

358-N-2

(b)(6)

358-N-2



- Interpret
- Claim approved \$2,500-

mtg/mi JAF

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

18-N-2-

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

(b)(6)

- Claim app

- Interpr



3



08-IK5-7583

|   |  |   |  |   |            |
|---|--|---|--|---|------------|
| Standard Form 1034 (EO)<br>Revised October 1997<br>Department of the Treasury<br>TFM 4-2000<br>1034-121   |  | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>  |  |   | VOUCHER NO |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br><b>DEPARTMENT OF THE ARMY</b><br><b>24th FMC</b><br><b>Camp Liberty, Iraq</b><br><b>APO-AE 09344</b><br><b>DSSN: 5579</b> |  | DATE VOUCHER PREPARED<br><b>06-Jun-08</b>   |  | SCHEDULE NO   |            |
| PAYEE'S NAME AND ADDRESS<br>CLAIM #: 08-1K5-T583<br>(b)(6)  |  | CONTRACT NUMBER AND DATE  |  | PAID BY<br><b>24th FMC</b><br><b>Camp Liberty, Iraq</b><br><b>APO AE 09344</b><br><b>DSSN: 5579</b>   |            |
|   |  | 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<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>  |            |
|   |  |   |  | 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. |            |
|   |  |   |  | QUANTITY  |            |
|   |  |   |  | UNIT PRICE<br>COST PER  |            |
|   |  |   |  | AMOUNT<br><b>\$2,500.00</b>   |            |
|   |  |   |  | TOTAL<br><b>\$2,500.00</b>  |            |
| (Use continuation sheet(s) if necessary)  |  | APPROVED FOR<br><input type="checkbox"/> PROVISIONAL<br><input checked="" type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE |  | EXCHANGE RATE<br>= \$ _____ = \$1.00  |            |
|   |  | TITLE: <b>SFC, US Pay Agent</b><br>(b)(3), (b)(6)   |  | DIFFERENCES<br><b>2,500.00</b><br>(b)(3), (b)(6)  |            |
| Pursuant to authority vested in me, I certify:  |  | (b)(3), (b)(6)  |  | Foreign Claims Commission IK5<br>(Title)  |            |
| <b>18 June 08</b><br>(Date)   |  |   |  |   |            |
|   |  | ACCOUNTING CLASSIFICATION<br><b>(b)(2)High</b>  |  | <b>\$2,500.00</b>   |            |
| CHECK NUMBER<br><b>CASH</b>   |  | ON ACCOUNT OF U.S. TREASURY<br>DATE<br><b>18 JUN 08</b>   |  | CHECK NUMBER<br>ON (Name of bank)<br><b>(b)(6)</b>  |            |
| PAID BY<br><b>\$2,500.00</b>  |  |   |  | PER<br>TITLE  |            |

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 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 "I, receiver, as the case may be."  
 Previous edition obsolete. NSN 7540-01-900-2234



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-T583 / 358n-2

1. Facts.

The claimant alleges that CF shot and killed her husband during a firefight.

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

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

CPT, JA  
Claim Attorney IK5

CENTCOM 017096

08-IK5-T583-00004

**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: 18 Jun 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)  
\_\_\_\_\_ (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

(b)(6)

08-IK5-T583 # (b)(6)

358n-2

(b)(6)

.angu

\$2,500.00

Foreign Language Text

Foreign Language Text

(b)(3)(b)(6) DATE 18 June 08  
WI Foreign Language Te:

(b)(6), Foreign Language Text

(b)(6) DATE 18 June 08  
WI Foreign Language Te

Son picked up payment

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

Foreign Language Text, (b)(6)



# Claim Department

358-N2

## "THE CLAIM'S CONTAINS"

Case no;

The Claimant name:-

(b)(6)

- copy of the death certificate for the claimant's husband
- copy of the Iraqi ID for the five children and the claimant
- 
- 
- 
- 
- 

SIGN;

(b)(6)

NAME

Date:- 14/ Apr / 2008



# Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Iraq - Baghdad (b)(6)

Complex - ID # (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address above
- 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, Telephone Number)

MNF

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: MMP Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: Mar 8 2008  
(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 15/Sep/2008 My husband get shot in the head and killed during a gun fire between MNF and the Terrorists at AlMuhadajah City. He left me with My children with no income. Ask for compensation with respect.

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

MNF Soldiers during a Rotation Gun fire with the Terrorist in Mahmudiyah shot and killed the claimant's husband.

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.)

| <u>Item</u>               | <u>Amount</u> |
|---------------------------|---------------|
| 1- for killing 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 3000 000 - 10

(b)(6)

(Signature of Claimant)

Subscribed before me this 8 day of Mar, 2008.

(Print Name)

(b)(6)

(Signature)

Pages 12 through 14 redacted for the following reasons:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 16 redacted for the following reason:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 18 through 23 redacted for the following reasons:

- Already Reviewed and Redacted for Release, (b)(6)
- Already Reviewed and Redacted for Release, foreign lang text
- Already Reviewed and Redacted for Release, foreign language text
- Already Reviewed and Redacted for Release, foreign language text and (b)(6)

Death certificate No. (b)(6)

Dated: - 09.15.2006

Died Person Name: - (b)(6)

place of death: - Dura - Karkh - Baghdad.

Date of death: - at the hour 11.00 of the day  
09.04.2006

Birth date of died man: - (b)(6)

place  
of Birth - (b)(6)

Cause of death: - fire shot in the head  
due to fire exchange between the U.S.F  
and the terrorists according to the memo  
of (b)(6) ~~to~~ police officer

No (b)(6) dated 09.15.2006

ENTCOM 017116

Foreign Language Text, (b)(6)

Pages 26 through 27 redacted for the following reasons:

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Already Reviewed and Redacted for Release, (b)(6), foreign language document  
Already Reviewed and Redacted for Release, Foreign language document and (b)(6)