

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

Dam/Loss Raw

App \$5,000

4-1
2-Jan-08

(b)(6)

08-T 012

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury TFM 4-2000 1024-121		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 22-Feb-08		SCHEDULE NO.			
		CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579			
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED			
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T012 (b)(6) Baghdad				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM		TO		GOVERNMENT B/L NUMBER			
		WEIGHT					
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.				\$5,000.00	
(Payee must NOT use the space below)						TOTAL	\$5,000.00
(Use continuation sheet(s) if necessary)							
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 (b)(3), (b)(6)	EXCHANGE RATE = \$1.00	DIFFERENCES (b)(3), (b)(6) 0.00			
Pursuant to authority vested in me, I certify that		(b)(3), (b)(6)		Foreign Claims Commission IH1			
(Date)		(Date)		CLASSIFICATION (b)(2)High			
CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)		PAID BY CASH \$5,000.00			
DATE		PAYEE (b)(6)		TITLE			
*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 only is necessary, otherwise the 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 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 "President", as the case may be.							
Previous edition obsolete							
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.							



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

22-Feb-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T012 / 4-1

1. Facts.

The claimant alleges that CF and IA were engaging AIF, and when her son was running away from the area he was shot and killed by a helicopter.

Claimant has requested \$5,000.00

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 \$5,000.00

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

CENTCOM 016053

08-IH1-T012-00003

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: 1 MAR 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.

SETTLEMENT AGREEMENT

اتفاقية تسوية وإعفاء

08-IH1-T012 # [REDACTED] EN LANG

4-1

[REDACTED] (b)(6)

Baghdad [REDACTED] EN LANG

\$5,000.00

[REDACTED] FOREIGN LANGUAGE

Foreign Language Text

[REDACTED] Foreign Language T

[REDACTED] (b)(6)

DATE

1 March 08

WITNESS SIGNATURE

[REDACTED] (b)(6)

[REDACTED] (b)(6)

DATE

WITNESS SIGNATURE

[REDACTED] (b)(6)

GIC OPINION ABOUT CLAIMS

(b)(6)

Case no (b)(6)

1. The claimant presented claim card proved US army responsible about killed the claimant's husband.
2. The claimant presented death of certification by the ministry of health.
3. The claimant asks amount of \$5000.00.
4. We suggest compensate her same she asks.

With our respect,

(b)(6)

The lawyer,

(b)(6)

2 January 2008

Government Information Centre

Baghdad



Al Radwania

Foreign Language Text

GIC MANAGER,

(b)(6)

Claim Department

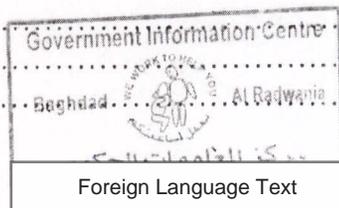
"THE CLAIM'S CONTAINS"

Case no; 4-1

The Claimant name:

(b)(6)

- Claim card
- Death of certification
- Investigation reports by Iraqi police station
- Personal documents
-
-



SIGN;

(b)(6)

NAME;

Date: 2-Jan-08



Claims Form



To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No. 00612265

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad - Iraq
- c. Employed by: (b)(6)
- d. Check one () an insurer (X) not an insurer
- e. Check one (X) A subrogate () Not a surge

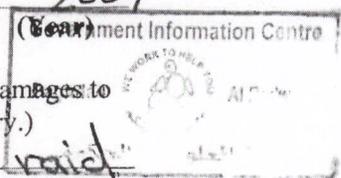
I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address and Telephone Number)

Against (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.) (b)(6)

My claim arose at Abu Ghraib Baghdad Iraq
(Town) (City) (Country)

My claim arose on Aug 27 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 date 27 Aug 07 the U.S troops raid
Our area at night during that occurred open
Fire between them and the point of Iraq's military
which led to the people flight and my son
(b)(6) was among them. and then
The U.S aircrafts made shooting which caused
Death my son. So am asking for a compensation

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

Death my son by the U.S army

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 value death my son	\$ 5000,00
2-	
3-	
4-	
5-	
6-	

Total: \$ 5000,00

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)

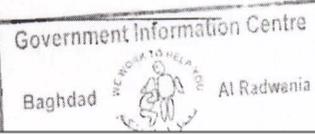
I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 5000,00 local 6,250,000 I.D

(b)(6)

(Signature of Claimant)

Subscribed before me this 2 day of Jan, 2008.



Foreign Language Text

(b)(6)

(Print Name)

(b)(6)

(Signature)

Pages 11 through 13 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT
FOREIGN LANGUAGE DOCUMENT, (b)(6)



Foreign Language Text, (b)(6)

Page 15 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Page 17 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016069

08-IH1-T012-00019

Pages 20 through 21 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016072

08-IH1-T012-00022

IRAQI CLAIM CARD

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
 السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضرار
 جسدية من إصابات ال آخره، أو موت لا سمح الله لأحد من الأقرباء، وكان
 السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.
 للتقدم ببلاغ والمطالبة بحقوقك الرجاء إحضار الآتي، هذه البطاقة وهويتك
 الشخصية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل
 (صور للحادث، شهادة الشهود، تقرير الشرطة، ووصولات بالإستلام أو
 التسليم، وإثبات الملكية لا تحطم أو تضرر ولا تحاول أن تحصل على تعويض
 عنه، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستندات إلى مركز المساعدة العراقي في معسكر
 التاجي بولاية كركوك، البوابة الهندية في معسكر فالكون، الجمودية في معسكر
 فادي، معسكر هوك، البوابة الهندية في معسكر كالسو، معسكر دوك.
 أو أحد المراكز الحكومية، الثورة أو مدينة الصغرة-نيسان-الرشيد.
 الرضائية، الرضاية، الأمانات الكرخ الأعظمية-الكرادة أو سبع البور.

ملء هذه الخانات (المستند) لايفضل اللجوء للمؤكدة.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MULTINATIONAL
 DIVISION - BAGHDAD

IRAQI CLAIM CARD

**The Army may pay claims to Iraqi civilians for
 property damage, injury and death caused by US
 Forces.**

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT 1-89 CAV

DATE 27 AUG 07

LOCATION (b)(2)High

TYPE OF INCIDENT SF Raid