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

(b)(6)

(b)(5)

Other

~~Approve~~

investigate ownership of property

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

10DATE VOUCHER PREPARED
07-Aug-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

PAYEE'S NAME AND ADDRESS
CLAIM #: 08-IK5-T1206
(b)(6)

DATE INVOICE RECEIVED

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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE 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.				$15,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $15,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

,000.00

TITLE: SFC, US Pay Agent

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

Pursuant to authority vested in me, I certify that un

25 AUG 08 C (b)(6), (b)(3) Foreign Claims Commission IK5
(Date) (Title)

(b)(2)High $15,000.00

PAID BY

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank)

CASH $15,000.00 DATE 25 AUG 08 (b)(6)

[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 i approving officer will sign in the space provided, over his official title
[3] When a voucher is receipted 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.

TITLE

Previous edition usable

NSN 7510-00-900-2234

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 amounts 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

REPLY TO
ATTENTION OF:

AFZB-KC-JA 07-Aug-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T1206 / 170-3

1. Facts.

The claimant alleges that CF mortared the area, destroying his house and killing his brother.

Claimant has requested $83,300.00

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 $15,000.00

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

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: 25 Aug 08

PAY AGENT NAME: SFC (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.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322

REPLY TO
ATTENTION OF

AFZB-KC-JA

6 August 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1206 / 170-3

Dear Claimant:

You have submitted a claim seeking compensation for the alleged damage to your house and loss of your brother. 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 $15,000.00.**

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 27-20 و ادارة شؤون USوقد قمت بمراجعة طبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 , الجيش 27-162 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 15,000.00.

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

Sincerely,

C

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

Captain, US Army
Claims Attorney, IK5

W

Foreign Language Text, (b)(6)

CLAIMS LOG

AMOUNT CLAIMED: 15,000
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 21 Mar 06
DATE OF INCIDENT: 25 May 06

PARALEGAL RECOMMENDATION: (b)(5)

FCC ACTION: [ ] DENY [ ] APPROVE [ ] OTHER

COMMENTS / REMARKS:

- Legitimate claim for home damages but its an Inflated claim for damages.
- No death cert or other evidence of death
- (b)(5)

GIC OPINION ABOUT CLAIMS

(b)(6)

Case No. (b)(6)

1. The claimant presented claim card form the US Army confirmed that they did big damages to his house.

2. The claimant proved his ownership for the house and the land.

3. The claimant asks amount of $83,300.00.

4. We letting this case go to you.

With our respect,

Government Information Centre

(b)(6), Foreign Language Text

(b)(6)

The lawyer.
(b)(6)

31 March 08

GIC MANAGER.
(b)(6)

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name (b)(6)

- Claim card
- Five pictures shows the damages
- Ownership document
- Two witnesses
- Personal document,
-

SIGN;- (b)(6)

;

NAME;

DATE: 24-Mar-08

Claims Form

To: United S

From: **Name** (b)(6)

Address: Baghdad-

Iraqi ID No (b)(6)

I am

a. A citizen and national of: Iraqi

b. A permanent resident of: Baghdad-Iraq

c. Employed by:

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

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

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

Against Multi National Forces

The property damaged had owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evi
before for party sustaining the damage or injuries (b)(6)

My claim arose at Haraghawi (Town) Baghdad (City) Iraq (Country)

My claim arose on May (Month) 25 (Day) 2006 (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 25-May-06 the U.S army shelled our Area located in Haraghawi region. which led to Destroyed my house and Killed my brother (b)(6) . For that am asking for compensation

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

Destruction my house and Killed my brother By the U.S army

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- For the damages	$ 83,300,00
2-	
3-	
4-	
5-	
6-	

Total: $ 83,300,00

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)

$ 83,300,00 **local** 100,000,000 ID

(Signature of Claimant)

Subscribed before me this 24 day of Mar, 2008.

(b)(6)

(PRINT NAME)

Pages 12 through 14 redacted for the following reasons:
- -
(b)(6), Foreign Language
Foreign Language, (b)(6)

To / The Judge Advocate
Sub/ A Claim for Compensation

Dear Sir

On 25 may 2006 The American forces shelled the area heavily which led to the destruction of my house completely and my brother (b)(6) was killed. I present here my appeal and I hope that you compensate me for this great loss. I'd like to tell you that my house was large (b)(6) square meters in addition to the (b)(6) destruction of th (b)(6) the house. The which was built (b)(6) house costed me more than (70,000,000) seventy million Iraqi dinars.

Attached

1 - A memorandum
2 - photos of the destroyed house and mill.
3 - The land paper
4 - The building license
5 - personal papers

(b)(6)

20 / 2 / 2008

Page 16 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6), Foreign Language Text

Ministry of Justice
state directorate of
real estate registry Musaib
real estate registration Directories of
Description of the current permanent
real estate (b)(6) District
NO: (b)(6) Date (b)(6) Folder No (b)(6)
Province (b)(6)
owners:- one of them Mr. (b)(6)
(b)(6) have share of it
to use it and get advantage of it
ownership:- belong to state.
issued on the date of (b)(6)

CENTCOM 016017

Pages 18 through 20 redacted for the following reasons:
- -
(b)(6), Foreign Language

عنوان

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم مقابل الأضرار التي لحقت بك ، سواء كانت اضرار جسدية من اصابات الى اخره ، أو موت لا سمح الله لأحد من الأقرباء ، وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض.

للتقدم ببلاغ والمطالبة بحقك الرجاء إحضار الأتي ، هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صورة للحادث، شهادة الشهود، تقرير الشرطة ، وإيصالات بالإستلام او التسليم ، واثبات الملكية لما حطم أو تضرر ولما تحاول ان تحصل على تعويض عنه ، ورخصة السياقة ان كنت تحمل رخصة)

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر التاجي بوابة كنر ، البوابة الهندية في معسكر فالكون، المحمودية في معسكر فلب ، معسكر هوك، معسكر كالمو، معسكر دوك.

او احد المراكز الحكومية الثورة - أو مدنية الصدر - 9 نيسان - الرشيد الرضوانية - الرصافة - الأمانات - الكرخ الأعظمية - الاكرادة - أو سبع البور.

ملاحظة : إمتلاك هذا الكرت (المستمسكات) لايعني الدفع المؤكد.

وشكرا لتعاونكم معنا

MULTINATIONAL
DIVISION - BAGHDAD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilains for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used to substantiate a claim against the US Army.

UNIT 1/508

DATE 25 May 06

LOCATION Yusufiya Power Plant

TYPE OF INCIDENT CAS colateral damage

(b)(6), Foreign Language Text

(b)(6),, Foreign Language Text

Page 23 redacted for the following reason:
- -
(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

CENTCOM 016625

08-IK5-T1206-00025

CENTCOM 016626

08-IK5-T1206-00026

CENTCOM 016627

08-IK5-T1206-00027

CENTCOM 016628

08-IK5-T1206-00028

CENTCOM 016629

08-IK5-T1206-00029