

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

APPROVE \$1,000

Dam / Loss Raid

07-286

009-12  
5-Dec-2009

(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-T286 / 009-12

1. Facts.

The claimant alleges that CF raided her house, and killed her son.

Claimant has requested \$2,500.00

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 \$1,500.00  
(b)(3),(b)(6)  
CPT, JA  
(3)(b) 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)  
Please 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 1 1754 4-2000 1024-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.	
DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			03-Jan-08		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			CONTRACT NUMBER AND DATE			
			REQUISITION NUMBER AND DATE			
CLAIM #: 07-IH1-T286  PAYEE'S NAME AND ADDRESS: (b)(6)			DATE INVOICE RECEIVED		DISCOUNT TERMS	
SHERPED FROM			TO		WEIGHT	PAYEE'S ACCOUNT NUMBER
GOVERNMENT B/L 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 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
(Use continuation sheet(s) if necessary)		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<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		TITLE: SFC, US Pay Agent (b)(3),(b)(6)	\$1.00			00.00
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)		(Authorized Certifying Officer)		(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	PAYEE			
	\$1,000.00		(b)(6)			
<small>           *When stated in foreign currency, insert name of currency.            †If the ability to certify and authority to approve are combined in one person, one signature and 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, as well as the capacity in which he signs, must appear. For example: "John Doe Com. Treasurer", at the case may be.            †Previous edition usable.         </small>						
PRIVACY ACT STATEMENT <small>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.</small>						

# SETTLEMENT AGREEMENT

## اتفاقية تسوية وإعفاء

07-IH1-T286 # (b)(6)

009-12

أني: (b)(6)  
من  
أو أف: Foreign Language Text  
\$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 والمرتبط بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الاعتبار 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 بالممتلكات 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)(3)(b)(6) DATE 20 JAN 09 Foreign Language Text, (b)(6)  
WITNESS SIGNATURE  
(b)(6) DATE 20 JAN 08  
WITNESS SIGNATURE Foreign Language Text





# Claims Form



To: United States Army Foreign Claims Commission

From: Name:

[Redacted Name]

Address:

(b)(6)

Iraqi ID:

I am

- a. A citizen and national of: *Iraqi*
- 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 *Owesat* *Ustiyah* *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 SEP 07 at 02:00 AM some of US Army forces operate in area an conduct raid. My son [Redacted] go outside to see what happened in his uncle's house and was shot by helicopter by mistake. [Redacted] was witness and for that I ask compensation.*

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

about kill my son

(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 kill my son	3,125,000 ID
2-	
3	
4	
5	
6	

Total: 3,125,000

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)

\$ 2500

local

3,125,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 5 day of Dec, 2007.

(Print Name)

(Signature)

(b)(6)

**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 Cone/Owesat	2. DATE 2007-12-5 (YYYYMMDD)	3. TIME 12130	4. FILE NUMBER 009-12
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN 964086	7. GRADE/STATUS married	
8. ORGANIZATION OR ADDRESS			

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

On 17 SEP 2007 at 4:00 AM the american forces  
raid our region (b)(6) to attack the  
terrorist and open fire and hit (b)(6)  
One bullet kill him and this is my statement.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF ____ PAGES
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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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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 C Mac / OweSat	2. DATE 2007-12-5 (YYYYMMDD)	3. TIME 12:30	4. FILE NUMBER 009-12
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN (b)(6)	7. GRADE/STATUS married	
8. ORGANIZATION OR ADDRESS			

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

on 17 SEP 2007 at 4:00 AM I see some of american force raid our region called [redacted] (b)(6) area. to follow terrorist and open fire against [redacted] (b)(6) by mistake 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:  
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)

ORGANIZATION OR ADDRESS

(Typed Name of person Administering Oath)

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE  
OF  
PAGES

Pages 14 through 16 redacted for the following reasons:

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(b)(6), Foreign Language  
Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

# Claim Department

## "THE CLAIM'S CONTAINS"

Case no; 009-12

The Claimant name:

(b)(6)

- Memorandum
- Sworn Statements
- Documents
- 
- 
- 

SIGN;

(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 the Owesat 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)(6), (b)(3)

CMOC NCOIC