

Other
App. 5,000

(b)(6)

08-T327

CENTCOM 016390

08-IH1-T327-0001



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

19-Mar-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T327 /

1. Facts.

The claimant alleges that AIF locked her and her children in a room and killed her father. She claims that CF then engaged the AIF and her home was damaged and husband killed.

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 \$5 000.00

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

(b)(3)(b)(6) P1, JA
Claim Attorney IH1

CENTCOM 016391

08-IH1-T327-00002

Standard Form 1034 of GJ Revised Edition - 1987 Department of the Treasury 17M-4/2000 1034-17		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 19-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			
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T327 (b)(6)				DISCOUNT TERMS			
				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	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> SPEC. INSTRUM. <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESSIVE <input type="checkbox"/> ADVANCE		BY (b)(3), (b)(6)	= \$ =\$1.00				
		TITLE: SF Pa		(b)(3), (b)(6)		000.00	
Pursuant to authority vested in me, I certify <u>19 Mar 08</u> (Date)		(b)(3), (b)(6)		Foreign Claims Commission IH1			
		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		(b)(6)			
	\$5,000.00						
				PER			
				TITLE			

Previous edition obsolete. NSN 7540-00-800-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 403 and 921 for the purpose of disbursing Federal money. The information requested is to identify the payee's creditable and the amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

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: 30 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-T327 Foreign Language

(b)(6)

angu

\$5,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 30 Mar 08

WITN

Foreign Language Te

(b)(6), Foreign Language Text

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

DATE 30 Mar 08

WITNESS SIGNATURE

(b)(6)

Foreign Language Text, (b)(6)

Page 7 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

CLAIMS INTAKE FORM

NAME (b)(6) _____
ADDRESS: (b)(6) _____
I.D. # (b)(6) _____

BRIEF DESCRIPTION OF

INCIDENT: AIF locked her + her children in a room, + killed her ~~mother +~~ father. CF then engaged AIF, destroying home, + husband was killed.

DATE OF INCIDENT: 14 May 07
LOCATION: _____

LIST OF DAMAGES: _____

AMMOUNT CLAIMED: _____ (U.S. DOLLARS)
AMMOUNT APPROVED: 5,000 (U.S. DOLLARS)

(b)(6)
SIGNATURE
(b)(6)
24 Feb 08
DATE

(b)(6)

SIGNATURE OF CLAIMANT