

Other  
App. 5,000

(b)(6)

08-T327

CENTCOM 016390

28619

08-IH1-T327-00001



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

19-Mar-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IH1-T327 /

1. Facts.

The claimant alleges that AIF locked her and her children in a room and killed her father. She claims that CF then engaged the AIF and her home was damaged and husband killed.

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)

(3)(b)(<sup>P 1, JA</sup>  
Claim Attorney IH1

CENTCOM 016391

28620

08-IH1-T327-00002

Standard Form 1034 (11-01) Revised October 1987 Department of the Treasury 1 YEAR GPO 5034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		10 DATE VOUCHER PREPARED <b>19-Mar-08</b>		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>		
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
PAYEE'S NAME AND ADDRESS <b>CLAIM #: 08-IH1-T327  (b)(6)</b>				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO		WEIGHT		
				GOVERNMENT BILL 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>	QUANTITY	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.				\$5,000.00
TOTAL						\$5,000.00
<input type="checkbox"/> PAYMENT <input type="checkbox"/> FIVE (5) YEAR <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> IN PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR <b>(b)(3), (b)(6)</b>	EXCHANGE RATE = \$1.00	DIFFERENCES		
<input type="checkbox"/> PURSUANT TO AUTHORITY DERIVED FROM THE CLAIM		TITLE: <b>SF</b> <b>Pa</b>	<b>(b)(3), (b)(6)</b>		000.00	
<b>5 Mar 08</b> (Date)		<b>(b)(3), (b)(6)</b>		<b>Foreign Claims Commission IH1</b> (Title)		
		CLASSIFICATION <b>(b)(2)High</b>		TOTAL <b>\$5,000.00</b>		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	<b>(b)(6)</b>			
	<b>\$5,000.00</b>					

When filled in foreign currency, insert check of currency.  
 If the entity to certify and authorize to approve are comprised in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided above his or her name.  
 When a company is designated 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 editions usable.

**PRIVACY ACT STATEMENT**  
 The information requested on this form is required under the provisions of 31 U.S.C. 85b and 82c for the purpose of obtaining the department. The information requested is to identify the payable creditor and the amount 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: 30 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 016393

08-IH1-T327-00004

# SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T327 Foreign Language

(b)(6)

angu

\$5,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 30 Mar 08

WITN

Foreign Language Te

(b)(6), Foreign Language Text

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

DATE 30 Mar 08

WITNESS SIGNATURE

(b)(6)

Foreign Language Text, (b)(6)

Page 7 redacted for the following reason:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

CLAIMS INTAKE FORM

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

BRIEF DESCRIPTION OF  
INCIDENT: AIF locked her + her children in a room, + killed her  
~~husband~~ father. CF then engaged AIF, destroying house, + husband  
was killed.

DATE OF INCIDENT: 14 May 07  
LOCATION: \_\_\_\_\_

LIST OF  
DAMAGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

AMMOUNT APPROVED: 5,000 (U.S. DOLLARS)

(b)(6)

(b)(6) SIGNATURE  
24 Feb 08  
DATE

(b)(6)

\_\_\_\_\_  
SIGNATURE OF CLAIMANT