

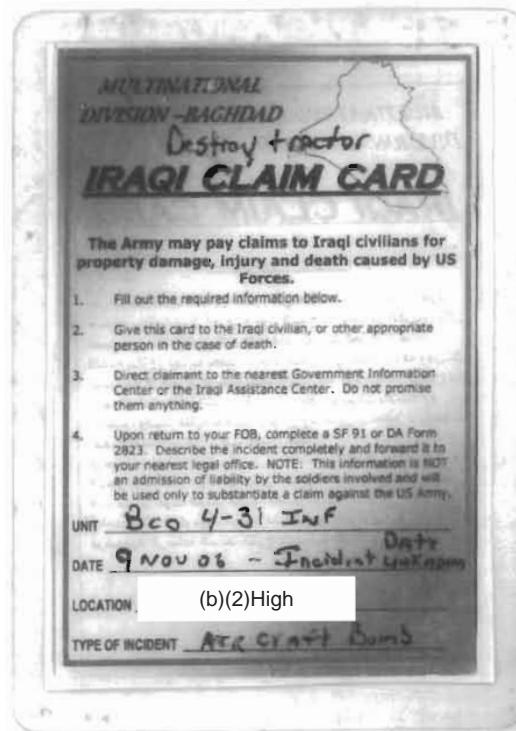
- Approve \$ 5,000 -

08-T1401

CENTCOM 016511

29035

08-IK5-T1001-00001



CENTCOM 016512

08-IK5-T1001-00002

29036

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 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 30-Jul-08		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE		PAID BY		
		REQUISITION NUMBER AND DATE		24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579		
PAYEE'S NAME AND ADDRESS		(b)(6)		DATE INVOICE RECEIVED		
SHIPPED FROM		TO		DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
NUMBER AND DATE OF ORDER		ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	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.				\$5,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)			TOTAL	\$5,000.00
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 <input type="checkbox"/> (b)(3), (b)(6)	EXCHANGE RATE =\$	DIFFERENCES =\$1.00		
		SFC, US Pay A---			\$5,000.00	
Pursuant to authority vested in me, I certify that <u>31 July 08</u> (Date)		(b)(3), (b)(6) Foreign Claims Commission IK5 (Title)				
		ACCOUNTING CLASSIFICATION (b)(2)High \$5,000.00				
PAID BY		CHECK NUMBER CASH \$5,000.00	ON ACCOUNT OF U.S. TREASURY DATE <u>31 Jul 08</u>	CHECK NUMBER (b)(6)	ON (Name of bank) TITLE	
Previous edition usable		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 016513

08-IK5-T1001-00003

29037



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

30-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T1001 /

1. Facts.

The claimant alleges that his brother was accidentally killed, and his tractor was destroyed.

Claimant has requested \$10,000.00

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 \$5,000.00

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

CPT, JA
Claim Attorney IK5

CENTCOM 016514

08-IK5-T1001-00004

29038

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 Jul 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 016515

08-IK5-T1001-00005

29039



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

29 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1001 /

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage to your tractor and land. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA) Title 10, USC §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Your damages are of great concern to the United States. In accordance with the cited references and the facts our investigation into your claim, I find your claim is **compensable**. **The United States will compensate you for your losses in the amount of \$5,000.00.**

If you are dissatisfied with this decision and wish to present additional evidence, you have thirty (30) days submit and appeal in accordance with AR 27-20.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالممتلكات الشخصية الخاصة بك، تنظيم الجيش 27-20 وادارة شؤون US وقد قمت بمراجعة طبک وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734, الجيش 27-162 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محظ اهتمام لشعب الولايات المتحدة، وفقا للواقع المذكور في طبک ومن خلال التحقيق اجد ان طبک قابل للتعويض 5,000.00

اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية، لديك ثلاثة يواما (30) و يقدم الطعن وفقا للمادة (20-27) من قانون الجيش. AR

(b)(6)

Sincerely,

Claimant

Date

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

(b)(6)

Captain, US Army
Claims Attorney, IK5

77111555

Date

CENTCOM 016516

08-IK5-T1001-00006

29040

CLAIMS INTAKE FORM

NAME: _____ (b)(6)
ADDRESS: _____ (b)(6)
ID#: _____ (b)(6)

