

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

APPROVE

~~_____~~
\$1,000

SAF Inj/Dam

07-T283

002-12
5-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

06-Jan-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [redacted] (b)(6)
07-IH1-T283 / 002-12

1. Facts.

The claimant alleges that a stray CF bullet killed her husband.

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 \$1,000.00

[redacted]
(b)(3),(b)(6)

Standard Form 1034 (EG) Revised October 1967 Department of the Treasury 1 FPM 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			10 DATE VOUCHER PREPARED 06-Jan-08		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 07-IH1-T283 (b)(6)			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM			TO		WEIGHT	
GOVERNMENT BL. NUMBER						
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
<i>(Use continuation sheet(s) if necessary)</i>						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		RV				
<input type="checkbox"/> PARTIAL		(b)(3),(b)(6)				
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE: SFC, US				
<input type="checkbox"/> ADVANCE		Pay Agent		(b)(3),(b)(6)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
		1LT (b)(3),(b)(6)		Disbursing Agent		
		(Date)		(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			PER	(b)(6)	
				TITLE		

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.
Previous edition usable

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82c and 82c, for the purpose of disbursing Federal monies.
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.

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 _____.

* Use additional forms if needed.



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 the Owesat CMOC

1. On 05 December 2007 the Owesat CMOC accepted local nationals to prepare claims for an upcoming claims day by 3BCT 101st 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 101st 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)

SSG, USA
CMOC NCOIC

Claim Department

"THE CLAIM'S CONTAINS"

Case no; 002-12

The Claimant name:-

(b)(6)

- Memorandum.....
- Sworn statements.....
- Documents.....
-
-
-

SIGN

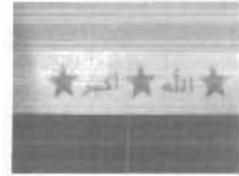
(b)(6)

NAM

Date:..... 5 Dec 27.....



Claims Form



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

Address: (b)(6)
Iraqi ID:
I am

- a. A citizen and national of: *Iraq*
- b. A permanent resident of: *Iraq*
- c. Employed by: *No*
- 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)

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 *Ewesat* *Yosifyah* *Iraq*
 (Town) (City) (Country)

My claim arose on *December* *5* *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 necessary.)

on 19-sep-2007 at 3:00pm o'clock, The U.S Army opening of fire against the terrorist when The random shot cause my husband Death and he was only family provider for five kids. and for that ask compensation.

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

about my husband death

(b)(6)

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 my husband Death	7,500,000 ID
2-	
3	
4	
5	
6	

Total: 7,500,000 ID

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)

\$ 6000

(b)(6)

(Signature of Claimant)

Subscribed before me this 5 day of Dec, 2007.

(SIGNATURE)

(b)(6)

(PRINT NAME)

**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 / eaverat</i>	2. DATE <i>5/12/07</i> (YYYYMMDD)	3. TIME <i>11:00</i>	4. FILE NUMBER <i>002-12</i>
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5. LAST NAME, FIRST NAME MIDDLE NAME <i>(b)(6)</i>	6. SSN <i>(b)(6)</i>	7. GRADE/STATUS <i>unpaid</i>
--	-------------------------	----------------------------------

8. ORGANIZATION OR ADDRESS <i>(b)(6)</i>

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

on 19-sep-2007 (b)(6) goes to see what happened outside when some of US Army shot him cause his death by ~~mistake~~ mistake in his chest and that happened in at 3:00 Am.

I am (b)(6) traib witness this incident and for that this 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.

• 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**

**SWORN
STATEMENT**

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PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION C Moc	2. DATE 5/12/07 (YYYYMMDD)	3. TIME 11:01	4. FILE NUMBER
----------------------	-------------------------------	------------------	----------------

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

8. ORGANIZATION OR ADDRESS
(b)(6)

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

The U.S Army raid at 1:00 Am the ^{area} ~~area~~
in Al-Ewesat to attack the terrorist and
started shot in random, the victim
(b)(6) output his house
to see what happen the US Army shot him
cause his death and this is my statement
I am (b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6)	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT 5 DATED 12/07.
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS 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)

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**

SETTLEMENT AGREEMENT

إتفاقية تسوية وإعفاء

07-IH1-T283 #Langua

002-12

(b)(6) أني
من
أو إف
\$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
9/19/2007 أو نحوه والمرتبب بقوات الولايات المتحدة الأمريكية

أخذاً 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 بالمتلكات 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' 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 20 JAN 08
WITNESS SIGNATURE (b)(6)

(b)(6)

(b)(6) DATE 20 JAN 08
SIGNATURE Foreign Language Te

Pages 15 through 17 redacted for the following reasons:

(b)(6), Foreign Language

Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Page 24 redacted for the following reason:

(b)(6), Foreign Language