

b)(3)(b)(6)

CENTCOM 015711

27132

07-IH1-T226-00001

SAP ins/Damm

App 6,000

(b)(6)

07-226

CENTCOM 015712

27133

07-IH1-T226-00002



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

03-Jan-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-IH1-T226 /

1. Facts.

The claimant alleges that CF shot up his supermarket, killing^{b)(6)} of his sons.

Claimant has requested \$6,000.00

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 \$6,000.00

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

CPT, JA
b)(6)Claim Attorney IH1

CENTCOM 015713

07-IH1-T226-00003

27134

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: 19 Jan 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.

Standard Form 1034 (EQ) Revised October 1987 Department of the Treasury 1750-4-2000 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			10 DATE VOUCHER PREPARED 03-Jan-08		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 07-IH1-T226 (b)(6)			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED		DISCOUNT TERMS	
			PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER	
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>	QUANTITY	UNIT PRICE COST 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.				\$6,000.00
(Payee must NOT use the space below)					TOTAL	\$6,000.00
(Use continuation sheet(s) if necessary)		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<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		\$ _____ (b)(3),(b)(6)	\$1.00			
TITLE		SFC, US Pay Agent	(b)(3),(b)(6)		\$6,000.00	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		1LT (b)(3),(b)(6)	Disbursing Agent		(Title)	
ACCOUNTING CLASSIFICATION			(b)(2)High		\$6,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	\$6,000.00	DATE	(b)(6)		
<small> 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 received 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. </small>						TITLE
<small> Previous edition usable 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. </small>						

CENTCOM 015715

07-IH1-T226-00005

SETTLEMENT AGREEMENT

Foreign Language Text

07-IH1-T226 #1 Language

(b)(6)

Language

\$6,000.00

Foreign Language Text

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية
ضباطها ووكلائها وعامليها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ
6/15/2007 أو نحوه والمرتب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعامليها
من كافة المسؤوليات والطلبات والاستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة 'إن
وجدت' أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملمتلكات أو أية إصابات أو وفيات نتجت عن هذه
الحادثة

إبني فهتم وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد
تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10 'قانون الولايات المتحدة 2734'؛ وعليه فيجب ألا يؤول
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها
وموظفيها .

(b)(6)

DATE 19 Jun 08

(b)(6), Foreign Language Text

WITNESS SIGNATURE Foreign Language Text:

(b)(6)

DATE 19 Jun 08

(b)(6)

Foreign Language Text

CENTCOM 015716

07-IH1-T226-00006

27137

UCC claim form

ENCLOSURE 3

\$ 6,000

Claims Form
طلب تعظيم

To: United States Army Foreign Claims Commission

من: مفوضية التعظيم لجيش الولايات المتحدة

From:

(b)(6)

من: الأجنبي

Address:

الخطاب:

I am:

a. A national citizen of:

IRAQ

أهمل جنسيته

b. A permanent resident of:

عنواني الدائم

c. Employed by:

(b)(6)

أعمل لدى:

d. Check one: an insurer Not an insurer

هل أنت شركة تأمين () أم لا ()

e. Check one: A subrogee Not a Subrogee

هل أنت وكيل () أم لا ()

I hereby make a claim against the United States Government for damages or injuries caused by:
(Name, Organization, Military Department, Address, and Telephone Number)

10th MTN. DIV

أنا أقدم على هذا المطالبة ضد حكومة الولايات المتحدة للأضرار أو الإصابات التي تسببت من

The property damaged is 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.)

عقارات المتضررة المملوكة من: (إذا كان هذا المظلم قد من قبل ممثل أو قريب أو عائل فترجاء إعطاء مستندات التي تملكه وتملكه المملوكة من المظلم، أو أي دليل من ممثلين رسميين. هذا النموذج لا يملأ بالعدد المتقدمين بالشكوى للإصابات أو الأضرار التي تسببت لهم.)

My claim arose at: QARGHULI (Town) (City) (Country)

تسببت هذه التي: القرية المدينة البلد

My claim arose on: JUNE 15 2007 (Month) (Day) (Year)

تلقيني رقم لي:

تاريخ: _____ شهر: _____ سنة: _____

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. اشرح باختصار الحادث أو الأضرار التي أصابك جراء ذلك، سواء كانت جسدية أو ممتلكات (الوجوه المستعمل بلطفية هذه النورقة من مكتب الأسطر المتلقي)

CF SUPERMARKET DAMAGED (b)(6) SONS KILLED

أشرح باختصار الحادث أو الأضرار التي أصابك جراء ذلك، سواء كانت جسدية أو ممتلكات (الوجوه المستعمل بلطفية هذه النورقة من مكتب الأسطر المتلقي)

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

أشرح بطريقتك طبيعة أو مدى الأضرار التي أصابك جراء ما حدث بسبب الحادث المذكور

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.)

