



DEPARTMENT OF THE ARMY
HEADQUARTERS, FOURTH INFANTRY DIVISION (MECHANIZED)
OFFICE OF THE STAFF JUDGE ADVOCATE
BAGHDAD, IRAQ
APO-AE 09344

REPLY TO
ATTENTION OF:

AFYB-JA

PAID
1 November 2006
1 NOV 06

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) Claim #98-A

1. Facts. Claimant's son-in-law was shot and killed in an EOF incident during a random checkpoint setup in a neighborhood in January 2006. Claimant requested \$2500.00.
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 loss caused by US Forces that has a value of \$2500.00.
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 \$2500.00.

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

CPT, JA
Foreign Claims Commission IV5

CENTCOM 011837

SETTLEMENT AGREEMENT

I, (b)(6), of BAGHDAD, IRAQ hereby agree to accept the sum of 1200 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident on or about JANUARY, 2006 involving U.S. Forces. The damage was as follows:

DAMAGE TO PERSONAL VEHICLE

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from the said incident. This release / settlement specifically includes all current or potential claims including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America its and employees.

(b)(6)

Claimant's Signature

Name: (b)(6)

Address:

I.D. Number:

Foreign Language

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

Witness Signature and I.D. Number

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

Witness Signature and

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. _____

SCHEDULE NO. _____

PAID BY
230th Finance Battalion
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

DATE INVOICE RECEIVED _____

DISCOUNT TERMS _____

PAYEE'S ACCOUNT NUMBER _____

GOVERNMENT B/L NUMBER _____

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
230th Finance Battalion
Camp Liberty, Iraq
APO-AE 09344-3029
DSSN: 5579

10 DATE VOUCHER PREPARED
1 November 2006

CONTRACT NUMBER AND DATE _____

REQUISITION NUMBER AND DATE _____

CLAIM #: 98-A

PAYEE'S NAME AND ADDRESS
(b)(6)
Baghdad, Iraq

SHIPPED FROM _____ TO _____ WEIGHT _____

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
		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.				\$2500.00
TOTAL						\$2500.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	= \$ 2500	= \$1.00		
	BY: (b)(3),(b)(6)			
	TITLE: PAY AGENT CPT, DA		Amount verified; correct for (Signature or initials)	\$2500.00

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

1 Nov 06 (Date) (b)(3),(b)(6) SSG, PA (Title)

(b)(2)High INTING CLASSIFICATION \$2500.00 (b)(2)High

PAID BY	CHECK NUMBER _____ ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER _____ ON (Name of bank)
	CASH _____ DATE _____	PAYEE (b)(6) (b)(6)
	\$ \$2500.00	(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.

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.

Pages 4 through 6 redacted for the following reasons:

Previously Released