

08-T998

- App \$5000
- Torp

Standard Form 638 (20) Revised October 1987 Department of the Treasury T FM 4-2000 5010-101		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 29-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-T998 (b)(6) Shanghai				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM		TO		WEIGHT			
				GOVERNMENT BL 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		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	
(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	BY:		=\$1.00				
<input type="checkbox"/> PARTIAL		(b)(3), b(6)					
<input type="checkbox"/> FINAL	TITLE: SFC, US						
<input type="checkbox"/> PROGRESS	Pay Agent						
<input type="checkbox"/> ADVANCE							
Pursuant to authority vested in me, I hereby							
31 July 08 (Date)		(b)(3), b(6)					
				Foreign Claims Commission IK5 (Title)			
				CLASSIFICATION			
		(b)(2) High		\$5,000.00			
PAY BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	CASH	DATE					
	\$5,000.00	31 Jul 08		(b)(6)			
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 "Treasurer," as the case may be.		TITLE					
Previous edition obsolete		FORM 7500-00-300-2234					

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 520 and 521, 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.



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-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [REDACTED] (b)(6)

08-IK5-T998 /

1. Facts.

The claimant alleges that CF accidentally killed her husband and shot her bus.

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

[REDACTED] (b)(3), b(6)

CPT; JA
Claim Attorney IK5

CENTCOM 011488
08-IK8-T988-00003

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 [redacted] (b)(3), b(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

[redacted] (b)(6)

Print given name, father's name, grandfather's name, tribal name

Serial Number:

[redacted] (b)(6) through [redacted] (b)(6) and,
____ through _____ 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 [REDACTED] (b)(6) 08-IK5-T998 /

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your husband. 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 بالامتلاكات الشخصية الخاصة بك , تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طبيك وبنقرة 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

[REDACTED] (b)(6)

Claimant

Date

Sincerely,

[REDACTED] (b)(3), b(6)

Captain, US Army
Claims Attorney, IK5

[REDACTED] (b)(6)

Date

CENTCOM 011490

08-IK8-T988-00005

CLAIMS INTAKE FORM

NAME: [redacted] (b)(6)
ADDRESS: [redacted] (b)(6)
ID#: [redacted] (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CRIMINALS CF KILLED HER HUSBAND
ACCIDENTALLY. HER BUS WAS ALSO SHOT
& DESTROYED BY CF.

DATE OF INCIDENT: 5 SEP 06
LOCATION: SHANGHAI

LIST OF DAMAGES: _____

AMOUNT CLAIMED: _____
AMOUNT APPROVED: \$5,000

[redacted] (b)(6)

