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

APPROVE $1,200

Dam / Loss Rated

07-T284

012-12

(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-T284 / 012-12

1. Facts.

The claimant alleges that CF raided her house, killing her husband, and damaging the doors, windows, and furniture.

Claimant has requested $7,600.00

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 $1,200.00

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

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: 2Ø Jun Ø8

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 1987
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

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

CLAIM #: 07-IH1-T284

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 properly damaged, lost, destroyed, captured, or abandoned in service				$1,200.00
					TOTAL	$1,200.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

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

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

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)[2] | Disbursing Agent (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High | $1,200.00

PAID BY

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

CASH $1,200.00 | 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.

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.

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)

Claim Department

"THE CLAIM'S CONTAINS"

Case no; 012-12

The Claimant name:- (b)(6)

- Memorandum
- Sworn Statements
- Documents
-
-
-

SIGN;

NAME; (b)(6)

Date:- 5. Dec 2007

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

07-IH1-T284 # Foreign Language

012-12

أني (b)(6)

من

أوافق Foreign Language Text $1,200.00

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 9/17/2007 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)

(b)(6) DATE 20 JAN 08

ATURE Foreign Language Tex

(b)(6) DATE 20 Jan 08

Foreign Language Text

CLAIMS LOG

AMOUNT CLAIMED: 7,600.
CLAIMANTS NAME (b)(6)
DATE CLAIM SUBMITTED: 12-15-07
DATE OF INCIDENT: 9-17-07

PARALEGAL RECOMMENDATION: App 1,200

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

COMMENTS / REMARKS:

Claims Form

To: United States Army Foreign Claims Commission
From: **Name**: (b)(6)

Addres

Iraqi I

I am

a. A citizen and national of: Iraq
b. A permanent resident of: Iraq
c. Employed by:
d. Check one ( ) an insurer (X) Not an insurer
e. Check one ( ) A subrogee (X) 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	Usifyah	Iraq
	(Town)	**(City)**	**(Country)**
My claim arose on	Dec	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 17 september 2007 at 03:00 AM the us Army raid the (b)(6) region and raid my house after raid (b)(6) house and then booke all the doors and windows and destroy the furniture and kill my husband (b)(6) when was sleeping in the bedroom for that I ask compensation

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

about husband death and
all damages in my house

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-	about my husband death	7,500,000
2-		
3	all damages in my house	2,000,000
4		
5		
6		

Total: 9,500,000 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)

$ 7600 **local** 9,500,000 ID

(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	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CMOC / (b)(6)	2007-12-5	1410	012-12

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

8. ORGANIZATION OR ADDRESS

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

On 17 sep 2007 at 0400 am the US Army raid the (b)(6) region to attack the terrorist and started shooting against the terrorist running and injured (b)(6) and cause his death. 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 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:

Subscribed and sworn to before me, a person authorized by law to 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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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CMoC/ (b)(6)	2007-12-5	1:10	012-12

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

8. ORGANIZATION OR ADDRESS

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

On 17 sep 2007 the us Army raid the house and this farce start to shoot and kill the farmer (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 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:

Subscribed and sworn to before me, a person authorized by law to 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

