

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

SAF mjl/ Dan

App 5,000

(b)(6)

08-T216



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-T216 /

1. Facts.

The claimant alleges that CF shot and killed his two brothers while they were fishing in the river.

Claimant has requested \$7,000.00

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

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(b)(3), (b)(6)
Claim Attorney IH1

CENTCOM 016345

08-IH1-T216-00002

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His brothers were fishing in the river & CF shot & killed them.

0600 & May 06

Brothers { (b)(6)

Has death cert. 1 brother died 8 mar, & other on 9 mar.
Has IP report on death.
Was in vehicle near river when they died.

* We have: 2 death cert & IP report

\$5,000

(b)(6)

(b)(6) 17 Feb 08

(b)(6)

| Standard Form 1031 (E.O.) Revised October 1987 Department of the Treasury FORM 1031-2002 TITLE 31 | | 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 07-Mar-08 | | SCHEDULE NO | | |
| PAYEE'S NAME AND ADDRESS CLAIM # 08-IH1-T216 (b)(6) | | 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 BAL. 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 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. | | | | \$5,000.00 |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) | | | | | TOTAL | \$5,000.00 |
| PAYMENT | | APPROVED FOR | EXCHANGE RATE | DIFFERENCES | | |
| <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 | | BY (b)(3), (b)(6) | = \$ = \$1.00 | | | |
| | | TITLE SFC Pay | | (b)(3), (b)(6) | | \$5,000.00 |
| Pursuant to authority vested in me, I certify: | | (b)(3), (b)(6) | | Foreign Claims Commission IH1 | | |
| 31 MAR 08 <i>(Date)</i> | | | | <i>(Title)</i> | | |
| | | (b)(2)High | | | | \$5,000.00 |
| PAID BY | CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank) | | |
| | CASH | DATE | PAYEE | | | |
| | \$5,000.00 | | (b)(6) | | | |
| When stated in foreign currency, insert name of currency. 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. When a voucher is requisited in the name of a company or corporation, the name of the person being the company at corporate name as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Telephone 45 for case may be." | | | | PER | (b)(6) | |
| | | | | TITLE | | |
| PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 826 and 827, for the purpose of disbursing Federal money. For information requested to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation. | | | | | | |

CENTCOM 016347

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08-IH1-T216-00004

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T216 Foreign Language Text

(b)(6)

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\$5,000.00

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(b)(6)

DATE 31 Mar 08

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08-IH1-T216-00006

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

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Page 9 redacted for the following reason:

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