

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

CENTCOM 015855

27264

07-IH1-T274-00001

APPROVED: \$1,000

Dam / Loss Raid

07-T274

061-12
12-Dec-07

(b)(6)

CENTCOM 015856

27265

07-IH1-T274-00002



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-Jan-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-IH1-T274 / 061-12

1. Facts.

The claimant alleges that CF raided his house and killed his son.

Claimant has requested \$7,200.00

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 \$1,000.00

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

PT, JA
(b)(3) Claim Attorney IH1

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07-IH1-T274-00003

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: 20 Jan 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)

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

Serial Number:

(b)(6)

_____ through _____

(b)(6)

_____ and,

_____ through _____.

* Use additional forms if needed.

CENTCOM 015858

07-IH1-T274-00004

Standard Form 1034 (EG) Revised October 1967 Department of the Treasury 17 CFR 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		DATE VOUCHER PREPARED 03-Jan-08 CONTRACT NUMBER AND DATE REQUISITION NUMBER AND DATE		SCHEDULE NO PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
CLAIM #: 07-IH1-T274 PAYEE'S NAME (b)(6) AND ADDRESS				DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM		TO	WEIGHT	GOVERNMENT BAL 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>	QUAN- TITY	UNIT PRICE	
				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.			\$1,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)			TOTAL \$1,000.00
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 (b)(3),(b)(6)	EXCHANGE RATE = \$ = \$1.00	DIFFERENCES 1,000.00 (b)(3),(b)(6)	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment					
1LT (Date)		(Authorized Certifying Officer)		Disbursing Agent (Title)	
ACCOUNTING CLASSIFICATION (b)(2)High \$1,000.00					
PAID BY CASH		CHECK NUMBER ON ACCOUNT OF U.S. TREASURY \$1,000.00		CHECK NUMBER ON (Name of bank) (b)(6)	
<small> When stated in foreign currency, insert name of currency. 2. If the authority 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 recertified 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. </small>					
<small> Previous edition usable The information requested on this form is required under the provisions of 31 U.S.C. 372b and 372c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation. </small>					

PRIVACY ACT STATEMENT

NBN 7540-00-900-2234

CENTCOM 015859

07-IH1-T274-00005

27268

CLAIMS LOG

AMOUNT CLAIMED: 7,200

CLAIMANTS NAME: (b)(6)

DATE CLAIM SUBMITTED: 12-15-07

DATE OF INCIDENT: 9-17-09

PARALEGAL RECOMMENDATION: App 1,886

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

COMMENTS / REMARKS:



CENTCOM 015860

07-IH1-T274-00006



Claims Form



To: United States Army Foreign Claims Commission
From: Name:

Address: (b)(6)

Iraqi ID No

I am

- a. A citizen and national of: *Iraq*
- b. A permanent resident of: *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 Owiegat US Iraq Iraq
(Town) (City) (Country)

My claim arose on Sep 17 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

on 17 Sep 2007 from US Army (b)(6)

*and my son (b)(6) go to the farm water the plants
because when the electric power come to our area we
to use the water pump. He did not know about the Americans
on his farm and the choppers shoot him and cause
his death. For that I ask compensation.*

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07-IH1-T274-00007

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

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- about kill my son	1,000,000 £0
2-	
3-	
4-	
5-	
6-	
Total:	1,000,000 £0

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)

\$ 7200 local 9,000,000 £0

(b)(6)

(Signature of Claimant)

Subscribed before me this 12 day of Dec, 2007.

(SIGNATURE)

(PRINT NAME)

CENTCOM 015862

07-IH1-T274-00008

SETTLEMENT AGREEMENT

اتفاقية تسوية وإعفاء

07-IH1-T274 # in Language

061-12

(b)(6)

\$1,000.00

Foreign Language Text

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية، ضباطها ووكالاتها وعاملتها بما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ 9/17/2007 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

آخذا بنظر الاعتبار كل ذلك أعفي هنا وإلى الأبد الولايات المتحدة الأمريكية، ضباطها ووكالاتها وعاملتها من كافة المسؤوليات والطلبات والاستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا الإعفاء /التسوية تشمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة، إن وجدت، أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالمتلكات أو أية إصابات أو وفيات نتجت عن هذه الحادثة.

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قوله كتعويض شامل وتسوية نهائية للقضية وأنه قد تم منحه طبقاً لقانون الدعاوى الأجنبية المرقم 10، قانون الولايات المتحدة 2734، وعليه فيجب لا يقول على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكالاتها وموظفيها.

W Foreign Language Text DATE ٢٠ Jan ٠٨ (b)(6)

W Foreign Language Text DATE ٢٠ Jan ٠٨

CENTCOM 015863

07-IH1-T274-00009

27272

Pages 10 through 12 redacted for the following reasons:

(b)(6), Foreign Language

(b)(6)

(b)(6), Foreign Language Text

CENTCOM 015867

07-IH1-T274-00013

27274

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 015868

27275

07-IH1-T274-00014

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 015869

27276

07-IH1-T274-00015

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 015870

07-IH1-T274-00016

27277

Foreign Language Text, (b)(6)



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CENTCOM 015871

07-IH1-T274-00017

27278

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 015872

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