

~~SAT~~ in Other  
App 1,000

(b)(6)

08-7260

**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: 24 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 \_\_\_\_\_.

\* Use additional forms if needed.

| Standard Form 1034 (EO)<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL  |  |                       |   | VOUCHER NO |
|---|-----------------------------------|---|--|-----------------------|---|------------|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                                   |   | 10 DATE VOUCHER PREPARED                 |                       | SCHEDULE NO   |            |
| DEPARTMENT OF THE ARMY<br>24th FMC<br>Camp Liberty, Iraq<br>APO-AE 09344<br>DSSN: 5579  |                                   |   | 07-Mar-08                                |                       |   |            |
|   |                                   |   | CONTRACT NUMBER AND DATE                 |                       | PAID BY<br>24th FMC<br>Camp Liberty, Iraq<br>APO AE 09344<br>DSSN: 5579 |            |
|   |                                   |   | REQUISITION NUMBER AND DATE              |                       |   |            |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS   |                                   |   | CLAIM #: 08-IH1-T260<br><br>(b)(6)       |                       | DATE INVOICE RECEIVED   |            |
|   |                                   |   |  |                       | DISCOUNT TERMS  |            |
|   |                                   |   |  |                       | PAYEE'S ACCOUNT NUMBER  |            |
| SHIPPED FROM  |                                   |   | TO                                       |                       | WEIGHT  |            |
|   |                                   |   |  |                       | GOVERNMENT BAL NUMBER   |            |
| NUMBER<br>AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i>  | QUAN-<br>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. |  |                       |   | \$1,000.00 |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below)   |                                   |   |  |                       | TOTAL   | \$1,000.00 |
| PAYMENT.  |                                   | APPROVED FOR  | EXCHANGE RATE                            | DIFFERENCES           |   |            |
| <input type="checkbox"/> PROVISIONAL  |                                   | = \$  | = \$1.00                                 |                       |   |            |
| <input checked="" type="checkbox"/> COMPLETE  |                                   | RV:   |  |                       |   |            |
| <input type="checkbox"/> PARTIAL  |                                   | (b)(3), (b)(6)  |  |                       |   |            |
| <input type="checkbox"/> FINAL  |                                   |   |  |                       |   |            |
| <input type="checkbox"/> PROGRESS   |                                   | TITLE: SFC, IIC   |  | (b)(3), (b)(6)        |   |            |
| <input type="checkbox"/> ADVANCE  |                                   | Pay A   |  |                       |   |            |
| Pursuant to authority vested in me, I certify that:   |                                   |   |  |                       |   |            |
| 24 Mar 08<br>(Date)   |                                   | (b)(3), (b)(6)  | Foreign Claims Commission IH1<br>(Title) |                       |   |            |
| ACCOUNTING CLASSIFICATION   |                                   |   | (b)(2)High                               |                       | \$1,000.00  |            |
| PAID<br>BY  | CHECK NUMBER                      | ON ACCOUNT OF U.S. TREASURY   | CHECK NUMBER                             | ON (Name of bank)     |   |            |
|   | CASH                              | DATE  | PAYEE                                    |                       |   |            |
|   | \$1,000.00                        |   | (b)(6)                                   | (b)(6)                |   |            |
| When stated in foreign currency, insert name of currency.   |                                   |   |  | PER                   |   |            |
| 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.   |                                   |   |  | TITLE                 |   |            |
| When a voucher is received 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 "Trustee" as the case may be.   |                                   |   |  |                       |   |            |
| Previous edition usable   |                                   |   |  | NSN 7548-00-800-223-4 |   |            |
| <b>PRIVACY ACT STATEMENT</b><br>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 the information will hinder discharge of the payment obligation. |                                   |   |  |                       |   |            |

CENTCOM 016367

28599

08-IH1-T260-00003



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-T260 /

1. Facts.

The claimant alleges that her son was walking to the market when CF shot him during a firefight with AIF.

Claimant has requested \$1,000.00

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)

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

CENTCOM 016368

28600

08-IH1-T260-00004

**CLAIMS INTAKE FORM**

NAME (b)(6) \_\_\_\_\_  
ADDRESS (b)(6) \_\_\_\_\_  
I.D. # (b)(6) ' \_\_\_\_\_

BRIEF DESCRIPTION OF  
INCIDENT: Son was going to village from market & CF shot him.  
CF & AIF in engagement.  
Son was in Turk.

DATE OF INCIDENT: 15 May 06  
LOCATION: Qarguli

LIST OF  
DAMAGES: Death of Son.

AMMOUNT CLAIMED: \_\_\_\_\_ (U.S. DOLLARS)

AMMOUNT APPROVED: 1,000 (U.S. DOLLARS)

Sir,  
No evidence.  
No death certificate.  
1,000.

(b)(6)  
SIGNATURE \_\_\_\_\_  
(b)(6) 18 Feb 08  
DATE

(b)(6)  
\_\_\_\_\_  
SIGNATURE OF CLAIMANT

# SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T260 # Language

(b)(6)

Language

\$1,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE *24 MAR 08*

Foreign Language Text

WITNESS SIGNATURE

(b)(6)

DATE

WITNESS SIGNATURE

Foreign Language Text

CENTCOM 016370

08-IH1-T260-00006

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016371

28603

08-IH1-T260-00007



Foreign Language Text, (b)(6)



CENTCOM 016372

28604

08-IH1-T260-00008



Pages 9 through 11 redacted for the following reasons:

-----FOREIGN LANGUAC  
DOCUMENT, (b)(6)