

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

SAF Inj/Dam

APP \$4,000

5-1  
2-Jan-08

(b)(6)

Ø8-TØ13

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>			DATE VOUCHER PREPARED <b>22-Feb-08</b>		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T013 (b)(6) Baghdad			CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
SHIPPED FROM			TO		WEIGHT	
GOVERNMENT BAL 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.				\$4,000.00
TOTAL						\$4,000.00
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		0.00
TITLE: SFC, US Pay Agent Pursuant to authority vested in me, I certify		(b)(3), (b)(6)		Foreign Claims Commission IH1		
(Date)				(Title)		
ACCOUNTING CLASSIFICATION						
(b)(2)High						\$4,000.00
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name)	
	CASH	DATE		PAYEE		
	\$4,000.00			(b)(6)	(b)(6)	
<small>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 "Treasury", as the case may be.</small>				PER		
				TITLE		

Previous edition obsolete

NSN 7540-00-800-7234

**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 the 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-T013 / 5-1

1. Facts.

The claimant alleges that when CF raided her neighbors house, her husband stepped outside and CF shot him.

Claimant has requested \$4,000.00

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 \$4,000.00

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

CPT, JA  
(3)(b) Claim Attorney IH1

CENTCOM 016076

08-IH1-T013-00003

**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 03

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

Foreign Language Text

08-IH1-T013 # Language  
5-1

(b)(6)

.angu

\$4,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE

*March 2008*

(b)(6), Foreign Language Text

WITNESS SIGNATURE Foreign Language Text,

DATE

*1 Mar 06*

(b)(6)

Foreign Language Text



## GIC OPINION ABOUT CLAIMS

(b)(6)

**Case no.** (b)(6)

1. The claimant presented claim card proved US army open fire on the claimant's husband in his heart which led to his death according to death of certification no (b)(6) by the ministry of health.
2. The claimant ask amount of \$ 4000.00
3. We suggest compensate her same she asks.

With our respect,

(b)(6)

**The lawyer,**

(b)(6)

2 January 2008



(b)(6)

# Claim Department

## "THE CLAIM'S CONTAINS"

Case no; 5-1

The Claimant name:-

(b)(6)

- Claim card
- Death of certification
- Personal document
- 
- 
- 
- 



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. \_\_\_\_\_ (b)(6)

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)

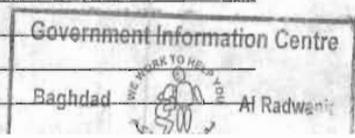
The property damaged had owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries. (b)(6)

My claim arose at Al-Shaar area 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 at 3:30 PM happened a fight  
At the home of our neighbors in (b)(6) area  
when my husband exit to outside the U.S patrol  
Gunshot on him which lead to his death  
So am asking for a compensation.



Foreign Language Text

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

Death my husband by the U.S. patrol

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 husband	\$ 4000100
2-	
3-	
4-	
5-	
6-	

Total: \$ 4000100

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)

\$ 4000100

local 500000000

(b)(6)

(Signature of Claimant)

Subscribed before me this 2 day of Jan, 2008.



(b)(6)

(Print Name)

(b)(6)

(Signature)

Pages 11 through 12 redacted for the following reasons:

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

Foreign Language Text

Foreign Language Text, (b)(6)

Pages 14 through 15 redacted for the following reasons:

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

**IRAQI CLAIM CARD**

سلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم، مقابل الأضرار التي لحقت بك، سواء كانت أضرار جسدية من إصابات إلى أخرى، 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 لما حطم أو تضرر ولما تحاول أن تحصل على تعويض عنه، ورخصة السياقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمكات إلى مركز المساعدة العراقي في معسكر الناجي بولاية كركوك، البوابة الهندية في معسكر فالكون، العمودية في معسكر فاب، معسكر جوك، معسكر كالمو، معسكر دوك.

لرؤية المراكز الحكومية، الثورة أو مدينة الصدر- نيسان- الرشيد- الرضوانية- الرصافة- الأمانات- الكرخ- الأعظمية- الكرادة أو سبع البور.

هذا نموذج هذا (المستمك) لأرضي الفلغ الموكد.

رشد | لغوكم مضاً

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 Road

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)