

1

APPROVE \$1,000

Read

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

07-T260

011-12  
15-Dec-07

(b)(6)



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

03-Jan-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
07-IH1-T260 / 011-12

1. Facts.

The claimant alleges that CF raided her house, and killed her husband. She also claims that CF damaged her house during the raid.

Claimant has requested \$15,000.00

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)

CFI, JA  
b(3)(b)(6) Claim Attorney III1

**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: 20 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 (EQ) Revised October 1987 Department of the Treasury 1754-0-1000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				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>			100 DATE VOUCHER PREPARED <b>03-Jan-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			
CLAIM #: 07-IH1-T260					DATE INVOICE RECEIVED	
PAYEE'S NAME AND ADDRESS <b>(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 <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary.)</small>	QUANTITY	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				\$1,000.00
(Payee must NOT use the space below)					TOTAL	\$1,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCE \$		
<input type="checkbox"/> PROVISIONAL						
<input checked="" type="checkbox"/> COMPLETE		<b>(b)(6)</b>				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						10 00
<input type="checkbox"/> PROGRESS		TITLE: <b>SFC, US</b>		<b>(b)(6), (b)(3)</b>		
<input type="checkbox"/> ADVANCE		<b>Pay Agent</b>				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
		<b>1LT</b>	<b>(b)(3), (b)(6)</b>		<b>Disbursing Agent</b>	
(Date) (Authorized Signatory) (Title)						
ACCOUNTING CLASSIFICATION						
<b>(b)(2) High</b>			<b>\$1,000.00</b>			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of Bank)	
	CASH	DATE		<b>(b)(6)</b>		
	<b>\$1,000.00</b>					
When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, the signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. When a voucher is received in the name of a company or corporation, the name of the person working for 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.					SIGNATURE	
					TITLE	

Previous edition usable

NSN 7540-00-990-2234

**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.





# Claims Form



To: United States Army Foreign Claims Commission  
From: **Name:**

**Address:** (b)(6)

**Iraqi ID #**  
**I am**

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

*Iraq*  
*Iraq*

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

*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.)

My claim arose at Owesat (Town) Nosifya (City) Iraq (Country)  
 My claim arose on Dec (Month) 5 (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 17 sep 2007 the US Army raid our houses and killed my husband (b)(6)  
 (b)(6) broken the furniture for two houses and after that was married to two wives and broke the doors, windows, and kill 4 cows and for that I ask compensation*

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

for kill my husband (b)(6) and  
all the damages from 2 houses

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.)

<u>Item</u>	<u>Amount</u>
1- value of husbands death	7,500,000 ID
2- about the damages to 2 houses	6,250,000 ID
3 value of 4 cows	5,000,000 ID
4	
5	
6	

**Total:** 18,750,000

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)

\$ 15,000 local 18,750,000

(b)(6)

\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this 5 day of Dec, 2007.

\_\_\_\_\_  
(Print Name) (b)(6)

\_\_\_\_\_  
(Signature)

## SWORN STATEMENT

For use this form, see AR 190-45; the proponent agency is ODCSOPS

### PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately  
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION <i>CMOC / Owesat</i>	2. DATE <i>2007-12-5</i> (YYYYMMDD)	3. TIME <i>1:00</i>	4. FILE NUMBER <i>011-12</i>
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS <i>married</i>	
8. ORGANIZATION OR ADDRESS			

9. I, (b)(6) \_\_\_\_\_ WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

*On 17 Sep 2007 the US Army raid (b)(6) houses at 03:00 AM and kill him and broke all the doors and windows and destroy all the furniture and kill 4 cows. He was important because he was (b)(6) and this is my statement.*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN 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 \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

• STATEMENT (Continued)

**AFFIDAVIT**

I, \_\_\_\_\_, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_\_. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

*(Signature of Person Making Statement)*

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

WITNESSES:  
law to

at

ORGANIZATION OR ADDRESS

(Signature of person Administering Oath)

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE  
OF  
PAGES

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 retrieval  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Cmoc / Owesat	2. DATE 2007-12-5 (YYYYMMDD)	3. TIME 1:00 PM	4. FILE NUMBER 011-12
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN 00154210	7. GRADE/STATUS married	
8. ORGANIZATION OR ADDRESS			

9. I, \_\_\_\_\_ (b)(6) \_\_\_\_\_ WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

The american forces raid the (b)(6) area  
 and open fire against the (b)(6)  
 and die quick ad booke all his furniture for  
 two houses and kill 4 CAUS. this is my statement.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____."		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

## SETTLEMENT AGREEMENT

### إتفاقية تسوية وإعفاء

طلب # 07-IH1-T260  
011-12

(b)(6)

أوافق هاهنا على قبول مبلغ مجموعه \$1,000.00

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية،  
ضباطها ووكلائها وعاملها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ  
9/17/2007 أو نحوه والمرتبب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعاملها  
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 بالملتمكات أو أية إصابات أو وفيات 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 'و عليه فيجب ألا يؤول  
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها  
وموظفيها .

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

DATE

20 JUN 08

(b)(6), Foreign Language Text

Foreign Language Te

(b)(6)

DATE

20 Jun 08

Foreign Language Te

• STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

• STATEMENT (Continued)

**AFFIDAVIT**

I, \_\_\_\_\_, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_\_. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

\_\_\_\_\_  
*(Signature of Person Making Statement)*

WITNESSES:  
law to

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

at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
*(Signature of person Administering Oath)*

\_\_\_\_\_  
*(Typed Name of person Administering Oath)*

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
*(Authority to Administer Oaths)*

INITIALS OF PERSON MAKING STATEMENT.

PAGE  
OF  
PAGES

Pages 14 through 19 redacted for the following reasons:

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(b)(6), Foreign Language

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)



(b)(6), Foreign Language Text

# Claim Department

## "THE CLAIM'S CONTAINS"

Case no; 011-12

The Claimant name:-

(b)(6)

- Memorandum
- Sworn Statements
- Documents
- 
- 
- 

SIGN; (b)(6)

(b)(6)

NAME;

Date:- 5 Dec 2007



DEPARTMENT OF THE ARMY  
OWESAT CMOC, A/478 CIVIL AFFAIRS BATTALION, UNITED STATES ARMY  
CIVIL AFFAIRS AND PSYCHOLOGICAL OPERATIONS COMMAND (AIRBORNE)  
PATROL BASE KEMPLE, IRAQ APO AE 09322



WRUFY2

6 December 2007

MEMORANDUM FOR RECORD

SUBJECT: Claims at (b)(6) CMOC

1. On 05 December 2007 the Owesat CMOC accepted local nationals to prepare claims for an upcoming claims day by 3BCT 101<sup>st</sup> ABN(AA) JAG. Most of the local national claims are from the time period when 2-10MTN operated in the area of operations.
2. Due to tribal feuds the people of Owesat have no access to roads to the north and south. There is no medical care in the area and no way to produce death certificates. The local markets have a limited inventory because they can not get to Baghdad or Fallujah for replenishment and the people have no money to purchase cameras to document damages to their property.
3. We accepted people who had some documentation or witnesses to the event in which they were claiming. We understand that 3BCT 101<sup>st</sup> ABN(AA) JAG is the approving authority for claims and tried to convey this to the local nationals as they made their claim.

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

SSU, USA  
CMOC NCOIC