

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

SAF / INJURY

~~APP \$5,000~~

- Interpret docs, → death cert.

- \$2,500 Corp

PAID ALREADY

08-IH1-T032

480-12
16-Dec-07

(b)(6)

Standard Form 1041 (50) Revised October 1997 GSA FPMR (41 CFR) 101-11.6 FORM 1041-1000 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		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-T032 (b)(6) Yusifiyah				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO		WEIGHT		
				GOVERNMENT J. 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	UNIT	
		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
TOTAL						\$5,000.00
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> PAYEE'S ACCOUNT <input type="checkbox"/> PAYEE'S ACCOUNT <input type="checkbox"/> PAYEE'S ACCOUNT		(b)(3), (b)(6) TITLE: SFC, US Pay Agent 3)(t CPT))(t				\$5,000.00
(Date) <u>5 Apr 08</u>		Foreign Claims Commission IH1				
ACCOUNTING CLASSIFICATION						
		(b)(2)High				\$5,000.00
		(b)(6)				
		(b)(3)(b)(6)				
PAID BY		CHECK	TREASURY	CHECK NUMBER	ON (Name of bank)	
		CASH				
		DATE		PAYEE		
		5 Apr 08		(b)(6)		
When filled in foreign currency, insert name of currency. If the claimant certifies and assumes to approve and claimant in one person, one signature only is necessary, otherwise the approving official will sign in the space provided. Use, by official title. If the claimant is certified in the name of a company or organization, the name of the person acting for the company or organization, as well as the capacity in which he signs, must appear. For example, "John Doe Company, Jim John Smith, Secretary", or "John Doe, Secretary".					PER	
					TITLE	

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 25 U.S.C. 302 and 303, for the purpose of disbursing Federal money. The information requested is to identify the individual 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-T032 / 480-12

1. Facts.

The claimant alleges that CF gunfire killed her son while he was on his way to school.

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)

)(CPT, JA
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: 5 Apr 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.

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T032 #n Languag
480-12

(b)(6)

angu:

\$5,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 5 APR 08

(b)(6)

WITNESS SIGNATURE Foreign Language Te:

(b)(6)

DATE 5 APR 08

Foreign Language Te

Republic of IRAQ - ministry of Health

death certificate NO: (b)(6)

Date issued: 02-25-06

died ~~person~~ person Name: (b)(6)

live in: (b)(6)

date of birth: (b)(6)

place of Birth: (b)(6)

(b)(6)

place of death: Yousifia-Mahmoudia

Baghdad

Date of death at the hour 10.00 in the morning
on the day twenty fifth of February year 2006
direct cause of death fire shot bullet in the head
which led to the damage of the ~~skull~~ skull and
dead body handed to the management of the civil
NO (b)(6) by the memo NO (b)(6) in the
date of 02-25-2006, which enclosed here

Sig. Dr

(b)(6)

assistant Manager of
General Hospital of
Mahmoudia

its registered in the log of the health Authority
under NO (b)(6) for the year 2006

CENTCOM 016118

08-IH1-T032-0007

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

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GIC OPINION ABOUT CLAIMS

(b)(6)

Case no. (b)(6)

1. The claimant presented death certificate proved that the US army killed her son by one gunshot on his head.
2. The claimant said that the US army open fire on her son and that led to killed him immediately while the victim was going to the school on 25 of Jun 07.
3. The claimant ask amount of \$ 5000.00. for the death of her son.
4. We believe that the US army open the fire on the victim head because the terrorists open fire in the chest and the head with many shots also we'd like to compensate her as condolence.

With our respect,

(b)(6)

The lawyer.

(b)(6)

17 Dec 2007

(b)(6)

GIC MANAGER.

(b)(6)



Claim Department

"THE CLAIM'S CONTAINS"

Case no; 480-12

The Claimant name:

(b)(6)

- Death of certificate.....
- Supported of resident.....
- Personal documents.....
-
-
-
-



SIGN;

(b)(6)

NAME;

Date: -... 16 - Dec - 07



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 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)

Against Multi National Forces

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 Al-Youssifeya Baghdad Iraq
(Town) (City) (Country)

My claim arose on Feb 25 2006
(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 25-Feb-06 the U.S forces gunshot on head
My son (b)(6) during he went to school
which led 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 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 Killed 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.I.D

(b)(6)

(Signature of Claimant)

Subscribed before me this 16 day of Dec, 2007.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)
CENTCOM 016123



Pages 13 through 16 redacted for the following reasons:

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

Foreign Language Text

CENTCOM 016128

08-IH1-T032-00017

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DOCUMENT, (b)(6)

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Foreign Language Text, (b)(6)



CENTCOM 016131

08-IH1-T032-00020