BRIEF DESCRIPTION OF INCIDENT: Claims HIS ~~TRACTOR~~ TRACTOR
WAS DESTROYED 20 SEP 06
~~TRACTOR~~ BRIDGE PUT ON FIELD 15 MAY 07
20 SEP 06 Brother ACCIDENTALLY KILLED

DATE OF INCIDENT: SEE ABOVE
LOCATION: SHANGHAI

LIST OF
DAMAGES: _____

AMMOUNT CLAIMED: _____
AMMOUNT APPROVED: \$5,000 -

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

6 May 08 DATE

(b)(6)

SIGNATURE OF CLAIMANT

CENTCOM 016517

08-IK5-T1001-00007

to the Multi National Forces

subject, / compensation

2 am the ~~Matting~~ ^{Matting} ~~Matting~~

(b)(6)

owner of the land located on Madistri
called Melia Nashi, the M. N. Forces mix
a tower over ^{(b)(6)} land which is 2 deonins
in area, and ~~no~~ ^{(b)(6)} one compensation for
that not in the past and not up to sight
now, and these lands are the source of
living of me and my family, so release
compensate me what you thing its good.
Thank you with respect.

scc.

(b)(6)

(b)(6)

CENTCOM 016518

08-IK5-T1001-00008

29042

Foreign Language Text

(b)(6)

(b)(6)

Foreign Language Text

Foreign Language Text

CENTCOM 016519

08-IK5-T1001-00009

29043

CENTCOM 016520

08-IK5-T1001-00010

29044

Page 11 redacted for the following reason:

Foreign Language Text, (b)(6)

To the M.N.F.
subject in conversation
I am the national
2 line in

(b)(6)
and the brothers of the dead person

(b)(6)
who died those to
air strike by the U.S. Force on the date of
09-20-2006. while he was driving tractor
type (Forkson) which lead to the destruction
of the tractor and his killing at the same
time. So I am asking compensation.

(b)(6)
wishes

(b)(6)
claimant

(b)(6)
signature

(b)(6)

Foreign Language Text

Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 016523

08-IK5-T1001-00013

29047

Foreign Language Text, (b)(6)

Personal id no.:

Federal Prison

(b)(6)

Name:

Gender: Male

(b)(6)

Place and date of birth:

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016524

08-IK5-T1001-00014

29048

Nationalization id. certificate

No. - (b)(6)

E dated : - 05-30-2002

Name: - (b)(6)

Date and place of Birth: - (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016525

08-IK5-T1001-00015

29049

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016526

29050

08-IK5-T1001-00016

Page 17 redacted for the
following reason:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Personal id of
Gender: _____
id no.: _____
place and date of birth: _____

CENTCOM 016528

29052

08-IK5-T1001-00018

Contract of Buying and selling vehicles.

The seller name:-

Address:-

Personal id no:-

The Buyer:-
Address:-

Personal id no:-

Type and model:-

Sign of the
Buyer

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Ram Sandeep
Formation no:-
Sign of the
Seller

(b)(6)

Page 20 redacted for the following reason:

Foreign Language Text, (b)(6)

Death certificate No:-

Date: 09.05.
2007

Name of the dead Person:-

(b)(6)

Gender:- Male Place and date of Birth:-

(b)(6)

Death date:- at the hour ten of the day 09.05.2006
place of death:- Yawiria' Baghdad.
Cause of death:- Three shot

CENTCOM 016531

08-IK5-T1001-00021

29055

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Vehicle certificate:-

No:- (b)(6)

Owner:- (b)(6)

Address:- (b)(6)

Type of the vehicle:- Tractor Fordson Model 1981

No. of vehicle:- (b)(6)

Colour:- green

Dated on:- 02-11-2002

sig of the
Captain

CENTCOM 016533

08-IK5-T1001-00023

29057

Power of attorney

(b)(6)

(b)(6)

in every their, now and so the tractor,
Mr. B. Tractor, Inc.

(b)(6)

I gone

To represent me

CENTCOM 016534

08-IK5-T1001-00024

29058

Page 25 redacted for the following reason:

Foreign Language Text, (b)(6)



CENTCOM 016536

08-IK5-T1001-00026

29060



CENTCOM 016537

08-IK5-T1001-00027

29061



CENTCOM 016538

29062

08-IK5-T1001-00028



CENTCOM 016539

29063

08-IK5-T1001-00029