



DEPARTMENT OF THE ARMY
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX VI
CAMP PHOENIX, KABUL, AFGHANISTAN
APO-AE 09320

CJTF PHX SJA

19 August 2007

MEMORANDUM FOR to COL (b)(3)(b)(6), Deputy Brigade Commander, Task Force Phoenix VI

SUBJECT: Solatia payment for the family of (b)(6)

1. This memorandum is a request for Solatia payment to the family of (b)(6) in the amount of 100,000 AFA (approximately \$2,014.30) from an accidental shooting death on 16 August 2007.
2. (b)(6) was (b)(6) years old. He had (b)(6) children. He was shot and killed after soldiers assigned to ARSIC-S mistook him for an enemy combatant. The soldiers were attempting to establish an Entrance Control Point when the deceased disobeyed verbal and hand signals for him to stop. SPC (b)(3)(b)(6) fired a warning shot, which deflected off the hood of the deceased's vehicle and struck the deceased in the chest. The deceased died on the scene.
3. I think a Solatia payment would be proper in this case.
4. Under CFC-A's Solatia Regulation and CJTF-76's Frago, the United States can pay 100,000 AFA for a death.
5. The 100,000 AFA will be paid using O&M funds of the approving commander.
6. P.O.C. is the undersigned at (b)(2)High

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

CPT
Legal (b)(3)(b)(6) Claims Attorney

CENTCOM 011527

STATEMENT OF AGENT OFFICER'S ACCOUNT

| | |
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| DISBURSING OFFICER'S NAME, ADDRESS, DISBURSING STATION SYMBOL NO. (b)(6) DFAS INDIANAPOLIS SFC (b)(6), (b)(3) DEPUTY DISBURSING OFFICER DSSN:5570 APO AE 09355 DSN: (b)(2)High (b)(3)(b)(6), (b)(2)High | AGENT OFFICER'S NAME, GRADE, SSN, UNIT ADDRESS (Include ZIP Code/APO number and Telephone number) SFC (b)(3)(b)(6) (b)(3), b(6) 205TH RCAC APO AE 09355 EXCHANGE RATE <h3 style="text-align: center;">49.76</h3> (b)(2)High |
|--|---|

20-Aug-07

TRANSACTIONS AFFECTING AGENT OFFICER'S ACCOUNT

| TRANSACTIONS <i>a</i> | INCREASE (Received by Agent) <i>b</i> | BEGINNING BALANCE (In Agent's Account) <i>c</i> | DECREASE (Turned in by Agent) <i>d</i> | ENDING BALANCE (In Agent's Account) <i>e</i> |
|---|---|---|--|--|
| 1. BALANCE FORWARD | | \$0.00 | | \$2,014.30 |
| 2. U.S. DOLLARS | | | | |
| 3. FOREIGN CURRENCY Af 100,232 | \$2,014.30 | | | |
| 4. | | | | |
| 5. COLLECTIONS | | | | |
| 6. DEPOSITS | | | | |
| 7. NEGOTIABLE INSTRUMENTS | | | | |
| A. TREASURY CHECKS | | | | |
| B. MILITARY PAYMENT ORDERS | | | | |
| C. OTHER (Specify) | | | | |
| 8. PAID VOUCHERS | | | | |
| 9. INCORRECT VOUCHERS RETURNED | | | | |
| 10. AGENT OVERAGE | | | | |
| 11. FC GAIN OR LOSS (FLUX DISCREPANCY) | | | | |
| 12. TOTAL FUNDS IN HANDS OF AGENT OFFICER | | \$2,014.30 | | \$2,014.30 |

STATEMENTS

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| DISBURSING OFFICER (b)(3)(b)(6) ADVANCE: I HAVE INTRUSTED FUNDS AND/OR OTHER ITEMS AS INDICATED IN THIS STATEMENT TO THE ABOVE NAMED AS MY AGENT OFFICER. | AGENT OFFICER (b)(3)(b)(6) ON ADVANCE: I, AS AGENT OFFICER, HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE. I HAVE ASSUMED PECUNIARY RESPONSIBILITY THEREFORE. I WILL NOTIFY THE DISBURSING OFFICER IMMEDIATELY UPON DISCOVERY OF ANY LOSS OR SHORTAGE, AND I HAVE RECEIVED AND UNDERSTAND WRITTEN INSTRUCTIONS CONCERNING MY DUTIES AND RESPONSIBILITIES AS AN AGENT OFFICER. |
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| | | | |
|-------------------|---------------------------|-------------------|--|
| DATE 20 Aug 07 | SIGNATURE (b)(3)(b)(6) | DATE 20 Aug 07 | SIGNATURE OF AGENT OFFICER SFC (b)(3)(b)(6) |
|-------------------|---------------------------|-------------------|--|

