b)(3)(b)(6

SAP inj/Dam

App 6,000

(b)(6)

07-326

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 03-Jan-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-IH1-T226 /

1. Facts.

The claimant alleges that CF shot up his supermarket, killing b)(6 of his sons.

Claimant has requested $6,000.00

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 $6,000.00

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

CPT, JA
b)(6 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: 19 Jan 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.

Standard Form 1034 (EG)
Revised October 1967
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
24th FMC
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

10DATE VOUCHER PREPARED
03-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-T226

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.				$6,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $6,000.00

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

6,000.00

(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) (Authorized Certifying Officer)[1] Disbursing Agent (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $6,000.00

PAID BY

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER ON (Name of bank)

CASH DATE

$6,000.00 (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.

TITLE

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.

SETTLEMEMENT AGREEMENT

Foreign Language Text

07-IH1-T226 #ı Langua

(b)(6)

Langua

$6,000.00 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
6/15/2007 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 19 Jan 08

(b)(6), Foreign Language Text

WITNESS SIGNATURE oreign Language Te:

(b)(6)

DATE 19 Jan 08

(b)(6) RI Foreign Language Tex

UCO Claim # _____

ENCLOSURE 3 $6,000

Claims Form
طلب تظلم

To: United States Army Foreign Claims Commission

ق: مرفوضية التظلم لجيش الولايات المتحدة

From; N (b)(6) من: الاسم:

Address: العنوان:

I am:

a. A national citizen of: IRAQ أحمل جنسية:

b. A permanent resident of: ب. عنواني الدائم:

c. Employed by (b)(6) ت: أعمل لدى:

d. Check one ( ) an insurer ( ), Not an insurer

ث: ضع علامة على احداهم ( ) أحمل تأمين ( ) لا أحمل تأمين

e. Check one ( ) A subrogee ( ) Not a Subrogee

ج: ضع علامة على احداهم ( ) دائن "عليه دين" ( ) ليس دائن "ليس عليه دين" ( )

I hereby make a claim against the United States Government for damages or injuries caused by (Name, Organization, Military Department, Address, and Telephone Number)

10th MTN. DIV

The property damaged is 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: QARGHULI

(Town) (City) (Country)

My claim arose on: JUNE 15 2007

Month Day Year

تقدم لي: _____

السنة _____ يوم _____ شهر _____

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 [illegible]

CF SUPERMARKET DAMAGED (b)(6) SONS KILLED

[illegible]

[illegible] أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر تكفي)

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

[illegible]

أشرح [illegible] ما حدث من أضرار سواء كانت جسدية أو ممتلكاتك والتي أصابتك جراء ما حدث بسبب الحادث المقصود

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 _____

Total: $6,000

11

- ح بالتفصيل مثل تصور والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والمستمسكات والفواتير الضرورية لكل شيء موحدة)

الشيء المتضرر	الكلفة
الجملة الكلية	

I was insured to the following extent against the damage or injury I have sustained:

ـدى التأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

The name and address of my insurer (if any) is:

(Name) (Address)

- كان شك أو تأمين الرجاء ذكر اسم وعنوان شركة التأمين:

(العنوان)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

$ [illegible]

[illegible] يوازي [illegible] بالدولار الأمريكي أو العملة المحلية:

العملة المحلية $

I (have/(have not)) previously filed a claim relating to the incident described above.

سبق أن قمت (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/(has not)) been filed relating to the incident described above.

بحسب علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(b)(6)

(Signature of Claimant)

توقيع التظلم الرسمي كتابة الاسم والتوقيع

Subscribed to me this 15th day of DECEMBER, 2007

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

طلب في يوم _____ الموافق _____ من عام _____

توقيع الشاهد

_____

[illegible]

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SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
BP 165, YUSIFIYAH, IRAQ	2007/12/15	1814	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(3),(b)(6)		O-2

8. ORGANIZATION OR ADDRESS

2ND PLATOON, A CO, 3-187 IN REGT, 3RD BDE, 101ST ABN DIV

9.

I, (b)(3),(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I AM THE PLATOON LEADER OF 2ND PLT, A CO, 3-187 IN, 3RD BDE, 101ST ABN DIV, STATIONED AT BP165, QARGULI VILLAGE, YUSIFIAH, IRAQ. I REPLACED 1ST PLT, C CO, 4-31 IN, 2ND BDE, 10TH MTN DIV. DURING THE RIP/TOA PROCESS MY PREDECESSOR BRIEFED ME ON INCIDENTS THAT TOOK PLACE IN (b)(6) WHEN BP165 WAS ESTABLISHED. SPECIFICALLY, HE ADDRESSED POTENTIAL CLAIMS FOR DAMAGES CAUSED BY HIS UNIT. AMOUNG THOSE DAMAGES WERE MULTIPLE ORCHARDS CONTAINING HUNDRENDS OF FRUIT TREES AND DATE PALMS, THE BURNING OF MANY FIELDS, VARIOUS CONTROLLED DETINATIONS THAT DESTROYED MULTIPLE HOUSE AND CAR WINDOWS, THE DESTRUCTION OF 3 SHOPS TO CLEAR A BUFFER ZONE, THE CONFISCATION OF A HOME AND THE PLUMBING AND ELECTRICAL TOOLS INSIDE, THE FIRING OF ILLUMINATION ROUNDS THAT BURNED VEHICLES, FIELDS AND CHICKEN COUPS, THE DESTRUCTION OF PERSONAL PROPERTY DUE TO BREACHING AND SEARCHING OF HOMES, THE CONFISCATION OF BUILDING MATERIALS SUCH AS PLASTER, STONE, SAND, CABLE, WIRING, CONCRETE BLOCKS AND CONCRETE BRICKS, THE SHOOTING OF VEHICLES FOR SECURITY MEASURES, AND CUTTING OFF WATER SUPPLY CAUSING THE DEATH OF THOUSANDS OF FISH IN LOCAL HATCHERIES. ACCORDING TO MY PREDECESSOR THESE DAMAGES OCCURED BETWEEN MAY AND OCTOBER 2007. ALL THE INDIVIDUALS THAT FILED CLAIMS TODAY WERE PREVIOUSLY CONFIRMED TO ME BY MY PREDECESSOR AS HAVING LEGITIMATE CLAIMS FOR THE SPECIFIC DAMAGES THEY ALLEGED WERE CAUSED.

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

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

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

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

10. EXHIBIT	11. I	ING STATEMENT	PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEM *AT* ____ *DATED* ____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF (b)(3),(b)(6) TAKEN AT 1814 DATED 2007/12/15

9. STATEMENT *(Continued)*

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

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

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

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

AFFIDAVIT

I, (b)(3),(b)(6) _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITH(THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, (

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

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

CPT

3)(b HHC, 3 BCT, 101st ABN DIV (AASLT)

ORGANIZATION OR ADDRESS

ORGANIZATION OR

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, _____

at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON I (b)(3),(b)(6) NT

PAGE 2 OF 2 PAGES

DA FORM 2823, NOV 2006 (b)(3)(b)(6)

APD PE v1.00