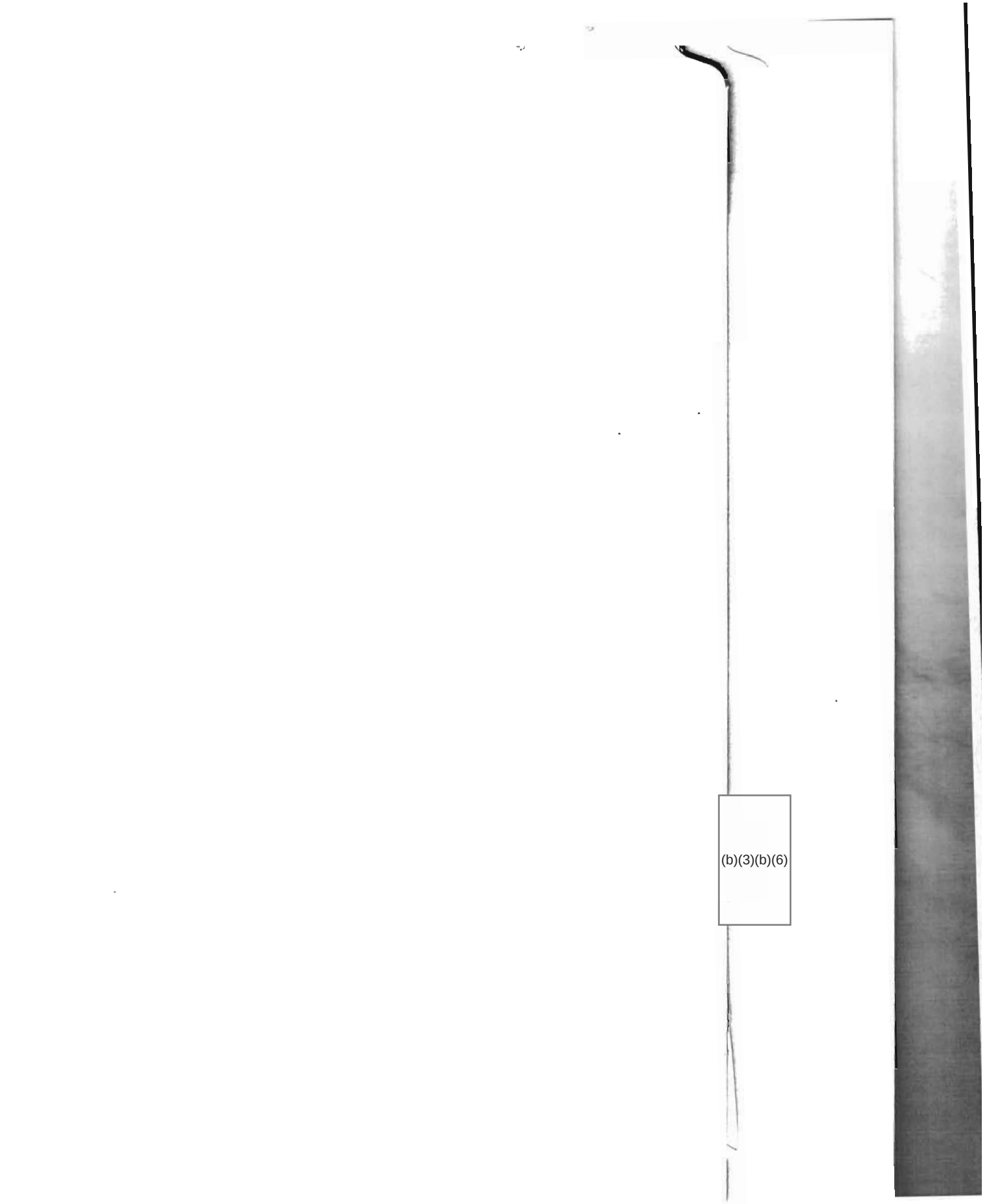
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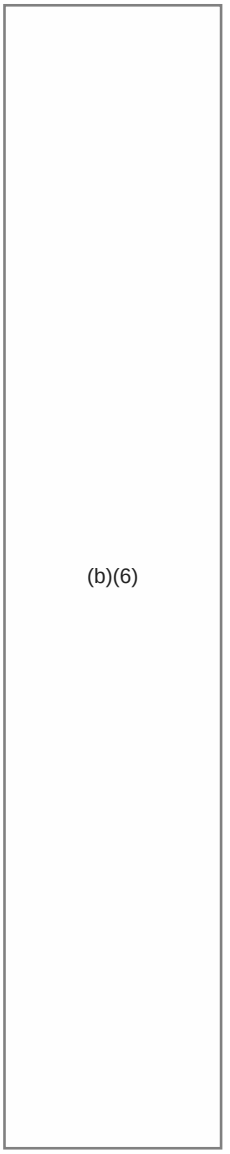


2-020-5

1510-80

Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
1 TFM 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
HQ, 4th BDE, 10th MTN DIV
Office of the Staff Judge Advocate
APO AE 09352

10DATE VOUCHER PREPARED
23 June 2008

SCHEDULE NO

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
13th Finance Group
Camp Liberty, Iraq
APO AE 09352
DSSN: 5579

CLAIM #: I15/08-0151

PAYEE'S NAME AND ADDRESS
(b)(6)
(b)(2)High
(b)(6)
Baghdad, Iraq.
(b)(6)

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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE 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.				$11000.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** **TOTAL** **$11000.00**

PAYMENT
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

BY

TITLE

DIFFERENCES

Amount verified, correct for **$11000.00**

(Signature or initials) (b)(3), (b)(6)

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

23JUN08
(Date)

(b)(3), (b)(6)
(Authorized Certifying Officer)

(b)(3), (b)(6)
CPT , JA
Claims Judge Advocate
(Title)

ACCOUNTING CLASSIFICATION

(b)(2)High

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

SSG, U.S. Army
Foreign Claims Pay Agent

PAID BY

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

CASH | DATE

$ $11000.00

(b)(6)

[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.

