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

Dorney/Cross Dorney Rd

App $7,500

350-9
25-Sep-07

(b)(6)

T017

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

REPLY TO ATTENTION OF:

AFZB-KC-JA 02-Nov-07

MEMORANDUM FOR RECORD

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

07-IH1-T017 / 350-9

1. Facts.

The claimant alledges US Forces caused damages to her home during a raid. The claimant also alledges US Forces killed her husband during the same raid.

Claimant has requested $7,640.00

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 $7,500.00)(3)(b)(

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

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

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: 17 DEC 07

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.

Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
I 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
~~15th Finance Battalion~~ 24th FMC
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

10DATE VOUCHER PREPARED
08-Dec-07

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO

PAID BY 24th FMC
~~15th Finance Battalion~~
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

PAYEE'S NAME AND ADDRESS
CLAIM #: 07-IH1-T017
(b)(6)
Baghdad

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				$7,500.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $7,500.00

PAYMENT
- [ ] PROVISIONAL
- [x] COMPLETE
- [ ] PARTIAL
- [ ] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR =$
EXCHANGE RATE =$1.00
DIFFERENCES
BY (b)(3),(b)(6)
TITLE: SFC, US Pay Agent

$7,500.00

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

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date) | SFC (b)(3),(b)(6) (Authorized Certifying Officer)[2] | Disbursing Agent (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $7,500.00

PAID BY
CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank)
CASH $7,500.00 | DATE | (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

PER
TITLE

Previous edition usable
NSN 7540-00-800-2239

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.

MULTINATIONAL
DIVISION –BAGHDAD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT 1-89 CAV

DATE 27 [illegible]

LOCATION (b)(2)High

TYPE OF INCIDENT SF (b)(3),(b)(6

MULTINATIONAL
DIVISION –BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابل الأضرار التي لحقت بك ، سواء كانت أضرار جسدية من إصابات إلى آخره ، أو موت لا سمح الله لأحد من الأقرباء ، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
للتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة ، ووصولات بالإستلام أو التسليم ، وإثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورخصة السياقة أن كنت تحمل رخصة).
الرجاء إحضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر التاجي بوابة كنر، البوابة الهندية في معسكر فالكون، المحمودية في معسكر فاب، معسكر هوك، معسكر كالسو ، معسكر دوك
أو أحد المراكز الحكومية: الثورة أو مدينة الصدر ٩ نيسان الرشيد الرضوانية، الرصافة الأمانات الكرخ الأعظمية الكرادة أو سبع البور

ملاحظة: إمتلاك هذا الكرت(المستمسك) لايعني الدفع المؤكد.

وشكراً لتعاونكم معنا

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

طلب # 07-IH1-T017
350-9

(b)(6), Foreign Language Text

من Baghdad
أوافق هاهنا على قبول مبلغ مجموعه $7,500.00

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
8/27/2007 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

آخذاً 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 .

(b)(6)

DATE 17 Dec. 07

WITNESS SIGNATURE Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6 DATE 17 Dec 07

V reign Language Te

(b)(6)

CLAIMS LOG

BRIGADE OPERATIONAL LAW TEAM, 2d BCT, 10th MTN DIV

AMOUNT CLAIMED: $7,640.00
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 10-5-07
DATE OF INCIDENT: 8-27-07

PARALEGAL RECOMMENDATION: Approve

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

$7,500

COMMENTS / REMARKS:

GIC OPINION ABOUT CLAIMS

(b)(6)

Case no. 350-9

1. **The claimant presented claim card from the US army proved that they caused damages onto the claimant house.**

2. **The claimant and the police stations with certification of death supported that the US army responsible for killing the claimant husband by gunshots on the victim head.**

3. **The claimant asking amount of $ 7640.00 for killing her husband and damages onto the properties.**

4. **We suggest compensate her 5000.00 for killing her husband and damages onto the properties.**

With our respect,

(b)(6)

GIC MANAGER.

(b)(6)

25-Sep-2007

(b)(6)

The lawyer,

(b)(6)

GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.

"THE CLAIM'S CONTAINS"

The Claimant name:- (b)(6)

1) Claim card
2) 14 pictures shows the damages
3) Death of certificate
4) 3 Bills
5) Personal documents for the wife and the murdered Husband

Government Information Centre
Baghdad Al Radhwania
مركز المعلومات الحكومي

(b)(6)

General Information Center/Al-Radhwanya
Date:- 25-Sep-07

GIC-R

Claims Form

Government Information Centre
Baghdad Al Radwania
مركز المعلومات الحكومي

To: United States Army Foreign Claims Commission
From: **Name:** (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No.

