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

APPROVE $1,000

SAM / Loss Raid

07-T282

046-12
10-Dec-07

(b)(6)

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-T282 / 046-12

1. Facts.

The claimant alleges that CF raided her house, killed her husband, and broke her doors, furniture, and windows.

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)

(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: 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 (EG)
Revised October 1967
Department of the Treasury
1 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-T282

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.				$1,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $1,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

000.00

TITLE: SFC, US Pay Agent

(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 $1,000.00

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | (Name of bank)

CASH $1,000.00 | 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 7540-00-900-2234

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.

CLAIMS LOG

AMOUNT CLAIMED: 15,000
CLAIMANTS NAME (b)(6)
DATE CLAIM SUBMITTED: 12-15-07
DATE OF INCIDENT: 3-9-06

PARALEGAL RECOMMENDATION: App 1,000

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

COMMENTS / REMARKS:

Claim Department

"THE CLAIM'S CONTAINS"

Case no; 046-12

The Claimant name:-... (b)(6)

- Sworn Statement
- Documents
-
-
-
-

SIGN;

NAME; (b)(6)

Date:-... 10 - Dec - 2007

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

07-IH1-T282 # Langua
046-12

أني: (b)(6)
من
أوافق Foreign Language Text $1,000.00

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 3/9/2006 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 .

DATE 20 Jan 08
Foreign Language Tex

DATE 20 Jan 08
Foreign Language Tex

(b)(6)

Claims Form

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

Address: (b)(6)

Iraqi ID N

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 _ Owesat (**Town**) Usifyah (**City**) Iraq (**Country**)

My claim arose on _ march (**Month**) 9 (**Day**) 2006 (**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 9-3-2006 US-Army raid all my house at 6:00PM o'clock when my husband go out to see ~~what~~ what happened this force kill my husband and break all my Doors and windows and furnature and stay in my house one day and Then gave it to me form for 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.)

Item	Amount
1- Kill my husband	18 750,000 DN
2-	
3 and brock all my Doors and	
4 windows and destroy all	
5 my furniture	
6	

Total: 18, 750, 000 DN

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 DN

(b)(6)

ant)

Subscribed before me this

(Print Name)

(Signature)

Pages 10 through 13 redacted for the following reasons:
- -
(b)(6), Foreign Language

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, Illegible Text, Nonresponsive

أصف انت, طبيعة و مدى عطل الممتلك الخاص او

They killed our father and
We are orphans Now.

أضع قائمة بالتفصيل عن مقدار و كمية عطل الممتلك و أضع جدولا عن المصاريف الناتجة عن عطل الممتلك او الاذى الشخصي.
(ارفق الفواتير و الايصالات اذا كان ملائما.)

المبلغ او المقدار	بند
19,000,000	Murder
1,000,000	house Property
20,000,000	المجموع:

انا مؤمن للمدى التالي, ضد الضرر و الاذى الذي عانيت منها:

اسم و عنوان المؤمن (شركة التأمين) اذا كان لديك شركة تأمين هو:
الاسم :
العنوان:

اطالب كضرر او اضرار : (اذكر المقدار بالدولارات الاميركية و العملة المحلية .)
ألدولارات: $
العملة المحلية:

(b)(6)

امضاء المطالب:

موقع بحضوري في تاريخ : اليوم: 9 الشهر: March السنة: 2006

(b)(6)

الاسم :
الامضاء:

SERVICEMEMBEI

This is a valid claims form. Please record the date, time, and location this form was received. Submit this document to your closest Unit Claims Officer or Judge Advocate.

Foreign Language Text

عريضة المطالبات
(للعدل و الضرر)

الى: لجنة المطالبات للاجانب
من: الاسم الرباعي الكامل: (b)(6)

العنوان: Surfi Batraa

انا
مواطن و احد رعايا: Iraqi Citizen

مقيم دائم في: (b)(6)

موظف في شركة: (b)(6)

اضع اشارة واحدة امام: ( ) شركة تأمين (✓) لست شركة تأمين

اضع اشارة واحدة امام: (✓) من حل محل الغير و أتحمل المسؤلية ( ) لست من حل محل الغير و لا اتحمل المسؤلية

انا, و بناء عليه, أدون مطلب ضد حكومة الولايات المتحدة لاضرار او اذاءات, سببها : (الاسم, المنظمة, الدائرة العسكرية, العنوان, رقم الهاتف.)

الملك المتضرر يملكه : (اذا كانت المطالبة تدون من قبل عميل, والد او والدة, او وصي, ارفق توكيل رسمي او بينة تفويض, وأملئ العريضة ادناه للطرف الذي يعاني او يتكبد العطل والاضرار.)

مطالبتي وقعت في: اسم البلدة (b)(6)
اسم البلاد 1299

مطالبتي وقعت بتاريخ : الشهر March اليوم 9 TH السنة 2006

دون تقرير مختصر عن الحادث الطارئ او الحدث العرضي الذي كان الاساس للمطالبة بالعطل والضرر او اذى شخصي. (اذا لزم الامر استعمل ظهر هذه الورقة.)

They killed his fathe he was cutting grace fo feeding the cows - then they got in our house they brake 1 door and 2 windows

أنت إستلمت طلب التعويض . لديك الحق في طلب التعويض عن الضرر , الدمار أو مصادرة ملكيتك التي تعتقد أن القوات المسلحة للولايات المتحدة الأمريكية هي المسببة لها . إذا إخترت طلب التعويض إملأ الإستمارة المرفوقة بهذه الوثيقة و سلمها لأي شخص في القوات المسلحة للولايات المتحدة الأمريكية . من فضلك تأكد من هذه المعلومات التالية .

1- (b)(6)

1. إسمك

2- They killed My father, house property

2. وصف دقيق للحادث

3- (b)(6) School

3. رقم هاتف دائم أو أي وسائل أخرى للإتصال بك في أي وقت

4- 20,000,000

4. مبلغ المال المطلوب بالدينار

هذه المعلومات ستساعدنا أن نعوضك بسرعة.

نشكرك لمساعدتك و تعاونك معنا في هذا الأمر.

Foreign Language Text

gn Language

Pages 22 through 23 redacted for the following reasons:
- -
(b)(6), Foreign Language