PER

TITLE

Previous edition usable

NSN 7540-00-900-2234

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. Failuure to fmish this information will hinder discharge of the payment obligation.

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0305 **USARCS NUMBER: 08-0151**

Date Received: 4/4/2008 12:00:00 AM

Name: (b)(6)

Address: (b)(2)High (b)(6)

(b)(2)High

Claim Summary: Claimant's parents killed in a vehicular accident involving C.F.

Date of Incident: 3/3/2007 12:00:00 AM

Amount Requested: $30000.00

(b)(2)High, (b)(5)

Note

(b)(5), (b)(2)High

CERP CONDOLENCE CONSIDERATION

(b)(2)High

(b)(3)(b)(6

(b)(6)

Date entered into USARCS Database: _____

Claims For (b)(6)

Claim#. 2-030-S

Date: 11th / Mar /2008

GICof / 9 NISSAN

To: United States Army Foreign Claims Commission.

Claimant Name (b)(6) Relationship: The Victims' (b)(6)

National of: Iraqi Claimant's Address :Neighborhoo (b)(2)High

Q (b)(6) St# (b)(6) H# (b)(6) Ph: (b)(6)

Have you filed a claim before? ☐ Yes ☒ NO

Damage type: ☒ Death ☐ Injury ☒ Car ☐ House ☐ Furniture ☐ Other

Place of incident:St. Canal road Town. Al- Ameen

City. Baghdad Country. Iraq

Date of incident: Time 1000 AM Day: 3rd Month : March Year :-2007

Give a brief statement of the accident or incident.

His parents were going to visit their relative when an American tank crushed the car caused death for both, full damage to the car.

Did you receive a claims card from the military unit that caused the incident?

☒ Yes ☐ No ☐ They didn't stop

List in detail the value of the property damage and itemized expenses resulting from the property damage or personal injury:(Attach bills)

Item	Amount: $	Amount :ID
Death 2 persons	24,000.00	
full damage to the car	6,000.00	

Total 30,000.00 U.S.D

List of attached document.

Identity	☒	House document	☐
Certificate of Nationality	☒	Car document	☒
Ration card	☒	Claim card	☒
Residence card	☒	Bills 2	☒
Picture	☒		
IP Report	☐		
Certificate of death 2	☒		

General Information Center TISA NISSAN 2

(b)(6)

Date 11th Mar 2008

Unit Name Iraq Nissan

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED OMB NO. 1105-0008

1. Submit To Appropriate Federal Agency:

HHC ROT Legal Office
Camp Loyalty, Iraq
APO AE 09390

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)

(b)(6)

(b)(2)High

3. TYPE OF EMPLOYMENT ☐ MILITARY ☒ CIVILIAN

(b)(6)

4. MARITAL STATUS: Single

5. DATE AND DAY OF ACCIDENT: 3rd, March, 2007

6. TIME (A.M. OR P.M.): 1000 AM

7. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) Use additional pages if necessary.)

My parents were going to visit our relative in Al-Ameen region. On canal road an American tank crushed the car and caused death for both, bull damage to my car.

8. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

Same as above.

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

U.S Forces killed my father, mother, destroyed my car.

9. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

10. WITNESSES

NAME	ADDRESS (Number, street, city, State, and Zip Code)

11. AMOUNT OF CLAIM (In dollars)

11a. PROPERTY DAMAGE	11b. PERSONAL INJURY	11c. WRONGFUL DEATH	11d. TOTAL (Failure to specify may cause forfeiture of your rights.)
6,000.00		24,000.00	30,000.00

12. I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

(b)(6)

12a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

12b. Phone number of signatory: (b)(6)

12c. DATE OF CLAIM: 11th March 08

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of $2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

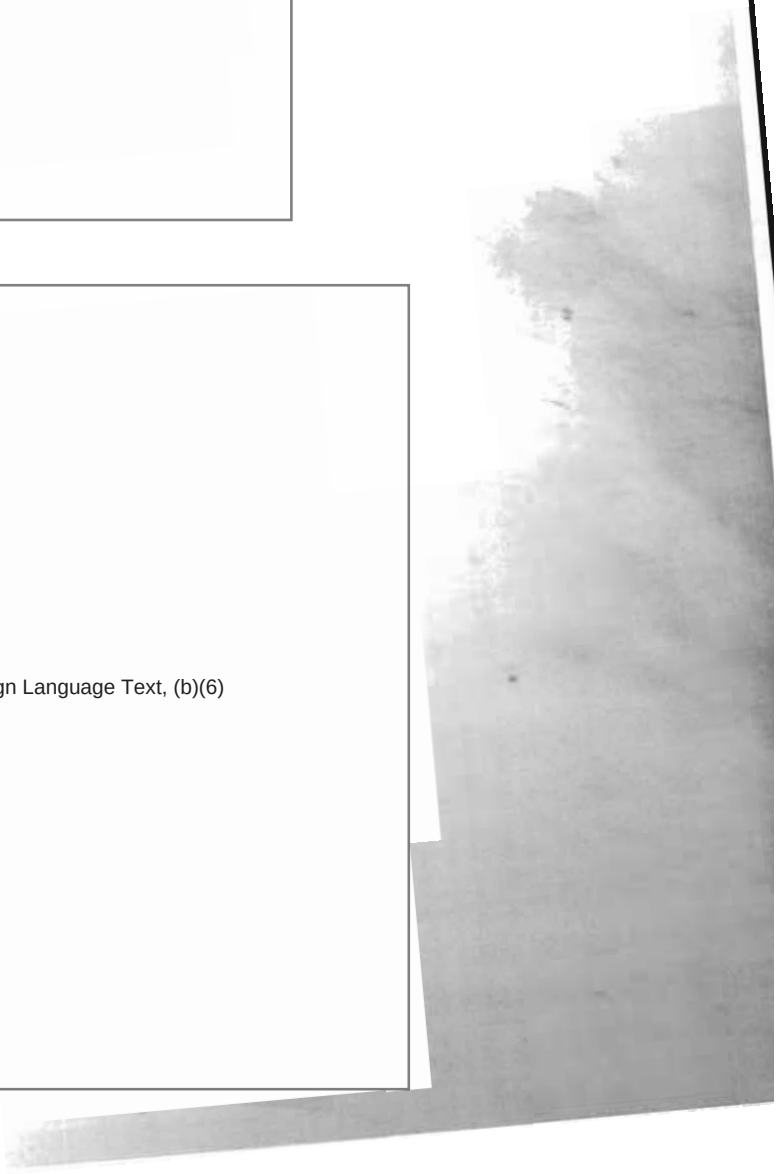
Previous editions not usable.

