

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

App # 1,000
Rand

08-IH1-T076

010-12
5-Dec-2007

(b)(6)

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 FPMR 4-2.200 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 11-Feb-08		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T076 (b)(6)			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
SHIPPED FROM		TO	WEIGHT		PAYEE'S ACCOUNT 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	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL					\$1,000.00	
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		(b)(3), (b)(6)	=\$			
<input checked="" type="checkbox"/> COMPLETE						
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE						
Pursuant to authority vested in me, I certify that this is:		TITLE: SFC, US Pay Agent		(b)(3), (b)(6)		
		CPT (b)(3), (b)(6)		Disbursing Agent (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		(b)(6)		
	\$1,000.00					
<small> ¹When stated in foreign currency, insert name of currency. ²If 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. ³When a voucher is recopied 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. </small>				TITLES		

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.



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

11-Feb-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T076 / 010-12

1. Facts.

The claimant alleges that CF raided his house, broke his windows and doors, shot and killed his father, and wounded him.

Claimant has requested \$3,200.00

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 \$1 000 00

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

(3)(b) P1, 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: 17 FEB 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, grandfater'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-T076 # Langua
010-12

(b)(6)

Langur

\$1,000.00

Foreign Language Text

Foreign Language Text

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

DATE

17 Feb 08

Foreign Language Te:

(b)(6)

DATE

WITNESS SIGNATURE

Foreign Language Te:

Claim Department

"THE CLAIM'S CONTAINS"

Case no (b)(6)

The Claimant name:- (b)(6)

- Memorandum
- Sworn Statements
- Photos
- Documents
-
-

SIGN; (b)(6)

NAME;

Date:- 5th 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 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)

CMOC NCOIC



Claims Form



To: United States Army Foreign Claims Commission

From: **Name:** (b)(6)

Address: (b)(6)

Iraqi ID No (b)(6)

I am

- a. A citizen and national of: *Iraq*
- b. A permanent resident of: *Iraq*
- c. Employed by:
- d. Check one () an insurer () Not an insurer
- e. Check one () 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* *Usifiyah* *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 11 Sep 2007 at 1:00 am raid our houses
some of american forces started broken the doors
and windows and open fire when we sleep in the
room caused the kill of my father and hit me
one bullet in my head and the left shoulder
and the forces transport me to Airport hospital
and after that release me. for that I ask compensation*

CENTCOM 016182

08-IH1-T076-00008

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

cause kill my father and my injury

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 father and my	4,000,000 ID
2- injury	
3	
4	
5	
6	

Total: 4,000,000 ID

I was insured to the following extent against the damage 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)

\$ 3200 local 4,000,000 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 CMOC / Oneset	2. DATE 2007-12-5 (YYYYMMDD)	3. TIME 12:40	4. FILE NUMBER 010-12
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS married	
8. ORGANIZATION OR ADDRESS			

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

On 17 sep 2007 some of multi national forces
fired AL-skeneq area at 4:00 am and hit the
guy some bullets in his head and his back
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)

(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 MOC / Owezat	2. DATE 2008-12-5 (YYYYMMDD)	3. TIME 12:40	4. FILE NUMBER 010-12
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN (b)(6)	7. GRADE/STATUS married	
8. ORGANIZATION OR ADDRESS			

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

On 17 sep 2008 I see some American forces raid _____ (b)(6) region to follow the terrorist and this force open fire to hit _____ (b)(6) in his head and back 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 INITIALS 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 _____

(Signature of person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

**PAGE
OF
PAGES**

Pages 14 through 16 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Page 18 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Page 20 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)