08-T997

Terp

Approve $1,000

(b)(6)

foreign language

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
29-Jul-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-T997

(b)(6)

Shanghai

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. | | | | $1,000.00 |

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL $1,000.00

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

APPROVED FOR =$

EXCHANGE RATE =$1.00

DIFFERENCES

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

TITLE: SFC, US Pay Agent

Amount verified, correct for $1,000.00

(b)(3), b(6)

Pursuant to authority vested in me, I certify that

31 JULY 08 (b)(3), b(6) Foreign Claims Commission IK5

(Date) (Payment certifying officer) (Title)

ACCOUNTING CLASSIFICATION

(b)(2) High $1,000.00

| PAID BY | CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank) |
|---|---|---|---|---|
| | CASH | DATE | PAYEE | |
| | $1,000.00 | 31 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 edition usable NSN 7540-00-900-2234

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 29-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T997 /

1. Facts.

The claimant alleges that her son was killed by unexploded ordnance while walking near a patrol base. CF transported the boy to the hospital after the explosion.

Claimant has requested $2,000.00

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 $1,000.00

(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: 31 Jul 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

29 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T997 /

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 $1,000.00.**

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 1,000.00.

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

(b)(6)

Claimant _____ Date

Sincerely,

(b)(3), b(6)

Captain, US Army
Claims Attorney, IK5

(b)(6)

Witness _____ Date

# CLAIMS INTAKE FORM

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

BRIEF DESCRIPTION OF INCIDENT: CLAIMS SON WAS KILLED BY A [redacted] BOMB WHEN HE WAS WALKING NEAR CF BASE (UXO).
- SON (b)(6) YEARS OLD
- CF TRANSPORTED BOY & HIS GRANDFATHER TO HOSPITAL

DATE OF INCIDENT: 1 MAR 07
LOCATION: SHANGHAI

LIST OF DAMAGES:

AMOUNT CLAIMED:
AMOUNT APPROVED: $1,000

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

6 MAY 08
DATE

(b)(6)

SIGNATURE OF CLAIMANT

SECRET

Personal id. card Yousifia office

No: issued :- 03.18.95

Name :-

place and Date of Birth :-

A.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

Page 8 redacted for the following reason:
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Foreign Language Text, (b)(6)

To the manager of the compensation committee

I am the mother of the native (b)(6), who died during in front of the U.S. base, and a grenade exploded on him as its mentioned in the memo accompanied with this request. pos that I am asking compensation for the death that happened to my son. with respect. I am the mother of the child, my name is (b)(6)

sig of witness (b)(6)

sig. of witness (b)(6)

CENTCOM 011482
08-IK8-T997-00009

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- - - - - - - - - - - - - - - - - - - -
foreign language, (b)(6)

From the Iraqi Base for the unite (b)(6)
No:- (b)(6) dated:- March 2007
To General Mahmoudia hospital
Subject:- sending body of died Person
We send to you (b)(6)
for the purpose of receiving the body of the
dead Person named (b)(6) , and
who died as a result of the explosion of grenade
left on the ground which is under our
responsibility in Yousifia. asking you to
send according to the rules and inform
us. Thank you for your co-operation. with
respect.

Stamp & Signature
of the office the
head of the unit
march 2007

Page 12 redacted for the following reason:
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Foreign Language Text, (b)(6)