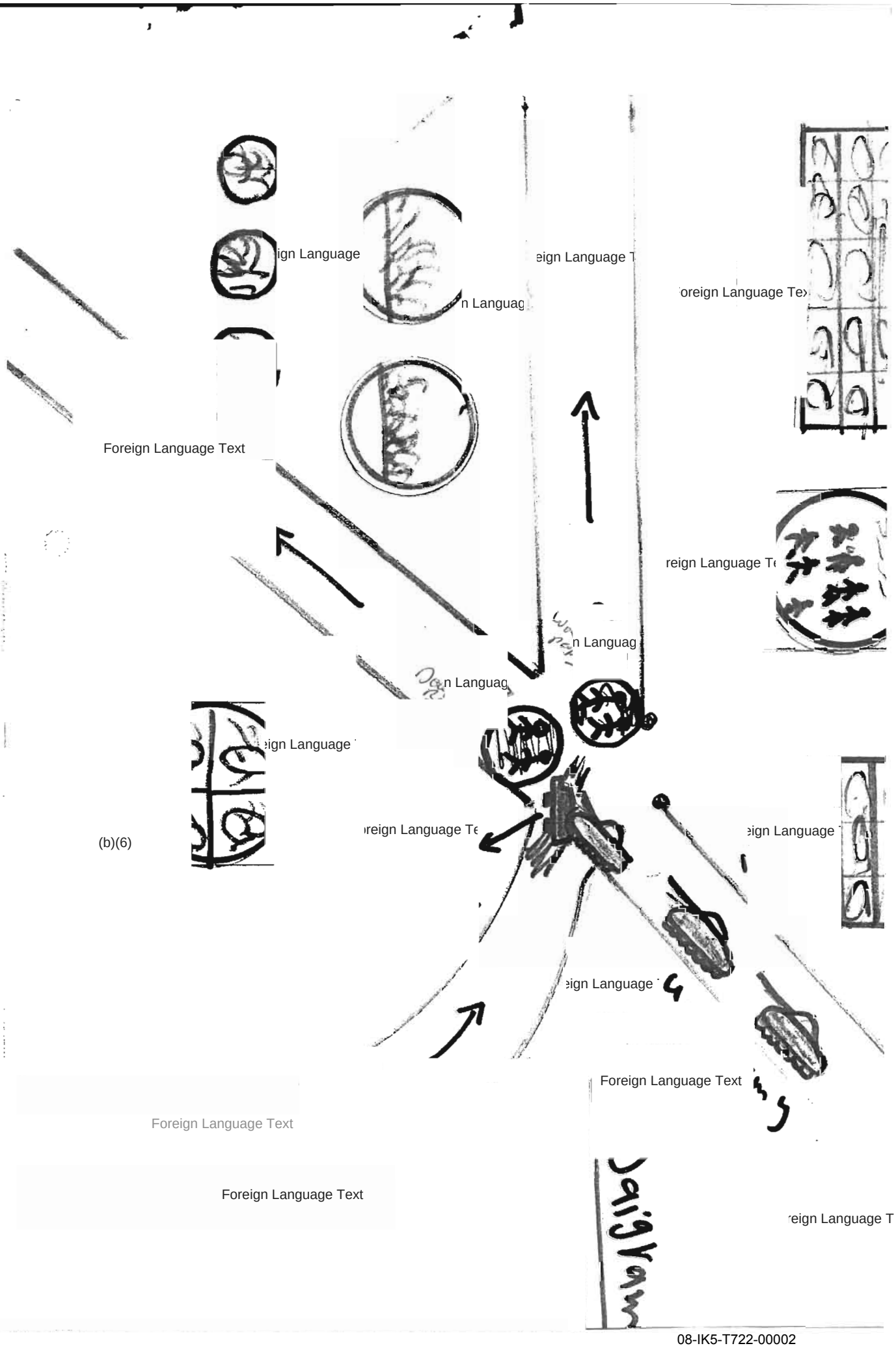
(b)(3)(b)(6)

Vehicle Accident

— Approve $7,000 —

(b)(6)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Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
I 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
24th FMC
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

10DATE VOUCHER PREPARED
03-Jul-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO

PAID BY
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

PAYEE'S NAME AND ADDRESS
CLAIM #: 08-IK5-T722
(b)(6)
Baghdad

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.				$7,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL		$7,000.00

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

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

TITLE SFC, US Pay Agent

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

00.00

Pursuant to authority vested in me, I certify this

14 July 08 (b)(3), (b)(6) Foreign Claims Commission IK5
(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $7,000.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH $7,000.00	DATE 14 Jul 08	PAYEE (b)(6)	

PER (b)(6)

TITLE

[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

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. Failure to furnish the information will hinder discharge of the payment obligation.

