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

APPROVE # 1,000

Dum/Loss Rated

1851-10

012-12 5- Dus 07

(b)(6)



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-IHI-T284 / 012-12

1. Facts.

The claimant alleges that CF raided her house, killing her husband, and damaging the doors, windows, and furniture.

Claimant has requested \$7,600.00

- 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	1,200.00	
		(b)(3),(b)(6)	

CENTCOM 015939

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:	20 Jun 08		
PAY AGENT NAME: S	FC (b)(3),(b)(6)		
NAME OF IRAQI FIRM	BEING PAID:		
NAME OF PERSON ACC	CEPTING PAYMENT	ON BEHALF OF FIRM:	
(b)(6)			
Print given name, father's	name, grandfather's na	me, tribal name	
Serial Number:	1		
(b)(6)	through	(b)(6)	and,
	through		

* Use additional forms if needed.

CENTCOM 015940

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Camp Liber								24th FMC
APO-AE 09344 DSSN: 5579				REQUISITION NUMBER AN	ND DATE			Camp Liberty, Iraq
D5514. 557	ਭ 			<u></u>				APO AE 09344
	CLAIM #: 0	7 IU4 T204			_			DSSN: 5579
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AND		(b)(6)						
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								PAYEE'S ACCOUNT NUMBER
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AND DATE OF ORDER	DELIVERY OR SERVICE		ion, item number of cont and other information de		TITY	COST	PER	
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		upon	TET AND AN 21-	20, Chapter 10,				
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DEPARTMENT OF THE ARMY



OWESAT CMOC, A/478 CIVIL AFFAIRS BATTALION, UNITED STATES ARMY CIVIL AFFAIRS AND PSYCHOLOGICAL OPERATIONS COMMAND (AIRBORNE) PATROL BASE KEMPLE, IRAQ APO AE 09322



WRUFY2 6 December 2007

MEMORANDUM FOR RECORD

SUBJECT: Claims at the Owesat CMOC

- On 05 December 2007 the Owesat CMOC accepted local nationals to prepare claims for an upcoming claims day by 3BCT 101st ABN(AA) JAG. Most of the local national claims are from the time period when 2-10MTN operated in the area of operations.
- 2. Due to tribal feuds the people of Owesat have no access to roads to the north and south. There is no medical care in the area and no way to produce death certificates. The local markets have a limited inventory because they can not get to Baghdad or Fallujah for replenishment and the people have no money to purchase cameras to document damages to their property.
- 3. We accepted people who had some documentation or witnesses to the event in which they were claiming. We understand that 3BCT 101st ABN(AA) JAG is the approving authority for claims and tried to convey this to the local nationals as they made their claim.

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

CENTCOM 015942

Claim Departmen,

"THE CLAIM'S CONTAINS"

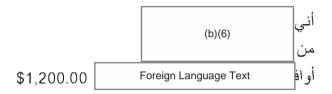
Case no; 0 (2-12

The Claimant name:	(b)(6)	
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· Documents		
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	SIGN;	
	NAME;	(b)(6)
	Date:5	2007

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

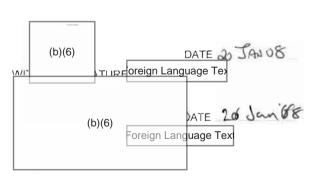
07-IH1-T284 # Languag



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 9/17/2007 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

آخذا بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلانها وعامليها من كافة المسؤوليات والطلبات والإستحقاقات 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 بالممتلكات أو أية إصابات أو وفايات نتجت عن هذه الحادثة

إنني فهمت 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 'و عليه فيجب ألا يؤول على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلانها وموظفيها.





CENTCOM 015944

CLAIMS LOG

AMOUNT CLAIMED: 7.600. CLAIMANTS NAME (b)(6) DATE CLAIM SUBMITTED: 12-15-0 DATE OF INCIDENT: 9-17-07) T	
PARALEGAL RECOMMENDATION:	App 1200	
FCC ACTION: [] DENY	[] APPROVE	[] OTHER
COMMENTS / REMARKS:		





Claims Form



To: United States Army Foreign Claims Commission

TO. CHICA SI	ales Army I oreign Claritis Commission
From: Name:	
Addre	(b)(6)
Iraqi I	
I am	

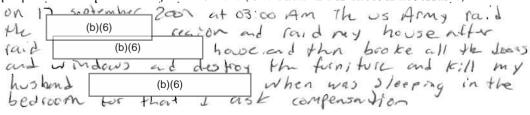
- a. A citizen and national of:
- b. A permanent resident of:
 - I h
- c. Employed by:
- d. Check one () an insurer (x) Not an insurer
- e. Check one () A subrogee (X) Not a subrogee

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

M.N.F

The property damaged had 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.)