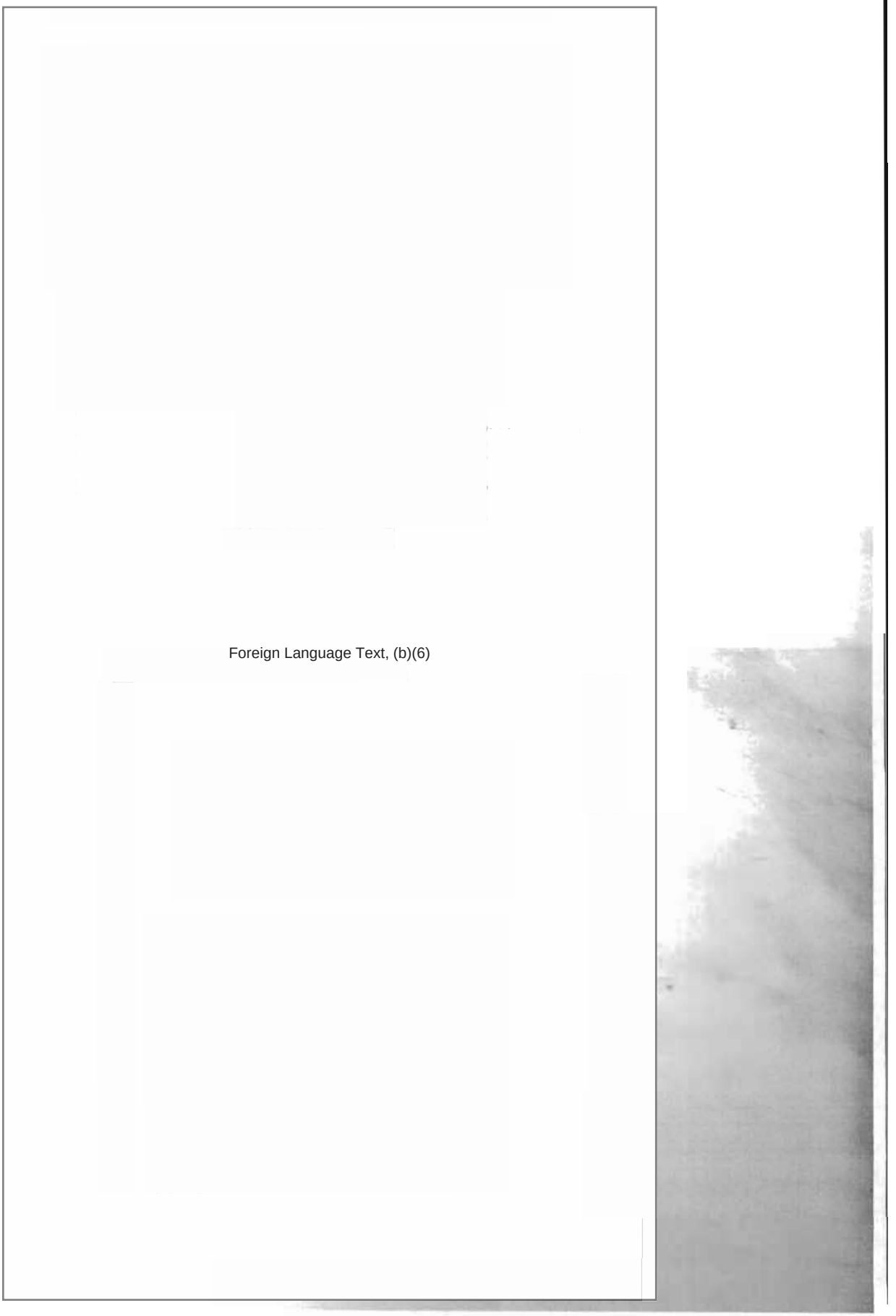
STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

