

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

(b)(6)

SAF Inj/Damn

- contact unit

- Temp

\$5000 — Approve

SAF Inj/Damn

- contact unit
- Terp
- \$5000 — Approve

FOREIGN LANGUAGE

| Standard Form 1034 (EO) 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 | | | 10 DATE VOUCHER PREPARED | | SCHEDULE NO. | |
| DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579 | | | 06-Jun-08 | | PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579 | |
| | | | CONTRACT NUMBER AND DATE | | | |
| PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T063 (b)(6) | | | REQUISITION NUMBER AND DATE | | DATE INVOICE RECEIVED | |
| | | | | | DISCOUNT TERMS | |
| SHIPPED FROM | | | TO | WEIGHT | PAYEE'S ACCOUNT NUMBER | |
| | | | | | GOVERNMENT BAL 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> | QUAN- TITY | 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 2,500.00 |
| TOTAL | | | | | | \$5,000.00 |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) | | | | | | |
| PAYMENT: | | APPROVED FOR | EXCHANGE RATE | DIFFERENCES | | |
| <input type="checkbox"/> PROVISIONAL | | = \$ | = \$1.00 | | | |
| <input checked="" type="checkbox"/> COMPLETE | | (b)(3), (b)(6) | | | | 2,500.00 |
| <input type="checkbox"/> PARTIAL | | | | | | 10 |
| <input type="checkbox"/> FINAL | | | | | | |
| <input type="checkbox"/> PROGRESS | | TITLE: SFC, US | | (b)(3), (b)(6) | | |
| <input type="checkbox"/> ADVANCE | | Pay A | | | | |
| Pursuant to authority vested in me, I certify that | | | | | | |
| 6 Aug 08 <i>(Date)</i> | | (b)(3), (b)(6) | Foreign Claims Commission IK5 <i>(Title)</i> | | | |
| ACCOUNTING CLASSIFICATION | | | | | | |
| (b)(2)High | | | \$5,000.00 | | 2,500.00 | |
| PAID BY | CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | | CHECK NUMBER | ON | |
| | CASH | 2,500.00 | DATE | 6 Aug 08 | PAYEE | (b)(6) |
| | | | | | PER | |
| | | | | | TITLE | |

Previous edition usable

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 amounts to be paid. Failure to furnish this 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

06-Jun-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T063 / 167m-12

1. Facts.

The claimant alleges that while her husband was walking to work, CF shot and killed him.

Claimant has requested \$2,500.00

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 ^{2,500.00}~~\$5,000.00~~

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

CPT, JA
Claim Attorney IK5

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: 6 Aug 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.



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team

101st Airborne Division (AASLT)

Camp Striker, Iraq, APO-AE 09322

06-Jun-08

Foreign Claims Commission IK5

RE: Claim # 08-IK5-T063 / 167m-12

(b)(6)

Mahmudiyah

Dear Claimant:

You have submitted a claim seeking compensation for the damage to your personal property. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for the damage to your personal property. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 3rd Infantry Division Claims Office will compensate you for your losses in the amount of ~~\$5,000.00~~
2,500.00

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

(b)(6)

Sincerely,

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

X

Claimant

Captain, US Army
Claims Attorney IK5

(b)(6)



AL_Mahmodia Claim Department



167-M-12

"THE CLAIM'S CONTAINS"

The Claimant name:

(b)(6)

- copy of the investigation paper work from
Al Mahmodiah court
- copy of death certificate for the claimant's
husband
- copy of the diagram for the accident's place
- copy of Iraqi ID for the claimant
-
-

(b)(6)

AL Mahmodiah Claim Department

Date: Dec-17th-2007



167-M-12

Claims Form

To: United States Government
 From: Name _____ (b)(6)
 Address _____
 I.D. number _____ (b)(6)
 I am _____

- a. A citizen and national of _____ (b)(6)
- b. A permanent resident of _____
- c. Employed by: Same address above
- d. Check one () An insurer Not an insurer
- e. Check one () A subrogee Not a subrogee

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

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.)

My claim arose at: MMD Baghdad Iraq
 (Town) (City) (Country)

My claim arose on: Dec 17 2007
 (Month) (Day) (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

On 18/Nov/2006 My husband was heading to his work in Baghdad while he is walking on the street. The MNF open fire and shot him dead. I want you to know that he is the only supporter to this family (Maand (b)(6) children) and we don't have any other income. I ask for compensation with all My respect.

Describe nature and extent of property damage or personal injury sustained as result, as a result of the above incident.

The claimant says that the "MNF" shot her in the
and killed her husband and took her
COMPASSION

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

| Item | Amount |
|------------------------|---------|
| 1- death of my husband | \$ 2500 |
| 2- | |
| 3- | |
| 4- | |
| 5- | |
| 6- | |

Total: \$ 2500

I was insured to the following extent against the damager or injuries I have sustained:

/

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

(Name) (Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)
\$ 2500 local 3000000 Million Iraqi Dinars

(b)(6)

(Signature of Claimant)

Subscribed before me this Dec day of 17, 2007

(b)(6)

(Print Name)

(b)(6)

(Signature)

Pages 11 through 19 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Testimony of the witness

(b)(6)

on the date of 11.18.2006 the dead man on his way to the morning an open of space by U.S. Patrol which killed him at the time. Thumb print of sig. of the officer