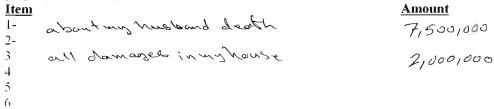
Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)



CENTCOM 015946

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

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: 9,500,000 SD

I was insured to the following extent against the damager or injuries I have sustained:

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

Subscribed before me this 5 day of 200 - 200 = 200

(Print Name) (b)(6)
(Signature)

SWORN STATEMENT For use this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and ROUTINE USES: retrieval DISCLOSURE: Disclosure of your social security number is voluntary. 4. FILE NUMBER 1. LOCATION 2. DATE 2007-12-5 3. TIME (YYYYMMDD) CMOC/ (b)(6)(,,,0 012-12 6. CCN 5. LAST NAME, FIRST NAME, 7. GRADE/STATUS MIDDLE NAME (b)(6)(b)(6)8. ORGANIZATION OR ADDRESS WANT TO MAKE THE FOLLOWING STATEMENT UNDER (b)(6)OATH IO. EXHIBIT 11. INITIALS OF PERSON MAKING **STATEMENT** PAGE 1 OF ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS OF THE PERSON MAKING THE STATEMENT.

DA FORM 2823, DEC 1998

AND PAGE NUMBER MUST BE INDICATED.

• STATEMENT OF	TAKEN AT	DATED
• STATEMENT (Continued)		
	AFFIDAVIT	
I, WHICH BEGINS ON PAGE I, AND ENDS ON PAGE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORREC' STATEMENT. I HAVE MADE THIS STATEMENT FREELY PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL	TIONS AND HAVE INITIALED WITHOUT HOPE OF BENEFIT	THE BOTTOM OF EACH PAGE CONTAINING THE FOR REWARD, WITHOUT THREAT OF
	-	(Signature of Person Making Statement)
WITNESSES: aw to		Subscribed and sworn to before me, a person authorized by minister oaths, thisday of
,, ,		
ORGANIZATION OR ADDRESS	——————————————————————————————————————	(Signature of person Administering Oath)
	-1	(Typed Name of person Administering Oath)
ORGANIZATION OR ADDRESS	-	(Authority to Administer Oaths)
NITIALS OF PERSON MAKING STATEMEN	Т.	PAGE OF
ACE 2 DA EROM 2022 DEC 1000		PAGES

PAGE 3, DA FROM 2823, DEC 1998

USAPA V1.00

SWORN STATEMENT For use this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and ROUTINE USES: retrieval DISCLOSURE: Disclosure of your social security number is voluntary. LOCATION 2. DATE 2007-12-5 3. TIME 4. FILE NUMBER CMOC/ (YYYYMMDD) (b)(6)1:10 012-12 5. LAST NAME, FIRST NAME 6. SEN 7. GRADE/STATUS MIDDLE NAM (b)(6)marre eled (b)(6)8. ORGANIZATION OR ADDRESS 9. (b)(6)WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH force start to shoot and kill ond this is my 10. EXHIBIT 11. INITIALS OF PERSON MAKING **STATEMENT** PAGE 1 OF ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INTIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE CENTCOM 015950

USAPA V1.00

• STATEMENT OF	TAKEN AT	DATED
STATEMENT (Continued)		
	AFFIDAVIT	
I,		VE HAD READ TO ME THIS STATEMENT VITENTS OF THE ENTIRE STATEMENT MADE
STATEMENT IS TRUE. I HAVE INITIALED ALL C STATEMENT. I HAVE MADE THIS STATEMENT PUNISHMENT, AND WITHOUT COERCION, UNL	FREELY WITHOUT HOPE OF BENEFIT OR F	EWARD, WITHOUT THREAT OF
		Signature of Person Making Statement)
WITNESSES: law to		bed and sworn to before me, a person authorized by
at		er oaths, thisday of
ORGANIZATION OR ADDRESS		(Signature of person Administering Oath)
		(Typed Name of person Administering Oath)
ORGANIZATION OR ADDRESS		(Authority to Adm.nister Oaths)
INITIALS OF PERSON MAKING STAT	EMENT.	PAGE OF
		PAGES

PAGE 3, DA FROM 2823, DEC 1998

USAPA V1.00

Pages 15 through 17 redacted for the following reasons:

(b)(6), Foreign Language

