

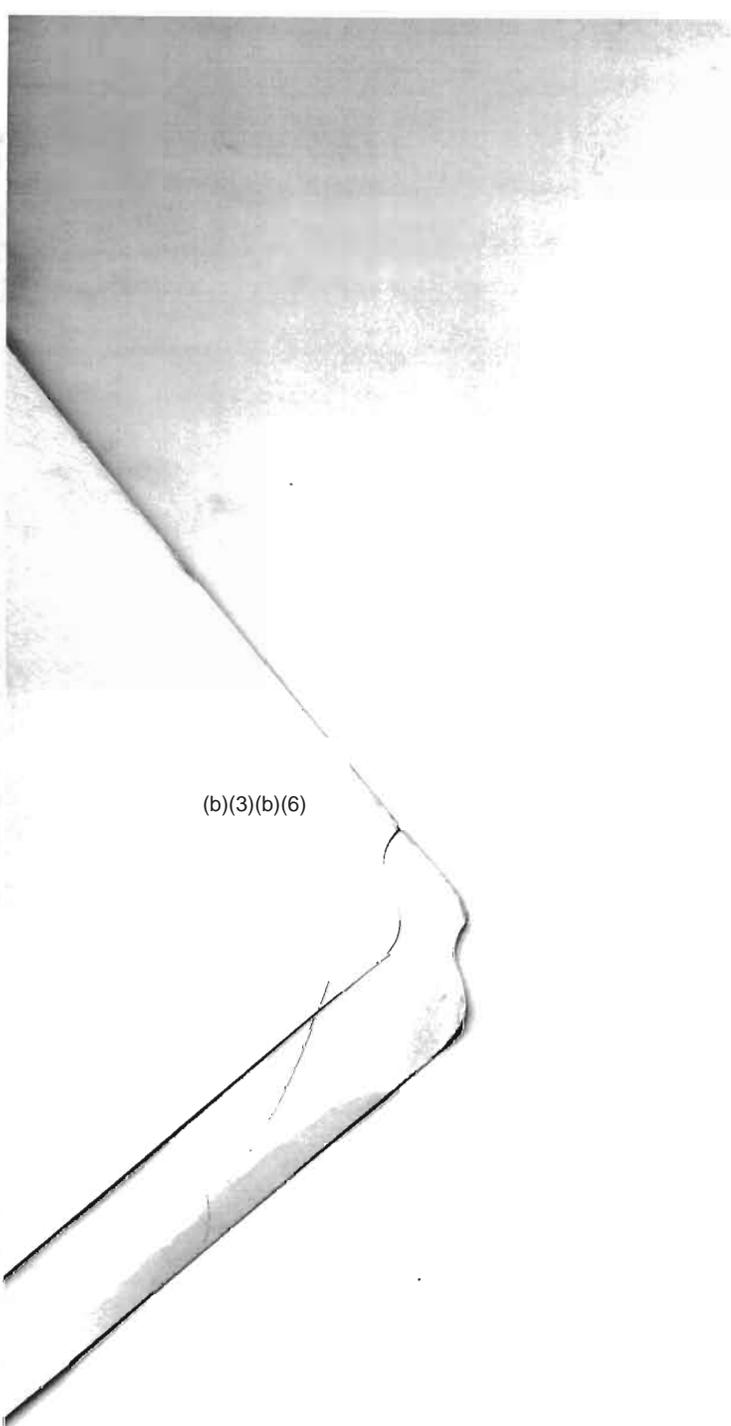
App. \$1,500

Raid

08-IH1-T164

026-12
9-Dec-07

(b)(6)



