

Other.

App 5,000

(b)(6)

08-T329

CLAIMS INTAKE FORM

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

BRIEF DESCRIPTION OF
INCIDENT: CF + AIF were engaging each other + son was killed

DATE OF INCIDENT: 5 Aug 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

Standard Form 1031 (03) Revised October 1987 Department of the Treasury 1 1984-2000 1031-121		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 19-Mar-08		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T329 (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	
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 properly damaged, lost, destroyed, captured, or abandoned in service.				\$5,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)					TOTAL	\$5,000.00
PAYMENT APPROVED FOR		EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		(b)(3), (b)(6)				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL					0.00	
<input type="checkbox"/> PROGRESS		TITLE SFC		(b)(3), (b)(6)		
<input type="checkbox"/> ADVANCE		Pay				
Pursuant to authority vested in me, I certify						
30 Mar 08			Foreign Claims Commission IH1			
ACCOUNTING CLASSIFICATION						
(b)(2) High			\$5,000.00			
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		
ON (Name of bank)		ON (Name of bank)		ON (Name of bank)		
PAID BY	CASH	DATE	PAYEE	PER		
	\$5,000.00		(b)(6)	(b)(6)		
When stated in foreign currency, insert name of currency				PER		
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 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 "Company", as the case may be.						

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. 82b and 82c, for the purpose of disbursing Federal money. 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.



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-T329 /

1. Facts.

The claimant alleges that CF was engaging AIF with SAF and her son was killed from a stray bullet.

Claimant has requested \$6,000.00

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)

PT, JA
(b)(3) 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: 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 and,

through and,

through and,

through and,

through

* Use additional forms if needed.

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T329 # طلب

(b)(6)

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\$5,000.00

Foreign Language Text

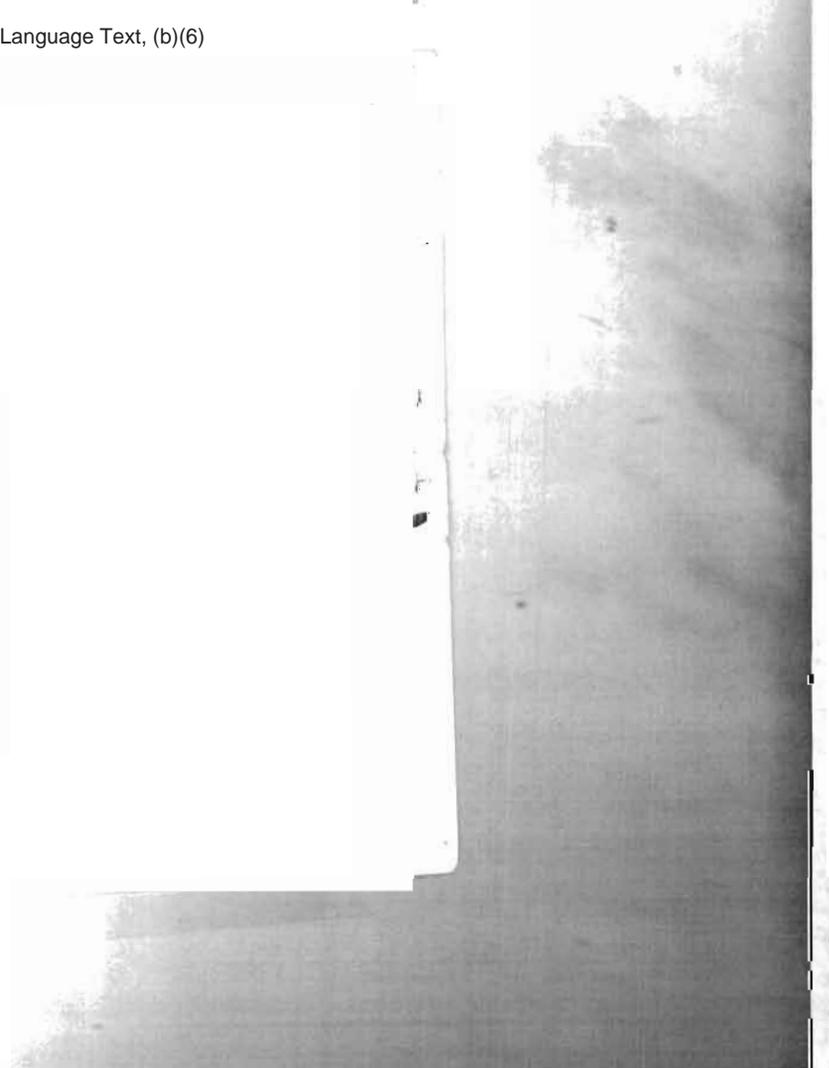
Foreign Language Text

(b)(6) DATE 30 Mar 08
WIT JRE Foreign Language Text (b)(6), Foreign Language Text

(b)(6) DATE 30 Mar 08
WIT Foreign Language Text



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

Page 9 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)