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

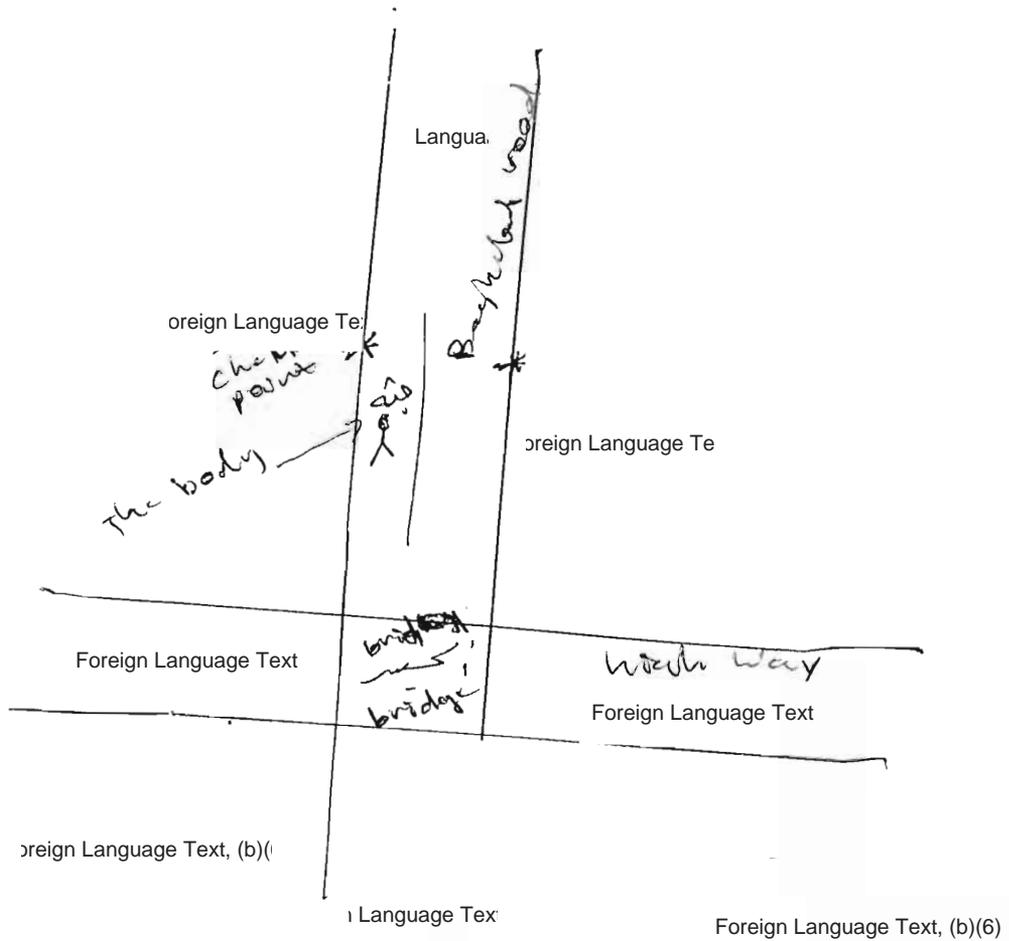
Foreign Language Text, (b)(6)

Page 22 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)



To the investigator judge
memo from the claimant

(b)(6)

On the date of 11-18-2006, The U.S. Forces

Killed my husband

(b)(6)

It proved by the claimant's participation, I am asking
to go through all the legal steps after that
stamp and sign
of the court
claimant

(b)(6)

Page 26 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

claimant of the claimant at a woman. I right

Name:-

Birth date:- year

(b)(6)

live in

(b)(6)

On the date of 11-18-2006. My

(b)(6)

son, who killed his name is

(b)(6)

while he is going to work in his job

in

(b)(6)

-Baghdad

he killed by randomly fire shots of
The U.S. Patrol while he was inside
the car which got the shot which led
to his death instantly, I am asking
claim against the U.S. Forces. This is
my testimony.

Ssg & stamp
of the court

Finger Print of
The personal field

(b)(6)

Pages 28 through 29 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Re Testimony for

Birth date year

(b)(6)

time in

(The father)

(b)(6)

On the date of 11-18-2006 my son
left the house in his way to work in the

(b)(6)

Baghdad, and in

The general road of Baghdad - Yawsifia on
U.S. patrol opened fire while he was in the
car, and the accident led to his death at
the time and this is my testimony.

Sign of Police officers

Myself

(b)(6)

The claimed

Page 31 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

testimony of the witness

(mother of killed person)

Name: (b)(6) work: home wife residency (b)(6)

carrying I.I.D. No on 09-06-05

The killed man

during going to his work in the

he killed my

shooting by the U.S. Army during he riding one of the cars on the road of Yousipia - Baghdad, my son have three days and three girls, and this my testimony

sig & stamp of sig of

The judge the witness

(b)(6)

(b)(6)

Page 33 redacted for the following reason:

FOREING LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

death certificat

(b)(6)



Foreign Language Text, (b)(6)



Handwritten marks or scribbles in the top right corner.

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 38 through 51 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6)
Already Reviewed and Redacted for Release, (b)(6), Foreign Lang Text
Already Reviewed and Redacted for Release, (b)(6), Foreign Language Text
Already Reviewed and Redacted for Release, Foreign Language Text and (b)(6)
Already Reviewed and Redacted for Release, Foreign Language Text, (b)(6)
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Pages 53 through 54 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)