

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

CENTCOM 015855

27264

07-IH1-T274-00001

APPROVED: \$1,000

Dam / Loss Raid

07-T234

061-12
12-Dec-07

(b)(6)



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)(b)(6) 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 _____ and,
____ through _____ and,
____ through _____ and,
____ through _____ and,
____ through _____

* Use additional forms if needed.

CENTCOM 015858

07-IH1-T274-00004

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 11/84 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				10 DATE VOUCHER PREPARED 03-Jan-08		SCHEDULE NO	
				CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
				REQUISITION NUMBER AND DATE			
CLAIM #: 07-IH1-T274 PAYEE'S NAME AND ADDRESS (b)(6)				DATE INVOICE RECEIVED			
				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER			
				GOVERNMENT BIL NUMBER			
SHIPPED FROM				TO		WEIGHT	
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)	QUAN- TITY	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.				\$1,000.00	
TOTAL						\$1,000.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)							
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	
		TITLE: SFC, US Pay Agent (b)(3),(b)(6)					
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date) 1LT (b)(3),(b)(6)		Disbursing Agent (b)(3),(b)(6)					
ACCOUNTING CLASSIFICATION (b)(2)High \$1,000.00							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	OAI (Name of bank)		
	CASH	DATE		(b)(6)			
		\$1,000.00					
<small>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 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.</small>				<small>NSN 7540-00-800-2234</small>			
Previous edition usable							
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 5 U.S.C. 552b and 552c, 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.							

CENTCOM 015859

07-IH1-T274-00005

DATE OF INCIDENT: 9-17-09

FCC ACTION: ☐ DENY ☐ APPROVE ☐ OTHER

COMMENTS / REMARKS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 _ *Oweyat* *US Army* *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 the US Army said (b)(6)

and my son (b)(6) go to the farm water the plants because when the electric power come to our area we go 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	9,000,000 FD
2-	
3	
4	
5	
6	

Total: 9,000,000 FD

I was insured to the following extent against the damage 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 FD

(b)(6)

(Signature of Claimant)

Subscribed before me this 12 day of Dec, 2007.

(SIGNATURE)

(PRINT NAME)

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07-IH1-T274-00008

SETTLEMENT AGREEMENT

إتفاقية 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 ووكلائها وعامليها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ
9/17/2007 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الاعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعامليها
من كافة المسؤوليات والطلبات والاستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتمة بما في ذلك رسوم المحاماة 'إن
وجدت' أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملوكات أو أية إصابات أو وفيات نتجت عن هذه
الحادثة

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد
تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10 'قانون الولايات المتحدة 2734 'و عليه فيجب ألا يؤول
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها
وموظفيها .

DATE 14 Jan 08

W Foreign Language Text

(b)(6)

DATE 20 Jan 08

W Foreign Language Text

CENTCOM 015863

27272

07-IH1-T274-00009

Pages 10 through 12 redacted for the following reasons:

(b)(6), Foreign Language

(b)(6)

(b)(6), Foreign Language Text

CENTCOM 015867

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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

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 015871

07-IH1-T274-00017

[Redacted]

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[Redacted]

Foreign Language Text, (b)(6)

[Redacted]



[Redacted]

Foreign Language Text, (b)(6)

[Redacted]

Foreign Language Text, (b)(6)