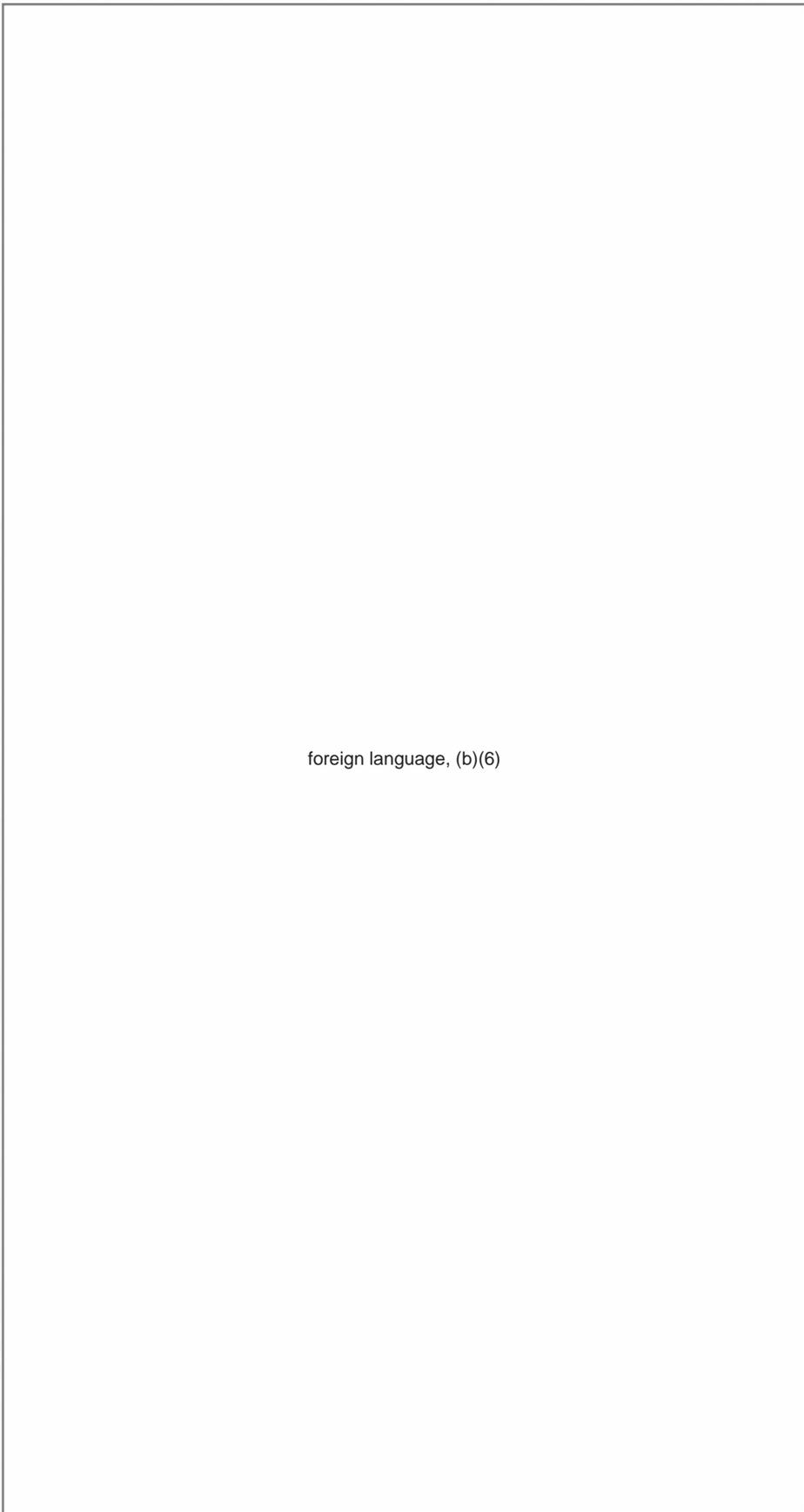
[redacted] (b)(6)

SIGNATURE

16 MAY 08
DATE

[redacted] (b)(6)

SIGNATURE OF CLAIMANT



foreign language, (b)(6)

Vehicle certificate
No. (b)(6)
Manufacturer's No. (b)(6)
Model (b)(6)
Color (b)(6)
Owner (b)(6)

date issued 10.30.2008

(b)(6)

(b)(6)

Personal id.
Name
Gender
Birth date

foreign language, (b)(6)

personal id. Card issued: 12-16-2001

Name: [redacted] Gender: Male

place and date of Birth: [redacted]

(b)(6)

(b)(6)

(b)(6)

foreign language, (b)(6)

personal id. card

(b)(6)

Name:

(b)(6)

