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

APPROVED: $2,000

Other

07-T272

0613-12
12-Dec-07

(b)(6)

DEPARTMENT OF THE ARMY
Headquarters, 3d Brigade Combat Team
101st Airborne Division (Air Assault)
Camp Striker, Iraq, APO AE 09322

REPLY TO ATTENTION OF:

AFZB-KC-JA

04-Jan-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

07-IH1-T272 / 063-12

1. Facts.

The claimant alleges that CF bombed his farm, injuring him, kiling two of his sons, and blinding his other son.

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 $2,000.00

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

CPT, JA
(3)(b)Claim Attorney IH1

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

DATE VOUCHER PREPARED: 04-Jan-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

CLAIM #: 07-IH1-T272

PAYEE'S NAME AND ADDRESS
(b)(6)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NUMBER

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	UNIT PRICE 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.				$2,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)			TOTAL	$2,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

BY: (b)(3),(b)(6)

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) (Certifying Officer) | Disbursing Agent (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $2,000.00

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank)

CASH $2,000.00 | DATE | PAYEE (b)(6)

(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 necessary; otherwise the approving officer will sign in the space provided, over his official title.
[3] When a voucher is receipted 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.

Previous edition usable 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.

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)(6), (b)(3)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

Pt... g... ..., ..., g...father'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.

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

طلب # 07-IH1-T272

063-12

(b)(6) Langua

$2,000.00 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 5/3/2006 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية ،ضباطها ووكلائها وعامليها من كافة المسؤوليات والطلبات والإستحقاقات 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 بالممتلكات أو أية إصابات أو وفايات 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 .

DATE 20 Jan 08

(b)(6) Foreign Language Tex

(b)(6), Foreign Language Text

DATE 20 JAN 08

Foreign Language Tex

CENTCOM 015836

07-IH1-T272-00006

CLAIMS LOG

AMOUNT CLAIMED: 15,000
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED:
DATE OF INCIDENT: 5-3-06

PARALEGAL RECOMMENDATION: App 2,000

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

COMMENTS / REMARKS:

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 (X) 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 _ Owesat (Town) Usifahy (City) Iraq (Country)

My claim arose on _ May (Month) 3 (Day) 2006 (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 3 may 2006 the US Army boned by rocket on our area and one of these bombs falled in our field and caused one of them to shrapnel which injured me in my hips and caused killed two of my sons (b)(6)

(b)(6) and another son was blinded by the flash and his face was burned and for that I ask for compensation

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-	injured my son by shrapnel in left hip	18,750,000 ID
2-		
3	killed two of my son	
4		
5	burned son	
6		

Total: 18,750,000 ID

I was insured to the following extent against the damager 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)

$ 15000 I 18,750,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 12 day of Dec, 2007.

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 10 through 12 redacted for the following reasons:
- -
(b)(6), Foreign Language

Foreign Language Text

Foreign Language Text

(b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

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Illegible Text, Foreign Language Text