Total: **\$6,000**

مع التأمين على ضرر الكلفة للممتلكات أو للإصابات البدنية وتكلفتها (أرجاء أضافة القيود والامتدادات، الفوتير
التشخيصية كالتالي وحدة:

اسم المضمون
القيمة
التأمين

I was insured to the following extent against the damage or injury I have sustained:

التأمين على الممتلكات أو الضرر البدني المضمون بما يوازي:

The name and address of my insurer (if any) is:

Name (Address)
شركة التأمين أو شركة التأمين
التأمين

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$
القيمة المحلية
العملة المحلية

I (have/have not) previously filed a claim relating to the incident described above.

سابقاً (لقد/لم) أقدمت على تقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/has not) been filed relating to the incident described above.

بحسب علمي (لقد/لم) يقدم (تقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقصد على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو يختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويخضع لمن ليس السلطات.

(b)(6)

(Signature of Claimant)

توقيع المظالم (تقدم) الاسم والتوقيع

محمد احمد حسن

Subscribed to me this 15th day of DECEMBER, 2007

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

مُسْتَبَدَّ بِمِثْلِ هَذَا فِي يَوْمِ 15

تاريخ التوقيع

تاريخ التوقيع

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION BP 165, YUSIFIYAH, IRAQ	2. DATE (YYYYMMDD) 2007/12/15	3. TIME 1814	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3),(b)(6)	6. SSN	7. GRADE/STATUS O-2	

8. ORGANIZATION OR ADDRESS
2ND PLATOON, A CO, 3-187 IN REGT, 3RD BDE, 101ST ABN DIV

9. I, (b)(3),(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I AM THE PLATOON LEADER OF 2ND PLT, A CO, 3-187 IN, 3RD BDE, 101ST ABN DIV, STATIONED AT BP165, QARGULI VILLAGE, YUSIFIAH, IRAQ. I REPLACED 1ST PLT, C CO, 4-31 IN, 2ND BDE, 10TH MTN DIV. DURING THE RIP/TOA PROCESS MY PREDECESSOR BRIEFED ME ON INCIDENTS THAT TOOK PLACE IN (b)(6) WHEN BP165 WAS ESTABLISHED. SPECIFICALLY, HE ADDRESSED POTENTIAL CLAIMS FOR DAMAGES CAUSED BY HIS UNIT. AMONG THOSE DAMAGES WERE MULTIPLE ORCHARDS CONTAINING HUNDREDS OF FRUIT TREES AND DATE PALMS, THE BURNING OF MANY FIELDS, VARIOUS CONTROLLED DETINATIONS THAT DESTROYED MULTIPLE HOUSE AND CAR WINDOWS, THE DESTRUCTION OF 3 SHOPS TO CLEAR A BUFFER ZONE, THE CONFISCATION OF A HOME AND THE PLUMBING AND ELECTRICAL TOOLS INSIDE, THE FIRING OF ILLUMINATION ROUNDS THAT BURNED VEHICLES, FIELDS AND CHICKEN COUPS, THE DESTRUCTION OF PERSONAL PROPERTY DUE TO BREACHING AND SEARCHING OF HOMES, THE CONFISCATION OF BUILDING MATERIALS SUCH AS PLASTER, STONE, SAND, CABLE, WIRING, CONCRETE BLOCKS AND CONCRETE BRICKS, THE SHOOTING OF VEHICLES FOR SECURITY MEASURES, AND CUTTING OFF WATER SUPPLY CAUSING THE DEATH OF THOUSANDS OF FISH IN LOCAL HATCHERIES. ACCORDING TO MY PREDECESSOR THESE DAMAGES OCCURED BETWEEN MAY AND OCTOBER 2007. ALL THE INDIVIDUALS THAT FILED CLAIMS TODAY WERE PREVIOUSLY CONFIRMED TO ME BY MY PREDECESSOR AS HAVING LEGITIMATE CLAIMS FOR THE SPECIFIC DAMAGES THEY ALLEGED WERE CAUSED.

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

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

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

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

10. EXHIBIT	11. I	ING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF

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

TAKEN AT 1814

DATED 2007/12/15

9. STATEMENT (Continued)

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

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

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

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

AFFIDAVIT

I, (b)(3),(b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHC THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, C

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

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ___ day of ___ at ___

3)(c) HHC, 3 BCT, 10159 ABN DN (ASLT)
ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR

(Authority To Administer Oaths)

INITIALS OF PERSON I (b)(3),(b)(6) NT

PAGE 2 OF 2 PAGES