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

Standard Form 1034 (2G) Revised October 1987 Department of the Treasury 1 1724-4-2000 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			10 DATE VOUCHER PREPARED 11-Feb-08		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T164 (b)(6)					DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
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.				\$1,500.00
TOTAL						\$1,500.00
<i>(Use continuation sheet(s) if necessary)</i>						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL						
<input checked="" type="checkbox"/> COMPLETE		(b)(3), (b)(6)	= \$1.00			
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE: SFC, US		(b)(3), (b)(6)		
<input type="checkbox"/> ADVANCE		Pay Agent				
Pursuant to authority vested in me, I certify that this vou						
		CPT	(b)(3), (b)(6)	Disbursing Agent		
		HT				
		<i>(Date)</i>	<i>(Authorized Certifying Officer)</i>	<i>(Title)</i>		
ACCOUNTING CLASSIFICATION						
(b)(2)High			\$1,500.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	DATE	(b)(6)		
	\$1,500.00					
When stated in foreign currency, insert name of currency.					PER	
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.					TITLE	
When 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 "Travis Jeter" as the case may be.						

Previous edition usable

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.

NSN 7540-00-900-2234



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-T164 / 026-12

1. Facts.

The claimant alleges that CF raided the area and one of his sons was killed during a firefight and another son was wounded. His furniture, doors, and windows were also damaged during the raid.

Claimant has requested \$7,200.00

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 \$1,500.00

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

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

CENTCOM 016259

08-IH1-T164-00004

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, grandfather's name, tribal name

Serial Number:

(b)(6) _____ through (b)(6) _____ and,
_____ through _____ and,

* Use additional forms if needed.

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T164 #n Language
026-12

(b)(6)

Language

\$1,500.00

Foreign Language Text

Foreign Language Text

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

DATE 17 Feb 08

(b)(6), Foreign Language Text

Foreign Language Text

v

DATE

WITNESS SIGNATURE Foreign Language Text:

Page 7 redacted for the following reason:

(b)(6)

(b)(6)

Claim Department

"THE CLAIM'S CONTAINS"

Case no; (b)(6)

The Claimant name: (b)(6)

- Memorandum
- Sworn Statements
- Documents
-
-
-

SIGN; (b)(6)

NAME;

Date: 9 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

12 December 2007

MEMORANDUM FOR RECORD

SUBJECT: Claims at the Owesat CMOC

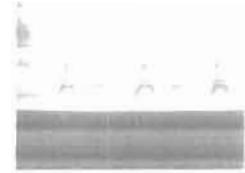
1. On 05 December 2007 the Owesat CMOC accepted local nationals to prepare claims for an upcoming claims day by 3BCT 101st ABN(AA) JAG. Most of the local national claims are from the time period when 2-10MTN operated in the area of operations.
2. Due to tribal feuds the people of Owesat have no access 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)

SSG, USA
CMOC NCOIC



Claims Form



To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address:

Iraqi ID No (b)(6)

I am

- a. A citizen and national of: *Irak*
- b. A permanent resident of: *Irak*
- c. Employed by:
- d. Check one () an insurer (X) Not an insurer
- e. Check one () A subrogee (X) 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 *Uwesut* *Usifyah* *Iraq*
(Town) (City) (Country)

My claim arose on *SEP* *9* *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 the 17th September 2007, US Army, Army force raid our region, started from area. raid our bases cause kill son, (b)(6) and injured another son (b)(6) in his back and for that cause surgical and other hospital and I use all my documents in another raid and broke all my furniture/doors cause big damage. for that I ask compensation.

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

accident may kill my son and the another
in his back (body harm) and break
my widows and all damages which happened to
my house

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- kill my son	9,000,000 ID
2- and injured the another in his	
3	
4 back and made surgery for him	
5 and all damages in my house	
6	

Total: 9,000,000 ID

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)

\$ 7200 local 9,000,000

(b)(6)

(Signature of Claimant)

Subscribed before me this Dec day of 9, 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

9. I, (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER
 OATH:
 On the 17th Sep 2007, US Army paid house and started
~~shooting~~ grenade Pardon shooting cause kill (b)(6)
 and injured his son (b)(6) 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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retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS			

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

ON the 17th SEP 2007, at Army road base
Cran, cause KLI (b)(6) And Injured his bow
(b)(6) 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 ____.

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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**

Pages 17 through 19 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Page 22 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)