NSN 7540-00-634-4046

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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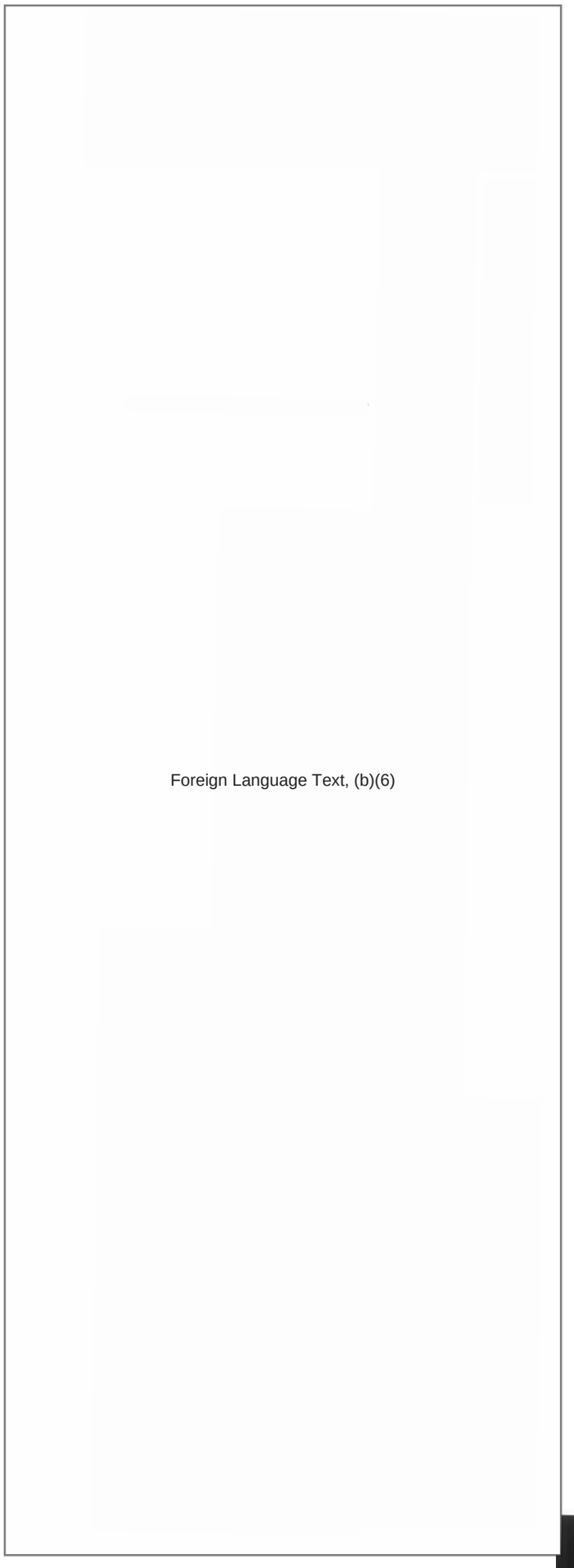
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