

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

CENTCOM 015873

07-IH1-T275-00001

27280

APPROVED: \$1,000

other

07-7275

064.0
12-Dec-07

(b)(6)

CENTCOM 015874

27281

07-IH1-T275-00002



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-T275 / 064-12

1. Facts.

The claimant alleges that a CF control detonation caused a wall in his home to fall on his son, killing him.

Claimant has requested \$15,000.00

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 \$1,000.00

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

CPT, JA
3)(b) Claim Attorney IH1

CENTCOM 015875

07-IH1-T275-00003

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)

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.

Standard Form 1034 (G) Revised October 1997 Department of the Treasury 1778-1-2000 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			
PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">CLAIM #: 07-IH1-T275</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;">(b)(6)</div>				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)	QUANTITY	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		
(Use continuation sheet(s) if necessary)				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 <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;">(b)(3),(b)(6)</div>	EXCHANGE RATE = \$ _____ = \$1.00	DIFFERENCES _____			
		TITLE: SFC, US Pay Agent	(b)(3),(b)(6)		000.00		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
		1LT (b)(3),(b)(6)	Disbursing Agent				
		(Date)	(Authorized Certifying Officer) ¹		(Title)		
ACCOUNTING CLASSIFICATION							
(b)(2)High				\$1,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	CASH	DATE					
	\$1,000.00		(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 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.							TITLE
Previous edition usable							

CENTCOM 015877

27284

07-IH1-T275-00005

PARALEGAL RECOMMENDATION: App 1,000

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-T275-00006



Claims Form



To: United States Army Foreign Claims Commission

From: Name: _____

Address: _____

(b)(6)

Iraqi ID

I am

- a. A citizen and national of: _____
- b. A permanent resident of: _____
- 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 _____
(Town) (City) (Country)

My claim arose on _____
(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 necessary.)

on 12 Dec 2006 the US Army collect all the weapons and ammunition and started controlled detonations and the explosion was near my house and caused one of the walls to fall on my son and kill him. His name was _____ (b)(6) and he died immediately. For that I ask compensation.

CENTCOM 015879

07-IH1-T275-00007

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.)

Item

Amount

1-
2-
3
4
5
6

(18,750,000 + 10)

Total:

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)

\$

15,000

local

18,750,000 + 10

(b)(6)

(Signature of Claimant)

Subscribed before me this 12 day of Dec, 2007.

(Print Name)

(Signature)

(b)(6)

Pages 9 through 11 redacted for the following reasons:

(b)(6), Foreign Language

SETTLEMENT AGREEMENT

اتفاقية تسوية وإعفاء

07-IH1-T275 sign Language 1

064-12

(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
12/12/2006 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 والمحتملة بما في ذلك رسوم المحاماة، إن
وجدت، أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملمتلكات 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'، وعليه فيجب ألا يؤول
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها
وموظفيها.

(b)(6)

TE 20 Jan 08

VI

(b)(6) Foreign Language Text

(b)(6), Foreign Language Text

TE 20 Jan 08

Foreign Language Text

CENTCOM 015884

07-IH1-T275-00012

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 015885

07-IH1-T275-00013

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 015886

27291

07-IH1-T275-00014

Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 015887

07-IH1-T275-00015

Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 015888

07-IH1-T275-00016

Pages 17 through 18 redacted for the following reasons:

(b)(6), Foreign Language