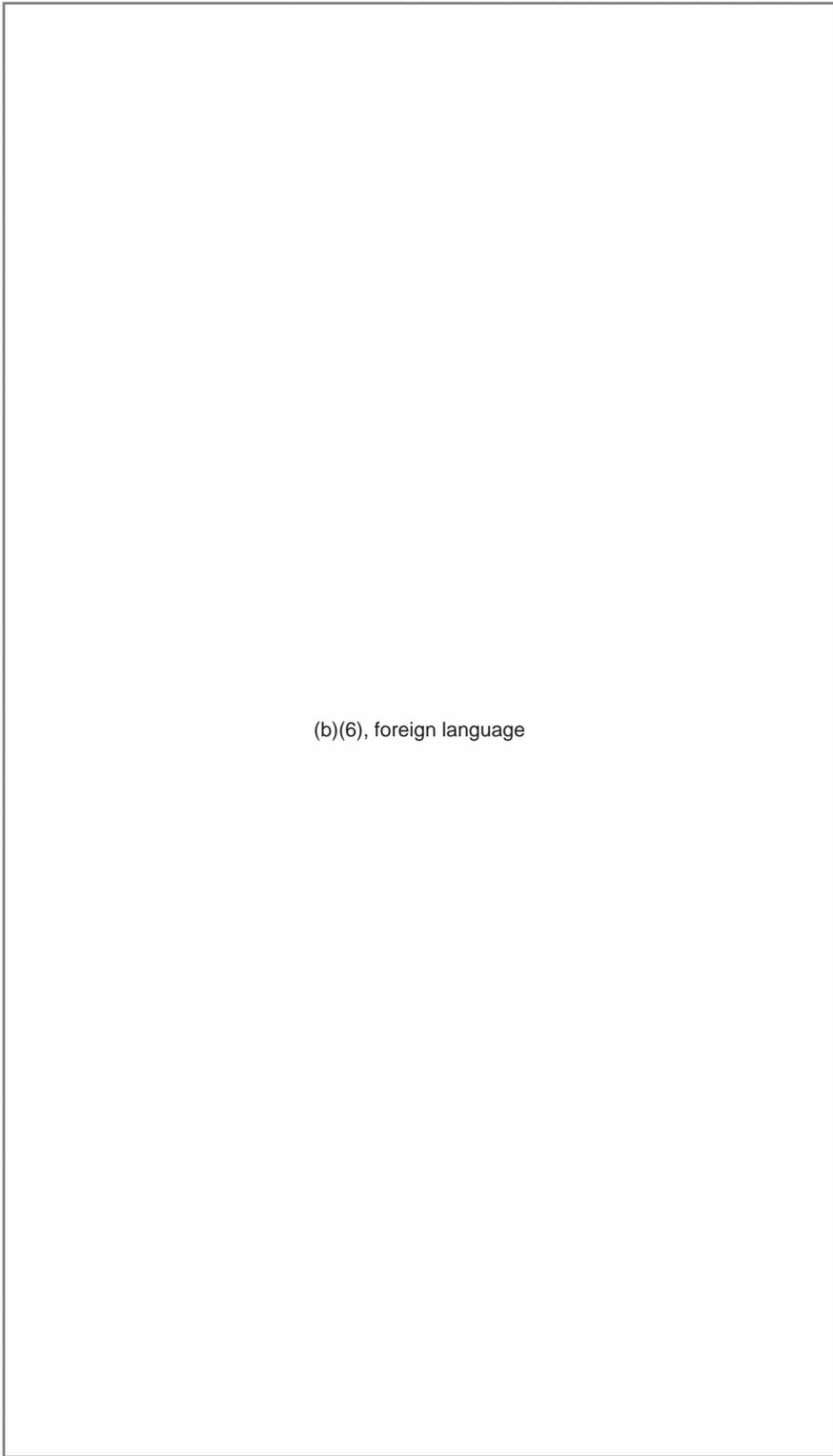
Place and state of Birth:

Date issued: 05-25-2008

Gender:

(b)(6)

(b)(6)



(b)(6), foreign language

id. card not re-issued on 10-30-2006
Name: [redacted] (b)(6)
Place and date of Birth: [redacted] (b)(6)

[redacted] (b)(6), foreign language

Personal Id Card issued on 11-08-11-2007

No: [redacted]

(b)(6)

Name: [redacted]

(b)(6)

Gender: Female
place and date of Birth: [redacted]

[redacted]

(b)(6)



(b)(6), foreign language

foreign language, (b)(6)

CENTCOM 011498

08-1K8-T988-00013

(b)(6)

Nationalization certificate. Folder No.:-

(b)(6)

Certificate No.:-

(b)(6)

Name:-

(b)(6)

Place and date of Birth:-

Date:- 11-07-2006

(b)(6), foreign language

CENTCOM 011500

08-1K8-T988-00015

Nationalization certificate of FOLLOWS
No: [redacted] H. dated 09-20-1986
Name: [redacted]
place and state of [redacted]

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Death certificate: - No date 09-05-2006

Name: [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Birth date: [redacted]

[redacted]

[redacted]

Place of Birth: [redacted]

[redacted]

Date of death: at the hour 18-00 afternoon on

the day 09-04-2006

Cause of death: from stroke from the R.N.F.

Foreign Language Text, (b)(6)

Pages 19 through 23 redacted for the following reasons:

(b)(6), foreign language
Foreign Language Text, (b)(6)
foreign language, (b)(6)

(b)(6)

Claim for the claimant!
my husband killed on the date of 09.05-2006
I am now a widow I have no money to support
my self and for living for me and for my four
children, and I have no house to live in. I
have a sick child have asthma, also I am sick
woman and I have many illnesses in the kidney
and even heart disease, and we have debts
debts. that he was my husband bought a car
with payments and he died by the accident which
happened to him. So I am asking help for me
and the small children, who they have no
source of living. Thank you

Sign of

The claimant

(b)(6)