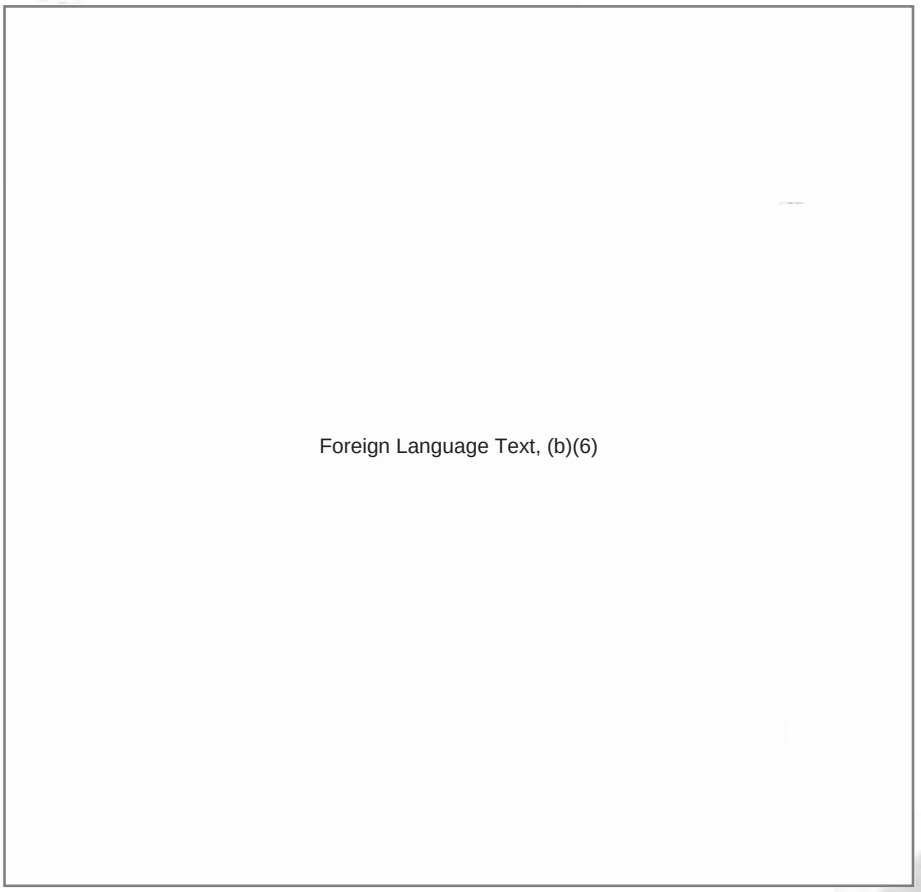
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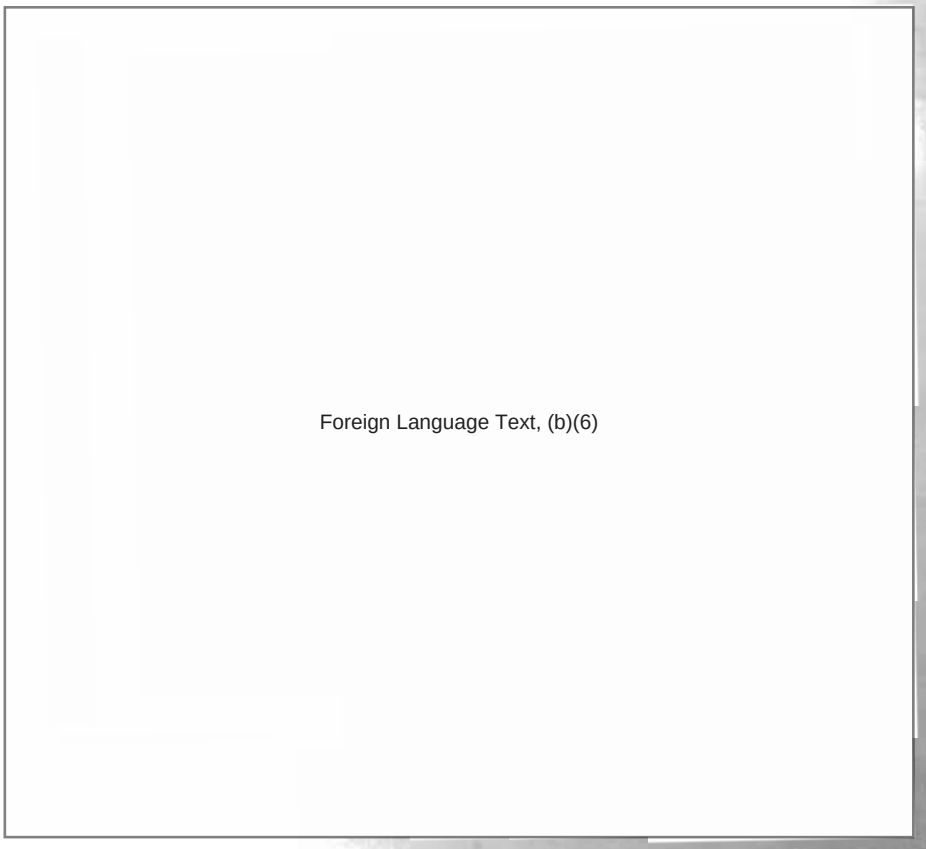
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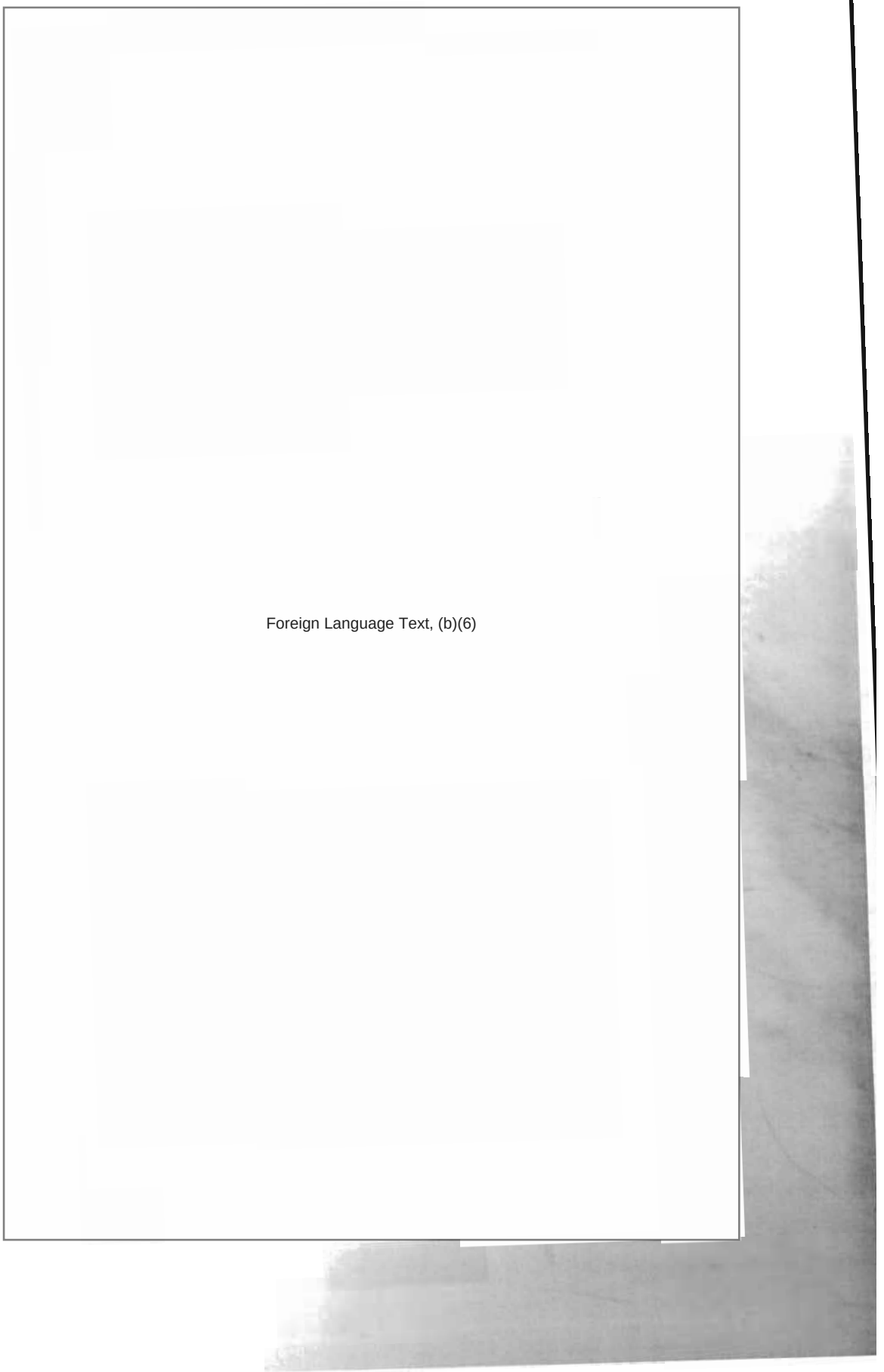

