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

SAF INJ

— $ Approve $5000 —

69-2
11-Feb-08

08-T936

(b)(6)

Death certificate for (b)(6)

(b)(6)

Death date:- the hour 05.30 in the morning
on the day of 11-06-2007
cause of death:- fire bullet
sig. and stamp
of the hospital
Abo Ghraib hospital

Foreign Language Text, (b)(6)

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

DATE VOUCHER PREPARED: 19-Jul-08

SCHEDULE NO

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

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

CLAIM #: 08-IK5-T936

PAYEE'S NAME AND ADDRESS

(b)(6)

Abu Ghraib

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.				$5,000.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL $5,000.00

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

APPROVED FOR =$ | EXCHANGE RATE =$1.00 | DIFFERENCES

BY (b)(6)

TITLE: SFC, US Pay Agent

$5,000.00

Pursuant to authority vested in me, I certify that

28 July 08 (Date) (b)(3)(b)(6) (Authorized Certifying Officer) (b)(3), b(6) (b)(3), b(6) Foreign Claims Commission IK5 (Title)

ACCOUNTING CLASSIFICATION

(b)(2) High $5,000.00

PAID BY

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

CASH $5,000.00 | DATE 28 Jul 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 is necessary, otherwise the 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.

PER

TITLE

Previous editions unusable

NSN 7540-00-500-2234

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 19-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

08-IK5-T936 / 69-2

1. Facts.

The claimant alleges that CF killed his son while he was going to work.

Claimant has requested $5,000.00

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

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: 28 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_____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

19 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T936 / 69-2

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your son. 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 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 5,000.00.

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

(b)(6)

Sincerely,

28 July 08

Claimant Date

(b)(3), b(6)

(b)(6)

28 July 08

Witness Date

Captain, US Army
Claims Attorney, IK5

GIC OPINION ABOUT CLAIMS

(b)(6)

Case No (b)(6)

1. **The claimant presented death certificate from ministry of health confirmed that the US Army opened fire on the claimant's son in the head (b)(6) on NOV.11.07 when he was going to work in ABU.GHRAIB area.**

2. **The claimant presented the investigation documents and two sworn statements confirming that the US Army killed the claimant's son in ABU.GHRAIB area without reason.**

3. **The claimant asks amount of $5,000.00.**

4. **We suggest compensate him goes to you.**

With our respect,

Government Information Centre

(b)(6), Foreign Language Text

(b)(6)

The lawyer,

(b)(6)

11 Feb-2008

GIC MANAGER,

(b)(6)

12-Feb-2008

Claim Department

"THE CLAIM'S CONTAINS"

The Claimant name:- (b)(6)

- Death of certificate
- Investigation reports by Iraqi police station
- Two sworn statements
- Iraqi documents
-
- Foreign Language Text

SIGN;----- (b)(6) ----------

;

NAME; (b)(6) ---------

DATE:--11-Feb-08----------

Claims Form

To: United States Army Foreign Claims Commission

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

Address: Baghdad- (b)(6)

Iraqi ID No.

I am

a. A citizen and national of: Iraq;

b. A permanent resident of: Baghdad - Iraq

c. Employed by: Free job

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

e. Check one (X) 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 and Telephone Number)

Against. M.N.F

The property damaged had 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.) (b)(6)

My claim arose at Hay. AL.Shuhdáa (Town) Baghdad (City) Iraq (Country)

My claim arose on Nov (Month) 11 (Day) 2007 (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 date 11-Nov-07 the U.S army Killed My son (b)(6) when he was Going to his work in (Hay. AL.Shuhdáa) area For that. am asking for a compensation.

Foreign Language Text

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

Killed my son ((b)(6)) 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- About value the victim	$ 5000,00
2-	
3-	
4-	
5-	
6-	

Total: $ 5000,00

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)

$ 5000,00 **local** 6,250,000 ID

(Signature of Claimant)

Subscribed before me this 11 day of Feb, 2008.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)

Pages 12 through 13 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)
foreign language, (b)(6)

Police office centers (AL-Resala)

Mr. [redacted] (b)(6) came to our office and inform us about the killing accident of his son who called [redacted] (b)(6) [redacted] (b)(6) by the american forces, he said that, on the morning while he is in his way where he work, and where the american forces killed in Shuhada street for no reason, I am asking ~~compensation from the~~ a claim against these forces, and to handle me the body of my son.

Sig. of the officer stamp of Abo Gharib police office centers

Sig. of the claimant

CENTCOM 011423
08-IK5-T936-00014

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Court investigation center of Abo Gharib
date 11.07.2007
claim for the witness (b)(6)
(b)(6) born at (b)(6) live in abo gharib
(b)(6) he said
The american forces killed who called
(b)(6) in shuhada
area for no reason, and he live
by my house, and this is my testomony.

sig. of the judge — sig of the witness (b)(6)

(b)(6)

claim for the witness (b)(6)
(b)(6) live in abo Gharib Shuhada.
he said:- That the american forces
killed the who called (b)(6)
(b)(6) in al shuhada area, for no
reason and he is a nabourhood to my
residence in abo Gharib. and this is
my testomony

sig. of investigating judg — sig. (b)(6)

(b)(6)

Stamp of Police office

foreign language

Witnesses

foreign language

(b)(6)

foreign language

Witness Statement

(b)(6)

Pages 20 through 21 redacted for the following reasons:
- -
foreign language, (b)(6)
foreign language, b(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)