

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

SAF msg/ Dan

App 5,000

(b)(6)

08-T216



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-T216 /

1. Facts.

The claimant alleges that CF shot and killed his two brothers while they were fishing in the river.

Claimant has requested \$7,000.00

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)

(3)(b)(1), (3)(b)(2)
Claim Attorney IH1

319034

(b)(6)

(b)(6)

His brothers were fishing in the river + CF shot + killed them.

0600 8 May 06

Brothers {

(b)(6)

Has death cert. 1 brother died 8 mar, + other on 9 mar.
Has IP report on death.
Was in vehicle near river when they died.

* We have: 2 death cert + IP report

\$5,000

(b)(6)

(b)(6)

17 Feb 08

(b)(6)

Standard Form 1034 (E.O.) Revised October 1967 GPO: 1968 O-370-000 1138471		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO		
U.S. DEPARTMENT (BUREAU, OFFICE, ESTABLISHMENT AND LOCATION) DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		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-T216					DISCOUNT TERMS		
PAYEE'S NAME AND ADDRESS		(b)(6)			PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM		TO	WEIGHT	GOVERNMENT B/L 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.				\$5,000.00	
(Payee must NOT use the space below)						TOTAL	\$5,000.00
PAYMENT		APPROVED FOR	CXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL		BY	= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		(b)(3), (b)(6)					
<input type="checkbox"/> PARTIAL		TITLE	SFC	(b)(3), (b)(6)	\$5,000.00		
<input type="checkbox"/> FINAL		Pay					
<input type="checkbox"/> PROGRESS		(b)(3), (b)(6)					
<input type="checkbox"/> ADVANCE							
Pursuant to authority vested in me, I certify		(b)(3), (b)(6)		Foreign Claims Commission IH1			
<u>31 Mar 08</u> (Date)				(Title)			
		CLASSIFICATION					
		(b)(2)High		\$5,000.00			

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
	\$5,000.00		(b)(6)	
When stated in foreign currency, insert name of currency			PER	(b)(6)
* 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 signet ring is employed in the name of a company or corporation, the name of the person using 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 "Treasury". As the case may be.				

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. For information requested to identify the individual creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T216 Foreign Language Text

(b)(6)

Language

\$5,000.00

Foreign Language Text

Foreign Language Text

WITNESSES: (b)(6) DATE 31 Mar 08 Foreign Language Text, (b)(6)
WITNESSES: (b)(6) DATE 31 Mar 08 Foreign Language Text

Page 7 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Page 9 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)