Foreign Language Text, (b)(6)

...SH FORCE
...GDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

نحن المواطن الكريم مقابل الاضرار التي لحقت بك . سواء كانت اضرار جسدية من اصابات الى نحوه ، او موت لا سمح الله لاحد المقربين ، وكان السبب وراء ذلك القوات الامريكية . فقد يكون لك الحق في التعويض.

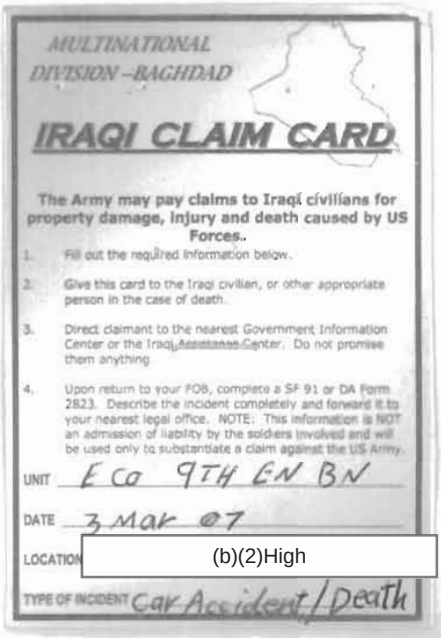
لتقديم بلاغ والمطالبة بحقك الرجاء احضار الاتي هذه البطاقة وهويتك الشخصية مع كل الاوراق الرسمية المتعلقة بهذا الامر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود ، تقرير الشرطة ، ووصول بالاستلام او التسليم ، واثبات الملكية لما خطم او تضرر ولما تحاول ان تحصل على تعويض عنه ، ورخصة السياقة ان كانت تحمل رخصة)

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر التاجي (Camp Taji) بوابة كنر (Gunner Gate) ، البوابة الهندية في معسكر فالكون (Camp Falcon) ، المحمدية في معسكر فلب (FOB Mahmudiyah).

او احد احد المراكز الحكومية: الثورة ، 9 نيسان ، الكاظمية ، الرشيد ، المنصور ، الرصوانية، الرصافة ، والاعظمية ، الكرخ ، اعظمية ، كرادة او سبع ابور

ملاحظة : امتلاك هذا الكرت (المستمسك) لا يعني تدفع المؤكد

وشكرا 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 E Co 9TH EN BN

DATE 3 Mar 07

LOCATION (b)(2)High

TYPE OF INCIDENT Car Accident/Death

Page 13 redacted for the following reason:
- -
(b)6 Foreign Language

Foreign Language Text, (b)(6)

Death certificate

Certificate Number
Organize Date.
4 Mar 07

Republic of
Iraq
Ministry of health
Counting Section
of health and Life

1. Name of Dead person and tripe. (b)(6)
2. Sex. (b)(6)
3. Nationality. Iraqie
4. Religon. Muslem
5. occupation. (b)(6)
6. Marrital Status. married
7. Birth date (b)(6)
8. residence permenent (b)(6)
9. province Baghdad 2007
10. place of Death. highway near fob rashmaiyah
11. Date of Death. 3 March 2007
12. Dead father's Name. (b)(6)
13. Dead of Mother's Name. (b)(6)
14. The Reporter of accident. Al-Rashad police station
15. Reason of Death. Crashing accident with American forces

Dri Name. (b)(6)
Dri address. Oeanic Baghdad Justice

By according of application Number
(b)(6)
Issued in 3 mar 2007

Foreign Language Text, (b)(6)