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 03-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T722 / 218-4

1. Facts.

The claimant alleges that CF tanks hit his vehicle, killing his brother and wife.

Claimant has requested $7,000.00

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 $7,000.00

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

CPT, JA
Claim Attorney IK5

Serial Number Accountability Record

The purpose of this form is to record the serial numbers on USD $100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 14 Jul 08

PAY AGENT NAME: SFC (b)(3), (b)(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

_____ (b)(6) _____

Print given name, father's name, grandfather's name, tribal name

Serial Number:

(b)(6) _through_ (b)(6) _and,

_____through_____and,

_____through_____and,

_____through_____and,

_____through_____and,

_____through_____.

* Use additional forms if needed.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322

REPLY TO
ATTENTION OF

AFZB-KC-JA

3 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) , 08-IK5-T722 / 218-4

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your brother and wife. 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 $7,000.00.**

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 و ادارة شؤون USوقد قمت بمراجعة طبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 27-162 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 7,000.00.

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

(b)(6) 14 JUL 08
Claimant Date

Sincerely,

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

(b)(6) 14 JUL 08
Date

Captain, US Army
Claims Attorney, IK5

CLAIMS LOG

AMOUNT CLAIMED: 7,000
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 13 Apr 08
DATE OF INCIDENT: 9 Oct 07

PARALEGAL RECOMMENDATION: (b)(5)

FCC ACTION: [ ] DENY [ ] APPROVE [ ] OTHER

COMMENTS / REMARKS:
Payment is for vehicle, no evidence for the deaths of family members

ID- (b)(6)

Description: CF tanks hit his vehicle killing his brother & wife.

type: [redacted] Vehicle Accident

CENTCOM 017268

08-IK5-T722-00007

THE GIC OPINION ABOUT A CLAIM

(b)(6)

Case No. (b)(6)

1. The claimant presented tow pictures shows that the US Army crashed and step over his car which led to killed his relatives and wounded him and his friend with destroyed his car totally type Toyota (B)(6) (b)(6) white colors.

2. The claimant presented investigation documents with a diagram from the police station showing how the US Army damaged the Vehicle.

3. The claimant presented two statements supported the accident.

4. The claimant asks amount of $ **7000.** For the injury and for the Vehicle type Toyota (b)(6) white colors.

5. We suggest letting the case go to you.

With our respect,

(b)(6)

(b)(6)

LAWYER

(b)(6)

19 April 08

MANAGER

(b)(6)

CENTCOM 017269

08-IK5-T722-00008

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:-. (b)(6)

- Two pictures
- Plan of accident location
- Two sworn statments
- Buying contract
- Personal documents
-

SIGN; ------- (b)(6) ---------

NAME; ------ --------

DATE: 4/13/08

SWORN STATEMENT

For use this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Baghdad			

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

9. I, (b)(6) ANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I Swear that on th 9th af oct. 2007 all the evening on my way out from my brother's house for buying fuel an accent occurs near me an american tanks moved on the wrong side af the road and one af the tanks step over one Car (b)(6) and Killed (2) and injured the others and they have been transferred to a hospital and I dont Knosw what's happed after that

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, DEC 1998 **DA FORM 2823, JUL 72, IS OBSOLETE** **USAPA V1.00**

• STATEMENT OF _____ TAKEN AT _____ DATED _____

• STATEMENT *(Continued)*

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

_____
(Signature of Person Making Statement)

WITNESSES:

_____
_____
_____
ORGANIZATION OR ADDRESS

_____
_____
_____
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____
at _____

_____
(Signature of person Administering Oath)

_____
(Typed Name of person Administering Oath)

_____
(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE OF PAGES

Page 12 redacted for the following reason:
- -
Foreign Language Text, (b)(6)

