

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

CENTCOM 015873

07-IH1-T275-00001

27280

APPROVED: \$1,000

Other

07-IH1-T275

064-12-02

(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)

EPT, JA
3)(b)Claim Attorney IH1

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.

CENTCOM 015876

07-IH1-T275-00004

27283

Standard Form 1034 (ED)
Revised October 1987
Department of the Treasury
17 CFR 2.000
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 | SCHEDULE NO. | |
|---|-----------------------------------|--|------------------------------------|---|------------|
| | | | CONTRACT NUMBER AND DATE | PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579 | |
| | | | REQUISITION NUMBER AND DATE | DATE INVOICE RECEIVED | |
| | | | | DISCOUNT TERMS | |
| | | | | PAYEE'S ACCOUNT NUMBER | |
| SHIPPED FROM _____ TO _____ | | | WEIGHT | GOVERNMENT BIL NUMBER | |
| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number or contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | 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 (b)(3),(b)(6) | EXCHANGE RATE =\$ =\$1.00 | DIFFERENCES | | |
| | | | | | 000.00 |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment. | | | | | |
| 1LT (Date) | | (b)(3),(b)(6) (Authorized Certifying Officer) ² | Disbursing Agent (Title) | | |
| ACCOUNTING CLASSIFICATION (b)(2)High \$1,000.00 | | | | | |
| PAID BY CASH | CHECK NUMBER \$1,000.00 | ON ACCOUNT OF U.S. TREASURY DATE | CHECK NUMBER (b)(6) | ON (Name of bank) | |

¹When stated in foreign currency, insert name of currency.

²If the ability to certify and authority to approve are combined in one person, one signature only is required.

approving officer will sign in the space provided, over his official title.

³When a voucher is received in the name of a company or corporation, the name of the person willing 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.

TITLE

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 this information will hinder discharge of the payment obligation.

CENTCOM 015877

27284

07-IH1-T275-00005

CLAIMS LOG

AMOUNT CLAIMED: 15,000

CLAIMANTS NAME: (b)(6)

DATE CLAIM SUBMITTED: 12-15-07

DATE OF INCIDENT: 12-12-06

PARALEGAL RECOMMENDATION: App 1,000

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

COMMENTS / REMARKS:



CENTCOM 015878

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 Not an insurer
- e. Check one () A subrogee Not a subrogee

*Shay
Shay*

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 Arbil Osifid Iraq
(Town) (City) (Country)

My claim arose on Dec 12 2006
(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.)

| <u>Item</u> | <u>Amount</u> |
|-------------|---------------|
| 1- | |
| 2- | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

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) _____

(b)(6)

(Signature) _____

CENTCOM 015880

07-IH1-T275-00008

27287

Pages 9 through 11 redacted for the following reasons:

(b)(6), Foreign Language

SETTLEMENT AGREEMENT

إتفاقية تسوية وإعفاء

07-IH1-T275 7ign Language 1

064-12

(b)(6)

\$1,000.00

Foreign Language Text

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية، ضباطها ووكالاتها وعامليها مما قد نتاج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ 12/12/2006 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

أخذنا بنظر الاعتبار كل ذلك أعفي هنا وإلى الأبد الولايات المتحدة الأمريكية، ضباطها ووكالاتها وعامليها من كافة المسؤوليات والطلبات والإستحقاقات 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 بالممتلكات أو أية إصابات أو وفيات نتاج 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 الدعاوى الأجنبية المرقم 10، قانون الولايات المتحدة 2734، وعليه فيجب لا ينفع على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكالاتها وموظفيها.

(b)(6)

TE 20 Jan 08

(b)(6) Foreign Language Text

(b)(6), Foreign Language Text

TE 20 Jan 08

Foreign Language Text

CENTCOM 015884

07-IH1-T275-00012

27289

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 015885

07-IH1-T275-00013

27290

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

27292

Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 015888

07-IH1-T275-00016

27293

Pages 17 through 18 redacted for the following reasons:

(b)(6), Foreign Language