Death certificate

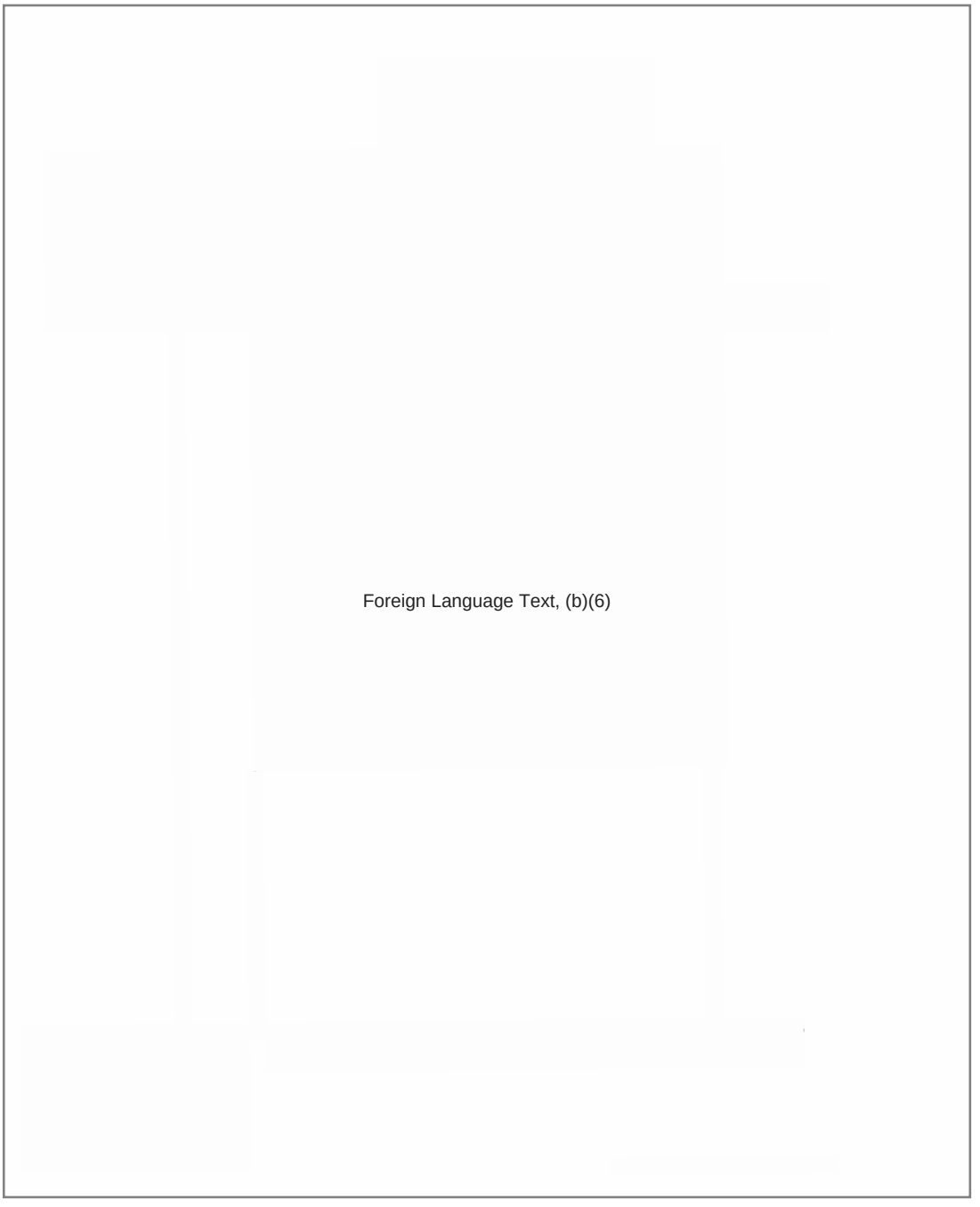
Certificate Number
(b)(6)

Republic of Iraq
Ministry of health
Counting healthy
and life Section

Organize Date
4 March 07

1. Name of Dead person and tribe. (b)(6)
2. Sex M
3. Nationality. Iraqi
4. Religon. Muslem
5. occupation. (b)(6)
6. Martial Status Married
7. Birth Date (b)(6)
8. permanent residence. ?
9. place of Death. High way near Kab Kasturnaigah
10. Date of Death. 3 Mar. 07
11. The dead is father. Name. (b)(6)
12. " " , mother's Name.
13. Reason of Death. Crashing accident by American forces
14. dead happend in ~~other place~~ hospital. Hewer
15. Dr. address. medical treatment Bgg halal Justice
16. I'm the Dr. Sign (b)(6)
I did the autopsy to body of (b)(6)