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: Iraqi
b. A permanent resident of: Baghdad. Iraq
c. Employed by:
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 Hay. Amel (Town) Baghdad (City) Iraq (Country)

My claim arose on Oct (Month) 9 (Day) 2007 (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 9-Oct-07 The U.S tanks hit my vehicle Type (b)(6) at Hay. Amel street. which led to Killed my wife brother and destroy of car. Therefor am asking for compensation

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

Crash my car and Killed my wife brother By The U.S army

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 the damages	$7000,00
2-	
3	
4	
5	
6	

Total: $ 7000,00

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)

$ 7000,00 **local** 8,470,000 IQ

(b)(6)

(Signature of Claimant)

Subscribed before me this 13 day of Apr. 2008.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 15 through 18 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

UNITED ARAB EMIRATES
DUBAI
P.O. BOX 1493

883

Foreign Language Text

SERIAL No. ..... 2575770 .....

DATE ..... 2003/11/17 .....

القيادة العامة لشرطة دبي
الادارة العامة للمـــــرور
Dubai Police General H. Q.
GENERAL DEPT. OF TRAFFIC

CERTIFIC OF

EXPORT / TRANSFER / RISM / NO PLATE

DUBAI POLICE CERTIFIES THAT THE VEHICLE BELOW IS PROPERTY OF

NATIONALITY
PASSPORT No.

THERE IS NO POLICE OBJECTION FOR THE VEHICLE

AS THE VEHICLE CONFORMS TO ALL LAWFUL CONDITIONS REQUIRED.

VEHICLE DETAILS

MAKE	:
SUBMAKE	:
CATEGORY	:
COLOUR	:
MODEL	:
COUNTRY OF ORIGIN	:
ENGINE No.	:
CHASSIS No.	:
No. DOORS	:
REG. PLATE No.	:
REG. DATE	:
REG. EXP. DATE	:
HIRE PURCH. CO.	:
HIRE PURCH. REF.	:
HIRE PURCH. DATE	:
INSURANCE CO.	:
POLICY No.	:

REMARKS.

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...ll render this certificate null & void

(b)(6)

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

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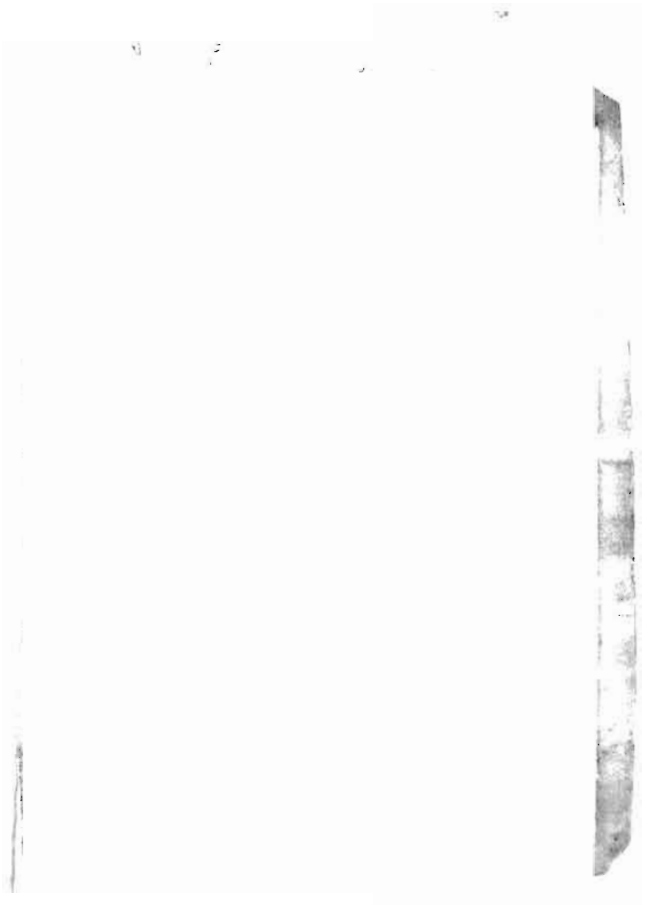
Foreign Language Text



Foreign Language Text, (b)(6)

08-IK5-T722-00026

08-IK5-T722-00027