

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

Rand

App 2,500

(b)(6)

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

PAID

08-IH1-T205

CENTCOM 016315

28556

08-IH1-T205-00001

Standard Form 10M (B-6) Revised October 1987 Department of the Treasury 17 CFR 200 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 07-Mar-08		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE		PAID BY		
		REQUISITION NUMBER AND DATE		24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579		
CLAIM #: 08-IH1-T205						
PAYEE'S NAME AND ADDRESS		(b)(6)		DATE INVOICE RECEIVED		
				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPMENT/ITEM		TO		WEIGHT	GOVERNMENT BA 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		AMOUNT
				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				\$2,500.00
(Use continuation sheet(s) if necessary)			TOTAL		\$2,500.00	
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PAY IN ADVANCE <input type="checkbox"/> PAYMENT BY <input type="checkbox"/> FROUGHT PAY <input type="checkbox"/> ADVANCE		BY (b)(3), (b)(6)	=\$ \$1.00			
				500.00 (b)(6), (b)(3)		
I, the undersigned, authority vested in me, I, certify that the 31 Mar 08 (Date) (b)(3), (b)(6) Foreign Claims Commission IH1 Title Classification Foreign Claims Commission IH1 (Title)						
(b)(2)High			\$2,500.00			
PAID BY		CHECK NUMBER ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER			
		CASH \$2,500.00	PAYEE (b)(6)		(b)(6)	
<p><i>If the amount is stated in foreign currency, insert name of currency If the ability to certify and authority to approve are combined in one person, this signature block is necessary. Otherwise the approving officer will sign in the space provided, over his official title.</i></p> <p><i>When a voucher is received in the name of a company or corporation, the name of the person visiting the company or corporate name, as well as the capacity in which he signs, must appear. For example: John Doe Company, Gen. Mgr., Smith, Secretary, or Treasurer, in the case may be.</i></p>						
<p>Previous editions obsolete</p> <p>PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 372b and 10 U.S.C. 10. It is used for disbursement, Federal claims, and 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.</p>						

CENTCOM 016316

08-IH1-T205-00002

28557



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

07-Mar-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T205 /

1. Facts.

The claimant alleges that CI conducted a raid near his home, and a random bullet hit his son, killing him.

Claimant has requested \$3,000.00

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 \$2,500.00

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

SP1, JA
3(b)Claim Attorney IH1

CENTCOM 016317

08-IH1-T205-00003

28558

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: 31 MAR 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 016318

08-IH1-T205-00004

28559

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T205 #1 Langua

(b)(6)

Langu

\$2,500.00

Foreign Language Text

Foreign Language Text

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

DATE 5/14/08

(b)(6)

V

ATURE Foreign Language Te

DATE

WITNESS SIGNATUR

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

CENTCOM 016319

08-IH1-T205-00005

28560

~~SECRET//NOFORN~~

(b)(6)

His 2 sons were killed @ diff times.

1st son - (b)(6) , killed by CF on 17 Sep 07
CF raided area + a random bullet killed him.
Also, Aircraft shot.

2nd son - (b)(6) , died from suicide bombers
↑
Doubt make claim
(already has paperwork in)

Death Cert for 1st son says CF shot him

2,500

(b)(6)

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08-IH1-T205-00006

28561

Foreign Language Text, (b)(6)

CENTCOM 016321

08-IH1-T205-00007

28562

Page 8 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016323

08-IH1-T205-00009

28564