Issued in 3 mar 07 according by
application Number (b)(6)
Sending by (b)(6) police station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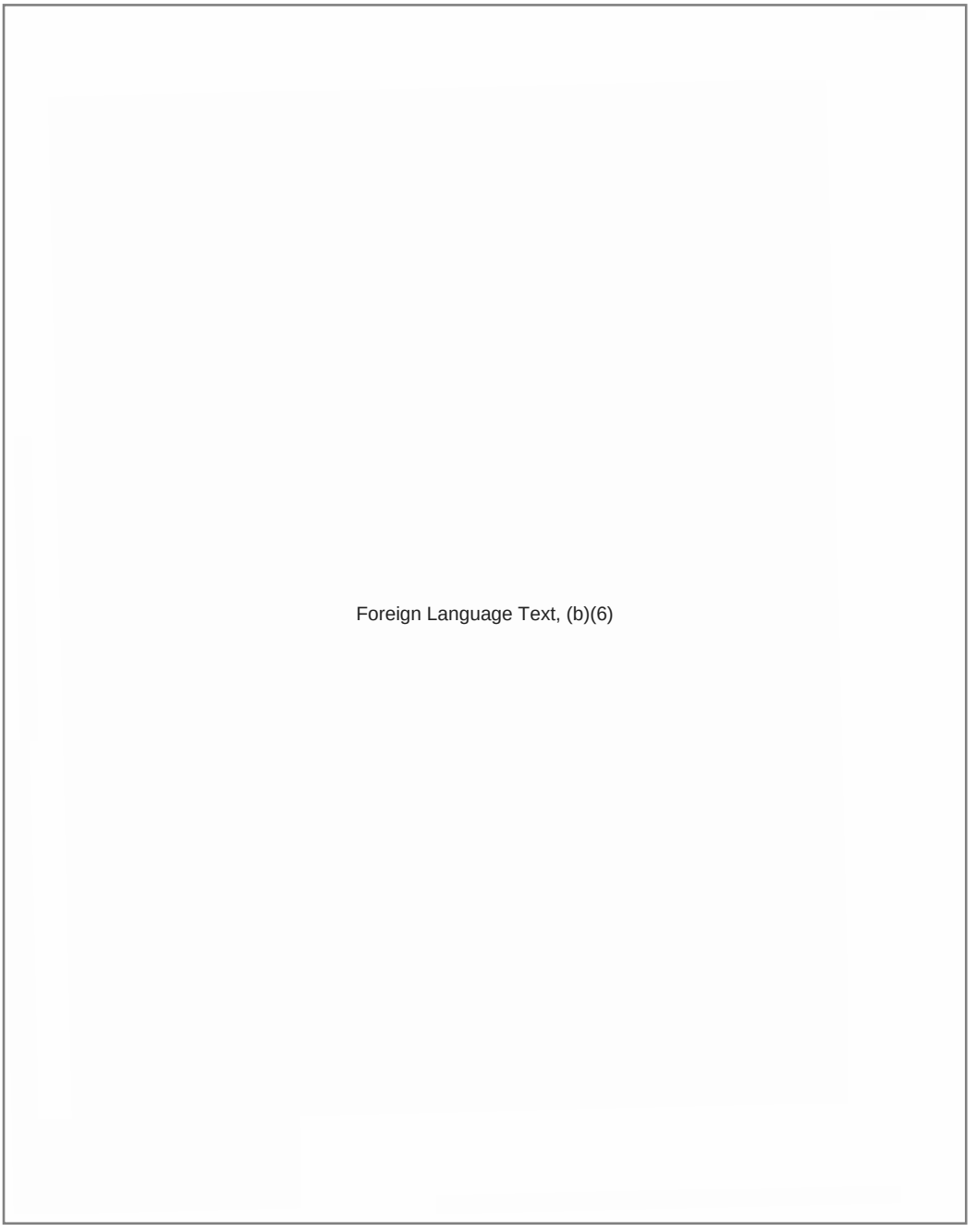
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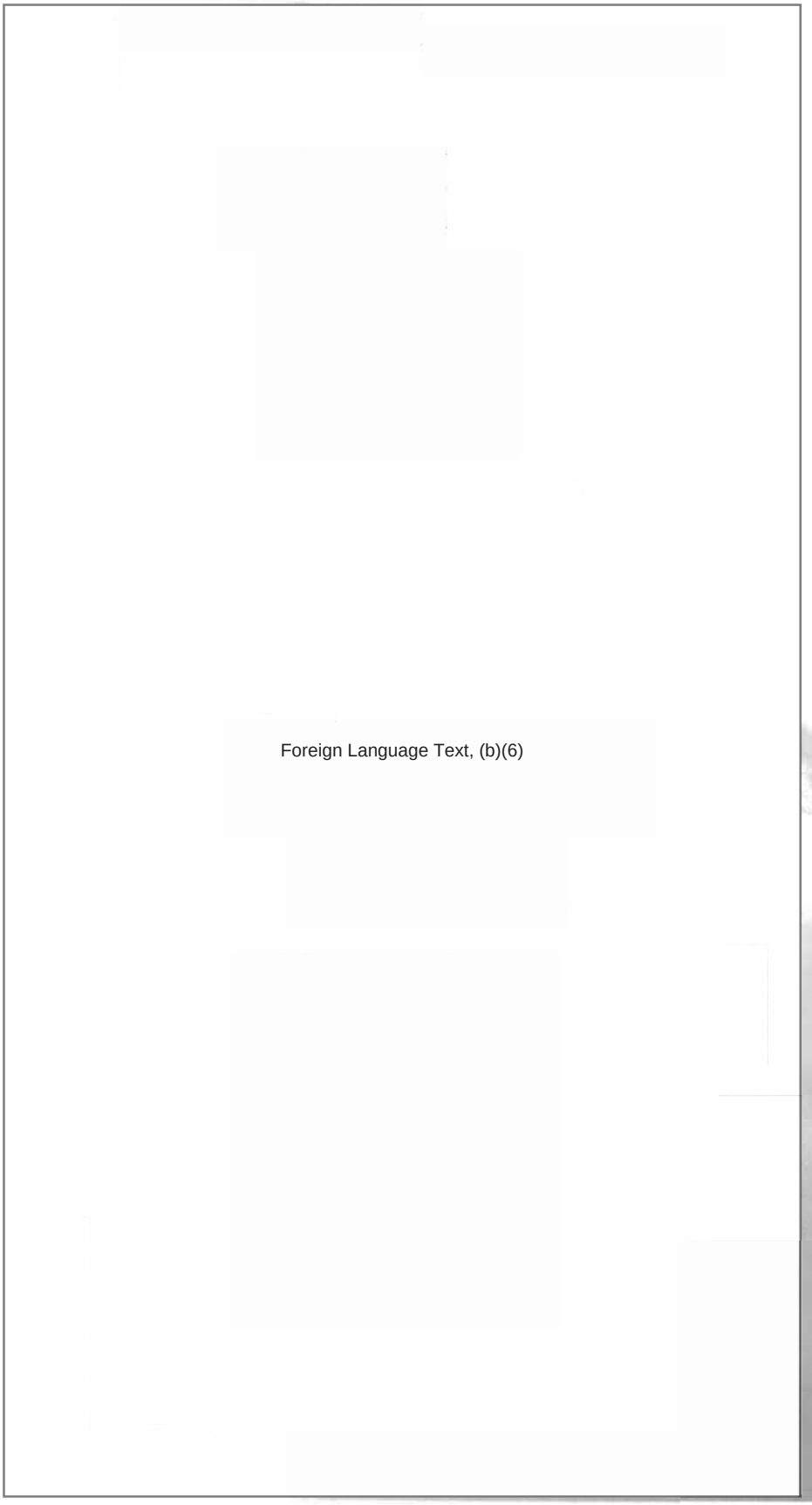
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