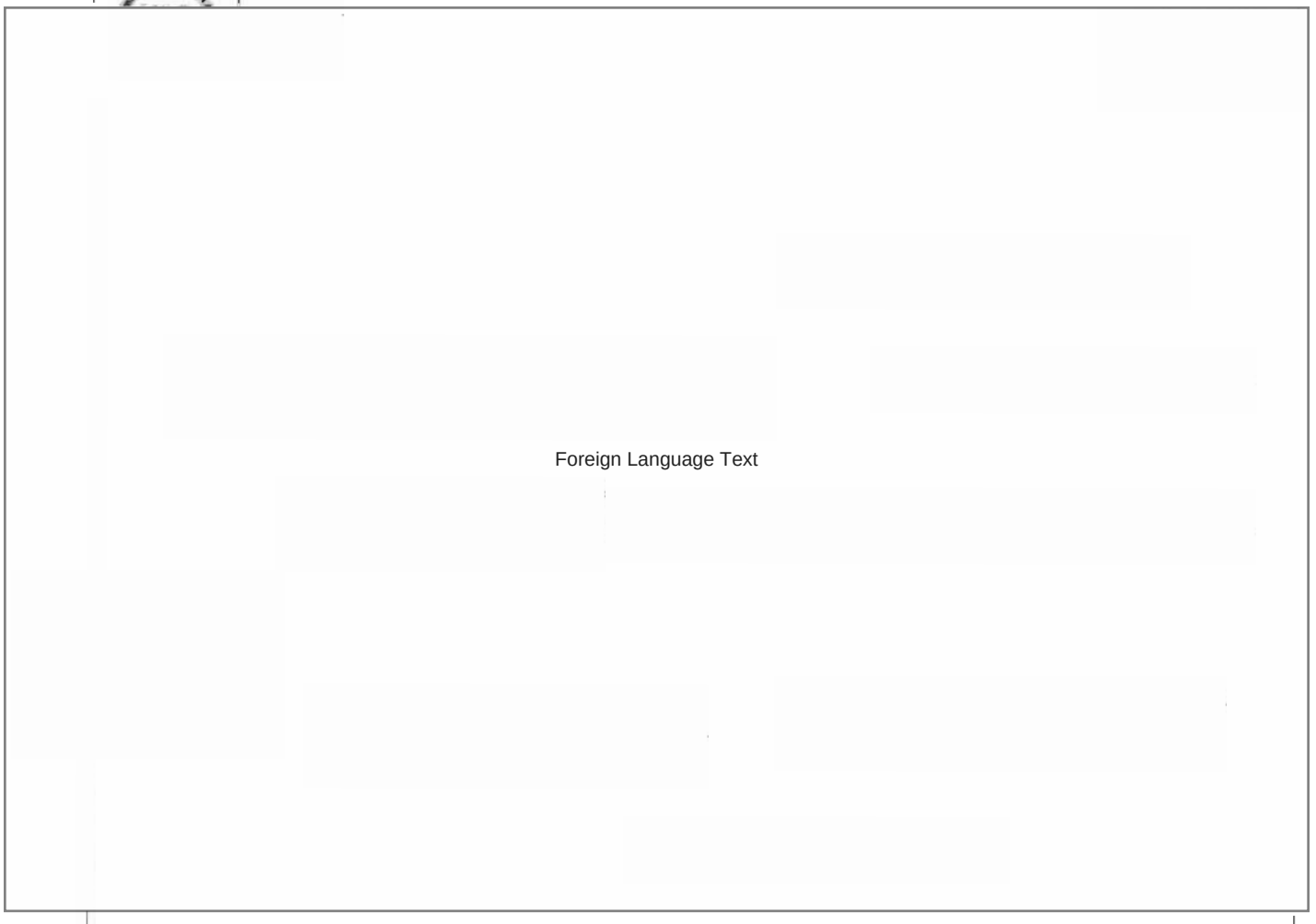
Pages 15 through 17 redacted for the following reasons:
- -
(b)(6), Foreign Language

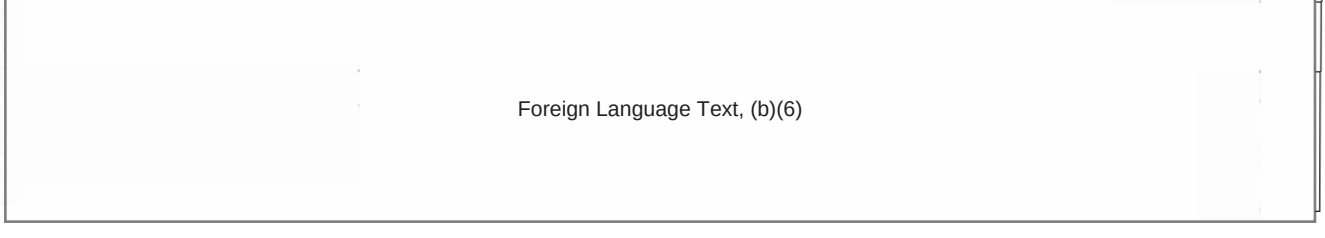
Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)


Foreign Language Text


Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)