

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

08-T-215 (b)(6)

SAF Inj/Dam
App 6,000

Standard Form 1036 (EG) Revised October 1987 Department of the Treasury T FPMR 41 CFR 101-11.6		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				110 DATE VOUCHER PREPARED 07-Mar-08		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T215 (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			
				PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM				TO		WEIGHT	
				GOVERNMENT BIL 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.				\$6,000.00	
(Payee must NOT use the space below)						TOTAL	\$6,000.00
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 BY (b)(3), (b)(6)	EXCHANGE RATE = \$1.00	DIFFERENCES			
		TITLE SF Pay			(b)(3), (b)(6)	100.00	
3, 14, 08 (Date)		(b)(3), (b)(6)		Foreign Claims Commission IH1 (Title)			
		CLASSIFICATION (b)(2)High		\$6,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	DATE			(b)(6)			
	\$6,000.00						
<small>When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is approving officer will sign in the space provided, over his official title. When a voucher is received in the name of a company or corporation, the name of the person signing 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>							
PRIVACY ACT STATEMENT <small>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.</small>							

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-T215 #gn Language

(b)(6)

Langu:

\$6,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 31 Mar 08

WITNE

oreign Language Te:

(b)(6), Foreign Language Text

(b)(6)

DATE 31 Mar 08

WITNESS SIGNATURE

oreign Language Te:



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-T215 /

1. Facts.

The claimant alleges that her daughter and granddaughter were shot and killed by CF while they were driving on the highway.

Claimant has requested \$8,000.00

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 \$

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

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

(b)(6)

13 July 06, she was driving w/ children to Falugia + CF
shot her car + killed her daughter + granddaughter,

Driving in Taxi.

IP report says CF shot them.

\$6,000

(b)(6)

(b)(6) 17 Feb 08

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 016332

08-IH1-T215-00009

Pages 10 through 19 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)