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| <input type="checkbox"/> ON RETURN: I HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ON THIS STATEMENT FROM THE ABOVE NAMED AGENT OFFICER. | <input type="checkbox"/> ON RETURN: THE ABOVE STATEMENT OF ACCOUNT IS CORRECT. |
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| DATE 20-Aug-07 | SIGNATURE OF DISBURSING OFFICER SFC (b)(3)(b)(6) | DATE 20-Aug-07 | SIGNATURE OF AGENT OFFICER SFC (b)(3)(b)(6) |
|-------------------|---|-------------------|--|

| | | | | | |
|---|--|---|--------------------|--|----------------------|
| PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1; the proponent agency is OASA(FM) | | 1. PURCHASE INSTRUMENT NO | 2. REQUISITION NO. | 3. DATE 20 AUG 2007 | PAGE 1 OF 1 PAGES |
| 4. TO: PURCHASING AND CONTRACTING OFFICE, KAF (PRWED ROUTE: KOPI) | | 5. THRU: COL 1 (b)(3)(b)(6) COMMANDER ARSIC(S) KAF, AFGHANISTAN | | 6. FROM: CJTF PHX - SJA CAMP PHOENIX, AFGHANISTAN | |

It is requested that the supplies and services enumerated below or on attached list be

| | | |
|--|----------------------------------|--------------------------------------|
| 7. PURCHASED FOR SOLATIA PAYMENT FOR MOHAMMAD KARIM AGHA | 8. DELIVERED TO FAMILY OF (b)(6) | 9. NOT LATER THAN (Date) 15 SEP 2007 |
|--|----------------------------------|--------------------------------------|

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|---|---|------------------------------------|
| The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item.) | 10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION CPT (b)(3)(b)(6) | 11. TELEPHONE NUMBER (b)(2)High |
|---|---|------------------------------------|

| | | |
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| <input type="checkbox"/> 12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY | <input checked="" type="checkbox"/> 13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY | FUND CERTIFICATION The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed. |
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EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

| 14. ITEM | 15. DESCRIPTION OF SUPPLY OR SERVICES | 16. QUANTITY | 17. UNIT | 18. ESTIMATED | | 19. ACCOUNTING CLASSIFICATION AND AMOUNT |
|----------|---|--------------|----------|------------------------|------------------------|--|
| | | | | UNIT PRICE <i>a</i> | TOTAL COST <i>b</i> | |
| 1 | SOLATIA PAYMENT - DEATH OF FATHER SFC (b)(3)(b)(6) SOLATIA PAY AGENT SOLATIA REFERENCE # 07-01 100,000 AFS / 49.64508 = \$2,014.30 PAYMENT TO BE MADE IN AFGHANI | | 1 EA | | \$2,014.30 | T10 (b)(2)High \$2,014.30 |

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|---|--|---|--|-----------------------|--|
| 25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE SOLATIA PAYMENT TO FAMILY OF MOHAMMAD KARIM AGHA, LOCAL NATIONAL KILLED IN ARSIC SOUTH AO | | 20. TYPED NAME AND TITLE OF CERTIFYING OFFICER Maj, USAF, KAF-RM (b)(3)(b)(6) | | 22. DATE 20 Aug 07 | |
|---|--|---|--|-----------------------|--|

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|---|-----------------------------------|--|---|--|-----------------------|
| 27. TYPED NAME AND GRADE OF INITIATING OFFICER CPT (b)(3)(b)(6), JAG | 28. SIGNATURE (b)(3)(b)(6) | 29. DATE 20 Aug 07 | 34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE (b)(3)(b)(6) | 35. SIGNATURE (b)(3)(b)(6) | 36. DATE 20 Aug 07 |
| 30. TELEPHONE NUMBER (b)(2)High | | 31. TYPED NAME AND GRADE OF SUPPLY OFFICER LT (b)(3)(b)(6), CJ8 | 33. DATE 20 AUG 07 | 26. DELIVERY REQUIREMENTS ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, NUMBER OF DAYS REQUIRED | |

SOLATIA PAYMENT REQUEST FORM

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.

PRINCIPAL PURPOSE(S): To maintain a record of solatia payment requests, approvals, and final disposition. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude payment.

