

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

CENTCOM 015855

07-IH1-T274-00001

APPROVED: \$1,000

Dam Loss Raid

07-T274

061-12
12-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-T274 / 061-12

1. Facts.

The claimant alleges that CF raided his house and killed his son.

Claimant has requested \$7,200.00

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)

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

CENTCOM 015857

07-IH1-T274-00003

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)

FIRM GIVEN NAME, OWNER'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.

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.				\$1,000.00
					TOTAL		\$1,000.00
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR _____ TITLE: SFC, US Pay Agent	EXCHANGE RATE _____ = \$1.00	DIFFERENCES _____		_____ 1,000.00	
_____ (Date)		1LT _____ (Authorized Certifying Officer)	(b)(3),(b)(6)		Disbursing Agent _____ (Title)		
		ACCOUNTING CLASSIFICATION (b)(2)High				\$1,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		(b)(6)			
		\$1,000.00					

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 51 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.

CENTCOM 015859

07-IH1-T274-00005



Claims Form



To: United States Army Foreign Claims Commission

From: **Name:**

Address:

(b)(6)

Iraqi ID No

I am

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

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 *Oweyat* *US Iraq* *Iraq*
(Town) (City) (Country)

My claim arose on *Sep* *17* *2007*
(Month) (Day) (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

on 17 Sep 2007 the US Army raid (b)(6)

and my son (b)(6) go to the farm water the plants because when the electric power come to our area we go to use the water pump. He did not know about the americans on his farm and the choppers shoot him and cause his death. For that I ask compensation.

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

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- about kill my son	9,000,000 FD
2-	
3	
4	
5	
6	

Total: 9,000,000 FD

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)

\$ 7200 local 9,000,000 FD

(b)(6)

(Signature of Claimant)

Subscribed before me this 12 day of Dec, 2007.

(SIGNATURE)

(PRINT NAME)

SETTLEMENT AGREEMENT

إتفاقية تسوية وإعفاء

07-IH1-T274 # Foreign Language

061-12

(b)(6)

\$1,000.00

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
9/17/2007 أو نحوه والمرتبب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية لضباطها ووكلائها وعامليها
من كافة المسؤوليات والطلبات والاستحقاقات 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 بالملمتلكات 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 .

DATE 14 Jan 08

W Foreign Language Text

(b)(6)

DATE 20 Jan 08

W Foreign Language Text

Pages 10 through 12 redacted for the following reasons:

(b)(6), Foreign Language

(b)(6)

(b)(6), Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

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Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)