To U.S. Forces

Due to Yugoslavia

CENTCOM 011509

08-1K8-1988-00024

Appeal Court in Baghdad - AlKarkh
Court of Personal Affairs in AlBaicaa.
Folder NO 1 - (b)(6) dated 12-06-2006
Subject :- Judicial division
I am the judge of Personal Affairs in Al Baicaa
my name is (b)(6) I decided
that, regarding to the request of (b)(6)
(b)(6) who asked for the spility and division
of the heridity, dated 12-06-2006 and 2006
according to the death artificat, issued 09.05.
NO 1 (b)(6) of the death of (b)(6)
! on the date of 09.04-2006 and his belonging
will go to his mothes (b)(6)
and his father (b)(6) abdule and his
wife (b)(6) and her under
age children (b)(6)
as follow (b)(6)
1- for each of (b)(6)
(b)(6) 2 1 Shares, and 6
share to each of the male children and 13
share to the female (b)(6)
issued on 1-12-06-2006

Appel Court of Al Baiada

(b)(6)

No. 1 - date: 12-10-2006

I am the judge of personal affairs court in

Al Baiada my name is

(b)(6)

regarding to the petition of the lady

(b)(6)

and the heredity division No. [redacted] dated

(b)(6)

12-06-2006 issued from Al-Baiada court which

(b)(6)

include the death of [redacted] and that

he left the under age people

(b)(6)

and [redacted]

(b)(6)

and [redacted]

(b)(6)

(b)(6)

The the lady

(b)(6)

(b)(6)

and [redacted]

(b)(6)

have the ability to take care of them

so I fix her as guardian on those children

This decision issued on the date of 12-10-2006

sig & stamp

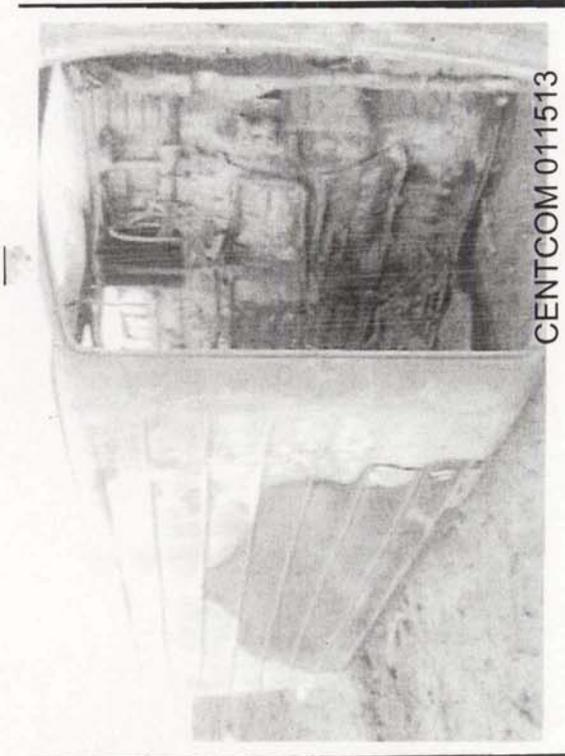
of the judge & court

CENTCOM 011511

08-118-1988-00026

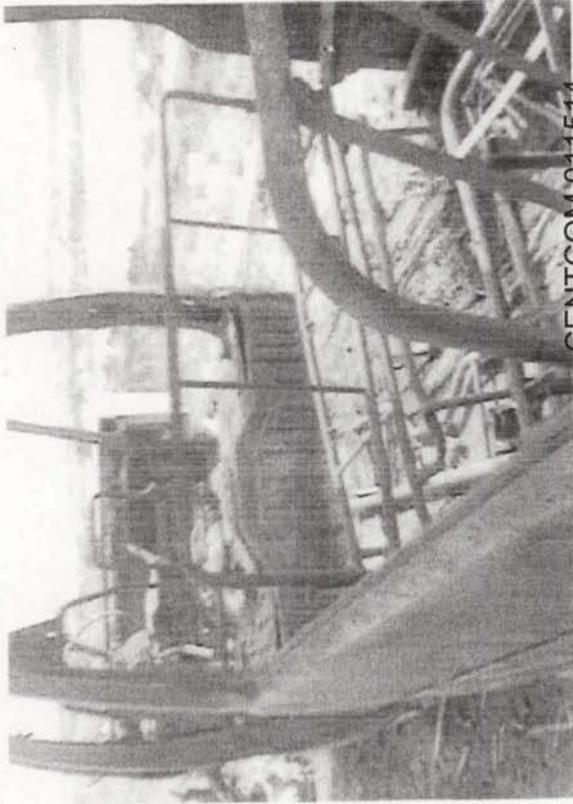


CENTCOM 011512
08-1K8-T988-00027



CENTCOM 011513

08-1K8-T988-00028



CENTCOM 011514

08-1K8-1988-00029