I am

a. A citizen and national of: Iraqi
b. A permanent resident of: Baghdad (b)(6)
c. Employed by: (b)(6)
d. Check one ( ) an insurer (X) Not an insurer
e. Check one (X) 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)

Against (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.) (b)(6)

My claim arose at Al Swaib D17 (Town) Baghdad (City) Iraq (Country)

My claim arose on Aug (Month) 27 (Day) 2007 (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 date 27-Aug-07 the U.S army raid my House and open fire random. led to damage in My house. then they made Killed my husband ((b)(6)) and confiscated the personal Documents and gold and some of money. So I am asking for a compensation

CENTCOM 015535

07-IH1-T017-00010

Describe nature and extent of property damage or personal injury sustained as result because of the above incident.

Damage my house and Killed my husband
Because the raid operation

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- About value Killed my husband	$5000
2- About value the damages and confiscate	$2640
3- of material	
4-	
5-	
6-	

Total: $7640

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)

$ 7640 **local** 9,550,000 I.D

(b)(6)

(Signature of Claimant)

Subscribed before me this 25 day of Sep, 2007

Government Information Centre
Baghdad Al Radwania
مركز المعلومات

(Print (b)(6)

(Signat

Pages 12 through 15 redacted for the following reasons:
- -
(b)(6), Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 18 redacted for the following reason:
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(b)(6), Foreign Language

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(b)(6), Foreign Language Text

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(b)(6), Foreign Language Text

Foreign Language Text

Pages 23 through 31 redacted
for the following reasons:- - - - - - - - - - - - - - - - - - - -
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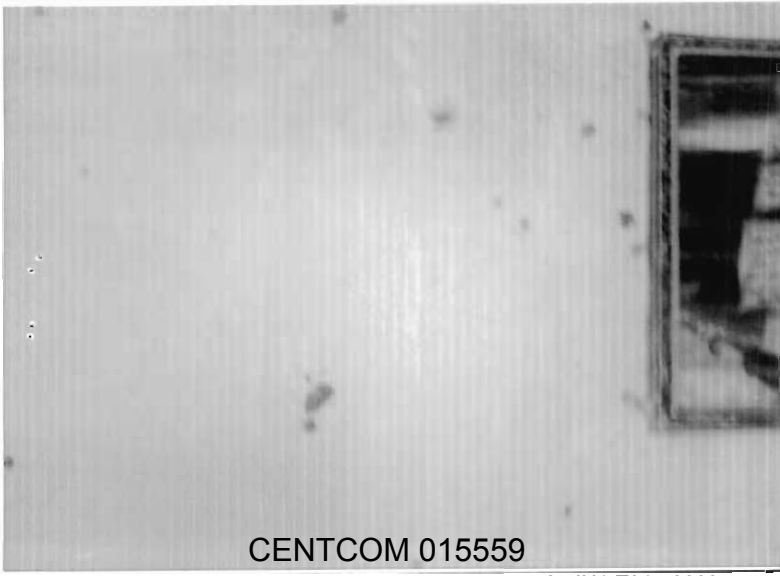
(b)(6), Foreign Language

CENTCOM 015557

07-IH1-T017-00032

CENTCOM 015558

07-IH1-T017-00033



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07-IH1-T017-00034

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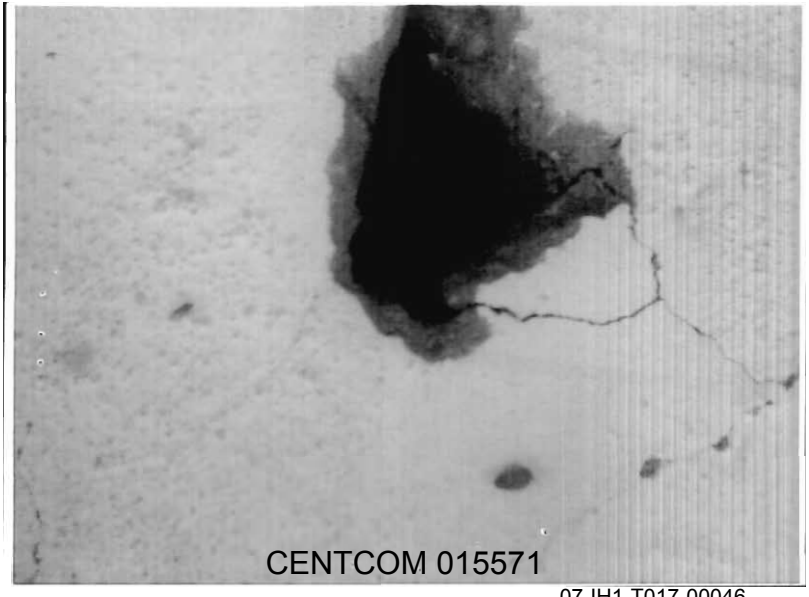

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07-IH1-T017-00049

CENTCOM 015575

07-IH1-T017-00050

CENTCOM 015576

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CENTCOM 015586

07-IH1-T017-00061