SECTION I - COMPLETED BY SOLATIA PAYMENT REQUESTING OFFICIAL

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| 1. NAME OF REQUESTING OFFICIAL (b)(3)(b)(6) | 2. TITLE ARSIC-5 Col Commander | 3. DOD COMPONENT/ORGANIZATION U.S. Army 218 th BCT Kandahar, Afghanistan |
| 4. DATE (YYYYMMDD) 2007/08/20 | 5. NAME OF INDIVIDUAL TO RECEIVE SOLATIA PAYMENT | |

6. TYPE OF SOLATIA PAYMENT (check one)

Death of Local National
 Serious Injury of Local National
 Non-serious Personal Injury or Property Damage

7. FACTS SUPPORTING SOLATIA PAYMENT (continue on separate sheet if necessary)

Soldiers assigned to ARSIC-5 were establishing an ECP in the (b)(6) District of Kandahar Province. The deceased disobeyed commands for him to stop and was killed when a bullet deflected off his hood and struck him in the chest. The deceased died on the scene.

SECTION II - COMPLETED BY QUALIFIED COMMANDER/SOLATIA APPROVAL AUTHORITY

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|--|-----------------------------|--|
| 8. NAME OF QUALIFIED COMMANDER (b)(6), (b)(3) COL | 9. SIGN (b)(3)(b)(6) | 10. TITLE & DOD COMPONENT/ORGANIZATION CJTF Phoenix DCO |
|--|-----------------------------|--|

11. I HEREBY DIRECT THE FOLLOWING ACTION REGARDING THIS MATTER (check one)

Approve Solatia Payment
 Requires Further Substantiation Prior to Solatia Payment
 Disapprove Solatia Payment

| | | |
|--|--|-------------------------|
| 12. AMOUNT OF SOLATIA PAYMENT TO BE MADE (IF ANY) 100,000 AFA | 13. DATE PAYMENT SHOULD BE MADE | 14. DATE MONEY IS DRAWN |
| 15. NAME OF SOLATIA DRAWING OFFICER (b)(3)(b)(6) | 16. SIGNATURE OF SOLATIA DRAWING OFFICER | 17. DATE |
| 18. NAME OF SOLATIA PAYMENT OFFICER (b)(3)(b)(6) | 19. NAME OF SOLATIA PAYMENT WITNESS | |

SECTION III - COMPLETED BY SOLATIA PAYMENT OFFICER/WITNESS/PAYEE

20. I HEREBY CERTIFY THAT SOLATIA PAYMENT APPROVED ABOVE WAS ACCOMPLISHED ON _____ DATE.

| | |
|----------|--|
| 21. DATE | 22. SIGNATURE OF SOLATIA PAYMENT OFFICER |
| 23. DATE | 24. SIGNATURE OF SOLATIA PAYMENT WITNESS |
| 25. DATE | 26. SIGNATURE OF PAYEE |

Pages 5 through 7 redacted for the following reasons:

Nonresponsive, (b)(2)High, (b)(3)(b)(6)



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CAMP PHOENIX, KABUL, AFGHANISTAN
APO AE 09320

CJTF PHX SJA

19 August 2007

MEMORANDUM FOR COL (b)(3)(b)(6) DCO

SUBJECT: Solatia Payment Approval Request – 16 August 2007 Accidental shooting death, RC South.

1. Executive Summary. You are the approving authority for Solatia payments IAW the CJTF Phoenix Legal SOP. Solatia uses O&M funds so the use of money reduces the commander's funds. Herein it is recommended that you approve the solatia payment. The facts of the accident are currently being investigated; however, COL (b)(3)(b)(6) and CPT(b)(3)(b)(6) have determined Solatia is appropriate.
2. Discussion. Solatia Payments are intended to be a quick, gratuitous payment to Afghan Nationals as an expression of sympathy and condolence to a victim or a victim's family in connection with an injury, death, or damage involving U.S. Forces and accompanying civilian employees in Afghanistan. The payments are not an admission of legal liability or fault. Solatia payments are proper when an injury, death, or property damage is:
 - (a) Suffered in connection with the Afghan national's employment with the U.S. Armed Forces;
 - (b) Caused by a military member or civilian employee of the U.S. Armed Forces in the performance of official duty;
 - (c) The result of an accident involving an official U.S. Armed Forces vehicle driven by an authorized military or civilian driver; or
 - (d) Caused by a military member or civilian employee of the U.S. Armed Forces in a non-official duty status and the member or employee is unable to make a solatia payment.
3. Here, clearly the death to the Afghan man was the result of an accident involving an Army Soldier at an Entrance Control Point. Solatia is proper under the facts of this incident.

CENTCOM 011534

SUBJECT: Solatia Payment Approval Request – 16 August 2007 Accidental shooting death, RC South.
CJTF PHX SJA

4. POC is the undersigned at
(b)(2)High

(b)(3)(b)(6), (b)(2)High

or DSN (b)(2)High

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

LTC, JA
Staff Judge Advocate