

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

Raid

App 2,500

(b)(6)

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

PAID

08-141-7205

Standard Form 1034 (4G) Revised October 1987 Department of the Treasury 1 FEB 4 2000 1034-107		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 07-Mar-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				
CLAIM #: 08-IH1-T205					DISCOUNT TERMS		
PAYEE'S NAME AND ADDRESS (b)(6)					PAYEE'S ACCOUNT NUMBER		
SHIPMENTS TO		WEIGHT			GOVERNMENT BE 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				\$2,500.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL	\$2,500.00
PAYMENT APPROVED FOR		EXCHANGE RATE		DIFFERENCES			
<input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE		BY (b)(3), (b)(6)		\$1.00			
<input type="checkbox"/> PAY TO <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		TITLE SFC, US Pay Age		(b)(6), (b)(3)		500.00	
Pursuant to authority vested in me I certify that the		(b)(3), (b)(6)		Foreign Claims Commission IH1			
31 Mar 08 <small>(Date)</small>		CI		<small>(Title)</small>			
		CLASSIFICATION (b)(2)High		\$2,500.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER				
	CASH	DATE	PAYEE		(b)(6)		
	\$2,500.00				(b)(6)		

When stated in foreign currency, insert name of currency.
 If the ability to verify and authority to approve are combined on one person, the signature only is necessary. Otherwise the approving official will sign in the space provided, insert his official title.
 *When a voucher is received in the name of a company or corporation, the name of the person owning 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.
 Previous editions obsolete. FORM 7540-00-989-1234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 352b and 35c for the purpose of disbursing Federal funds.
 The information requested is to identify the particular creditor and the amount 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

07-Mar-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T205 /

1. Facts.

The claimant alleges that CF conducted a raid near his home, and a random bullet hit his son, killing him.

Claimant has requested \$3,000.00

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 \$2,500.00

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

CPT, JA
3(b) 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: 31 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

Foreign Language Text

08-IH1-T205 # Language

(b)(6)

Language

\$2,500.00

Foreign Language Text

Foreign Language Text

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

DATE

31 Mar 08

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v

ATURE Foreign Language Te

DATE

WITNESS SIGNATUR

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

~~SECRET~~

(b)(6)

His 2 sons were killed @ diff times.

1st son - (b)(6), killed by CF on 17 Sep 07
CF raided area + a random bullet killed him.
Also, Aircraft shot.

2nd son - (b)(6), died from suicide bomber

↑
Dont make claim
(already has paperwork in)

Death Cert for 1st son says CF shot him

2,500

(b)(6)



Foreign Language Text, (b)(6)



Page 8 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)