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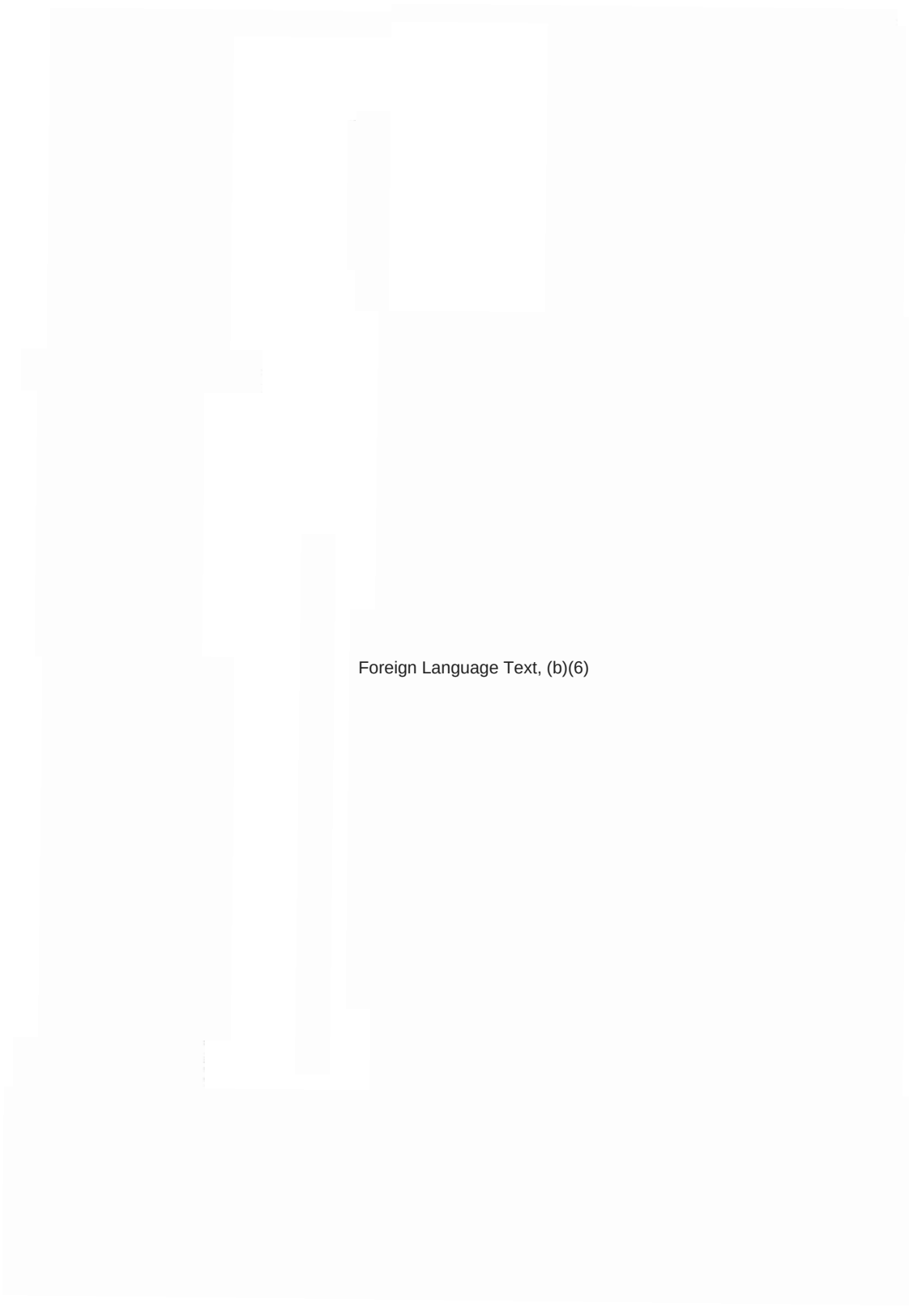
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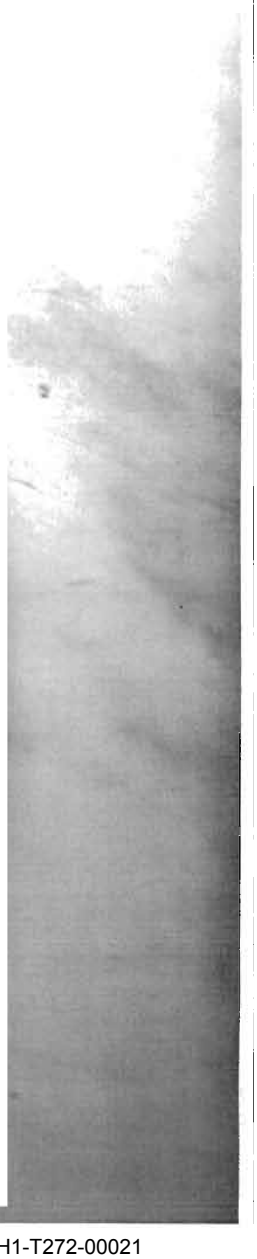
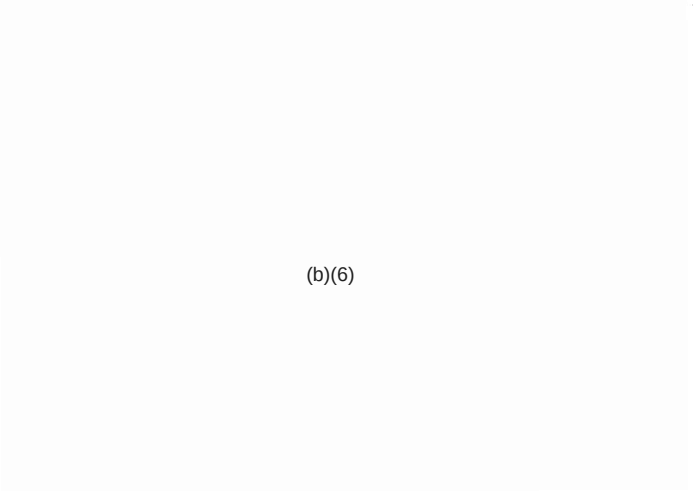
Page 20 redacted for the following reason:
- -
(b)(6), Foreign Language

(b)(6), Foreign Language Text

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CENTCOM 015853

07-IH1-T272-00023

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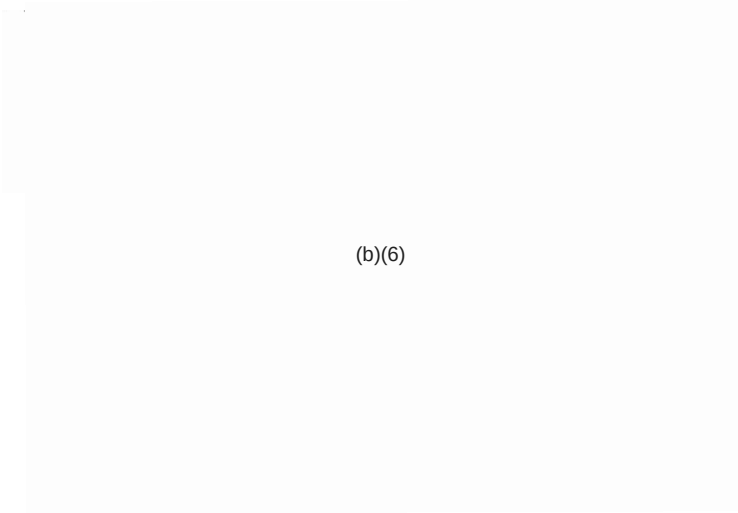
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