

- Approve \$5,000 -

08-T1001

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 1734-4-2000 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 30-Jul-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-IK5-T1001 (b)(6)					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM			TO		WEIGHT	
					GOVERNMENT BIL. 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
(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						
<input checked="" type="checkbox"/> COMPLETE		(b)(3), (b)(6)	=\$1.00			
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						\$5,000.00
<input type="checkbox"/> PROGRESS		TITLE: SFC, US				
<input type="checkbox"/> ADVANCE		Pay Account				
Pursuant to authority vested in me, I certify that:						
31 July 08 <i>(Date)</i>		(b)(3), (b)(6)	Foreign Claims Commission IK5		<i>(Title)</i>	
ACCOUNTING CLASSIFICATION						
(b)(2)High			\$5,000.00			
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)
PAID BY		DATE				
CASH		31 Jul 08		(b)(6)		
\$5,000.00						
<small> *When stated in foreign currency, insert name of currency. **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. ***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. </small>						TITLE
<small> 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. </small>						



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

30-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T1001 /

1. Facts.

The claimant alleges that his brother was accidentally killed, and his tractor was destroyed.

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)

CPT, JA
Claim Attorney IK5

CENTCOM 016514

08-IK5-T1001-00004

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: 31 Jul 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 _____

* Use additional forms if needed.



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

29 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1001 /

Dear Claimant:

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

Your damages are of great concern to the United States. In accordance with the cited references and the facts our investigation into your claim, I find your claim is **compensable**. **The United States will compensate you for your losses in the amount of \$5,000.00.**

If you are dissatisfied with this decision and wish to present additional evidence, you have thirty (30) days submit and appeal in accordance with AR 27-20.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالممتلكات الشخصية الخاصة بك, تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طبعك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734, الجيش 162-27 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة, وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 5,000.00.

اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية, لديك ثلاثين يوما (30) و يقدم الطعن وفقا للمادة (27-20) من قانون الجيش. AR

(b)(6)

Sincerely,

Claimant

Date

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

(b)(6)

Witness

Date

Captain, US Army
Claims Attorney, IK5

CENTCOM 016516

08-IK5-T1001-00006

CLAIMS INTAKE FORM

NAME: _____ (b)(6)
ADDRESS: _____ (b)(6)
ID#: _____ (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CLAIMS HIS ~~TR~~ TRACTOR
WAS DESTROYED 20 SEP 06
~~TR~~ BRIDGE PUT ON FIELD 15 MAY 07
20 SEP 06 BROTHER ACCIDENTALLY KILLED

DATE OF INCIDENT: SEE ABOVE
LOCATION: SHANGHAI

LIST OF DAMAGES: _____

AMMOUNT CLAIMED: _____
AMMOUNT APPROVED: \$5,000-

(b)(3)(b)(6)
6 May 08
DATE

(b)(6)

SIGNATURE OF CLAIMANT

To the Multi National Forces
subject, I comprehend
I am the ~~Major~~ ^{Major} ~~Major~~

The owner of the lands located in the district
called Mela proshki, the M. N. Forces fix
a lower one ^{(b)(6)} land which is 2 domains
in area, and ~~to~~ ^{to} one comprehend me for
that not in the past and not up to right
now, and there lands are the source of
living of me and my family, so please
compensate me what you thing it good.
Thank you with respect.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text

(b)(6)

(b)(6)

Foreign Language Text

Foreign Language Text

Real estate document

of Office A machugastia

№: (b)(6)

Date: (b)(6)

Piece of land №: (b)(6)

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

Field: (b)(6)
District №: (b)(6)

Barakalad (b)(6)

Type of land: ownership

(b)(6)

and

(b)(6)

(b)(6)

sons of

(b)(6)

all of the have equal parts

№: (b)(6)

and

Page 11 redacted for the following reason:

Foreign Language Text, (b)(6)

To the M.M.F.

subject's compensation

I am the natural

son of

and the brother of the deceased person

who died due to

air strike by the U.S. Force on the date of 09.20.2006, while he was driving tractor type (Fordson) which led to the destruction of the tractor and his killing at the same time. So I am asking compensation.

Witness

(b)(6)

claimant

(b)(6)

witness

(b)(6)

Signature

(b)(6)

Foreign Language Text

Foreign Language Text

(b)(6), Foreign Language Text

Nationalization id. certificate

No. (b)(6) E dated: 05-30-2002

Name: (b)(6)

Date and place of Birth: (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 17 redacted for the
following reason:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Personal id. of	(b)(6)
gender:	(b)(6)
id. No.:	(b)(6)
place and date of Birth:	(b)(6)

Contract of Buying and Selling vehicles:

The seller name:

(b)(6)

address:-

(b)(6)

Personal id No:

(b)(6)

The Buyer:-

(b)(6)

address:-

Reahdad

(b)(6)

Personal id No:-

Type and Model:-

(b)(6)

Forxon Nit

sig of the

(b)(6)

Buyer

sig of the
seller

Page 20 redacted for the following reason:

Foreign Language Text, (b)(6)

Death certificate No.:

(b)(6)

date: 09.25.2006

Name of the dead Person:

(b)(6)

(b)(6)

Gender: - Male place and date of Birth:-

(b)(6)

Death date: at the hour ten of the day 09.20.2006
place of death: - Yousifia - Baghdad.
Cause of death: - Fire shot

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

vehicle certificate:-

no:- (b)(6)

owner:- (b)(6)

address:- (b)(6)

type of the vehicle:- Tractor Forxon Model 1981

no:- of vehicle:- (b)(6)

colour:- red

dated on:- 02-11-2002

sig of the
Captain

power of attorney

In every thing I have done
N.B. Tracton Me

(b)(6)

(b)(6)

(b)(6)

I gave
to my agent
N.B. Tracton

(b)(6)

Page 25 redacted for the following reason:

Foreign Language Text, (b)(6)



CENTCOM 016536

08-IK5-T1001-00026



CENTCOM 016537

08-IK5-T1001-00027



CENTCOM 016538

08-IK5-T1001-00028



CENTCOM 016539

08-IK5-T1001-00029