

(11)

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

(b)(6)

Other
App 20000

08-T308

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 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 16-Mar-08		SCHEDULE NO.	
CLAIM #: 08-IH1-T308 PAYEE'S NAME AND ADDRESS (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	
					PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM			TO	WEIGHT	GOVERNMENT BL. 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.				\$2,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)					TOTAL	\$2,000.00
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) TITLE: S1 P2	EXCHANGE RATE -\$1.00	DIFFERENCES		
Pursuant to authority vested in me, I certify		(b)(3), (b)(6)				0.00
27 MAR 08 (Date)		(b)(3), (b)(6)		Foreign Claims Commission IH1 (Title)		
		(b)(2)High				\$2,000.00
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of)		
	CASH	DATE	PAYEE	(b)(6)		
	\$2,000.00		(b)(6)			
<small> 1 When stated in foreign currency, insert name of currency. 2 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. 3 When a voucher is received 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. Previous edition usable. </small>					PER	
					TITLE	

NSN 7540-00-809-2234

PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C. 82a and 82c, for the purpose of discharging Federal money.
 The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish the 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

16-Mar-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T308 /

1. Facts.

The claimant alleges that CF fired a mortar near his home causing his pregnant wife to loose her baby.

Claimant has requested \$10,000.00

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 \$2,000.00

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

(3)(b) CPT, 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: 27 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 _____.

* Use additional forms if needed.

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T308 # طلب

(b)(6)

Langua

\$2,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 27 MAR 08

WITNESS SIGNATURE Foreign Language T

(b)(6)

(b)(6)

DATE 27 Mar 08

WIT

(b)(6)

APPROVED \$2,000 UCO Claim # _____

ENCLOSURE 3

	Claims Form طلب تظلم
--	-------------------------

To: United States Army Foreign Claims Commission

الى: مفوضية التظلم لجيش الولايات المتحدة

From, Name:

(b)(6)

(b)(6)

من: الأ

Address

(b)(6)

العنوان:

I am

أنا

a. A national citizen of:

FRK

أ. أصل جنسية:

b. A permanent resident of:

ب. عنواني الدائم:

c. Employed by:

ج: أصم لذي:

d. Check one () an insurer () Not an insurer

د: ضع علامة على أحدهم () أصل تأمين () لا أصل تأمين

e. Check one () A subrogee () Not a Subrogee

ه: ضع علامة على أحدهم () وائن "عليه دون" () ليس وائن "ليس عليه دون" ()

I hereby make a claim against the United States Government for damages or injuries caused by:
(Name, Organization, Military Department, Address, and Telephone Number)

أني أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من:

الاسم _____
المنظمة _____
الوحدة العسكرية _____
العنوان _____
رقم التليفون _____

The property damaged is 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.)

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين.
إملا التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابهم.)

My claim arose at: _____
(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلدة أو المحافظة

My claim arose on: MAY 2007
Month Day Year

MAY

15

2007 BROKE IN SHOP

10

أشرح بالتفصيل متى تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة التوثيق والتمسكات والفواتير
الضرورية لكل شيء لوحدته)

تكلفته

الشيء المتضرر

إجمالي التكلفة:

I was insured to the following extent against the damage or injury I have sustained:

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

The name and address of my insurer (if any) is:

(Name)

(Address)

إذا كان لديك أي تأمين الرجاء ذكر أسم وعنوان شركة التأمين:

(العنوان)

(الأسم)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ _____ Local _____

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية

\$

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (فت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طالب، نظلم (تقدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(b)(6)

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 24 day of DEC

(b)(6)

(Signature of Witness)

(b)(6)

(Printed Name)

عشت في يوم _____ الموافق _____ من عام _____

(توقيع الشاهد)

(اسم الشاهد بالكامل)

Statement:

(b)(6)

Date: 25 FEB 08

I saw on Tuesday a MNV 700 Co mortars from Coalition
house
Forces landed by
(b)(6)
and saw his wife had lost her baby as a result.

Pages 13 through 14 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)