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

APROVE \$2,500

Dam / Loss Raid

07-17285

008-12

(b)(6)

27358



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-T285 / 008-12

1. Facts.

The claimant alleges that CF raided his house injuring him and his baby.

Claimant has requested \$6,000.00

- 2. <u>Opinion</u>. 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 \$

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

CPT, JA

(3)(b)(Claim Attorney IH1

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: 2	20 Jan 68		
PAY AGENT NAME: SF	C (b)(3),(b)(6)		
NAME OF IRAQI FIRM B	EING PAID:		
NAME OF PERSON ACCI	EPTING PAYME	NT ON BEHALF OF FIRM:	
(b)(6)			
Print given name, father's n	ame, grandfather	's name, tribal name	
Serial Number:			
(b)(6)	through_	(b)(6)	and,
	through		and,
	through		_and,
	through		and,
	through		and,
	through	4	

^{*} Use additional forms if needed.

Standard Revised Departer 1 TFM-4 1034-12	of Form 1034 (EG i October 1987 nent of the Theas 4-2000	i) ury			FOR PURCHASE				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		DN .	19DATE VOUCHER PREPARED 03-Jan-08 CONTRACT NUMBER AND DATE REQUISITION NUMBER AND DATE				PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344		
N.	YEE'S AME AND DRESS	CLAIM #: 0	7-IH1-T285 (b)(6)						DSSN: 5579 DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER
	D FROM			10			/EIGHT	- Subal	GOVERNMENT BIL NUMBER
AN	UMBER ID DATE ORDER	DATE OF DELIVERY OR SERVICE	(Enter descripto	ARTICLES OR SERVI in, ilem number of contr nd other information de	act or Federal supply	TITY.	COST	PRICE	AMOUNT
			Secretary of the designated for of 31 U.S.C. 33 upon the claim of the	e Army, or an o such purposes 721 and AR 27- e above named ged, lost, destro	under authority 20, Chapter 10,				\$2,500.00
Jse co	ntinuation sh	eel(s) if necessary)	· _	•	use the space belov	w)	ТО	TAL	\$2,500.00
AYME	NT: OVISIONAL	APPROVED FOR	₹	EXCHA	IĞE RATE	DIFFER	ENCES		
	MPLETE	(1.)(0)	41.1(0)		=\$1.00				
PAF	RTIAL	(b)(3)	,(b)(6)						00.00
PRO	OGRESS VANCE		US Agent	su prupe i for payment.			(b)(3	B),(b)(6	
	(Dato)		1LT (b)(3)),(b)(6)		Disbu	ursing Ag	gent (Title)	
		(b)	(2)High	ACCOUNTIN	G CLASSIFICATION \$2,	500.00			
AID IY	CHECK NU	JMBER	ON ACCOUNT O	F U S TREASURY	CHECK NUMBER PAYEE		ON (Nar	ne of bank,	
		\$2,500.00			(b)(6))			
	ated in foreign	n currency, Insert nam	ne of currency	erson one signature on	7		_		

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)(6), (b)(3)

CMOC NCOIC

CENTCOM 015966

SETTLEMEMENT AGREEMENT

إتفاقية تسوية وإعفاء

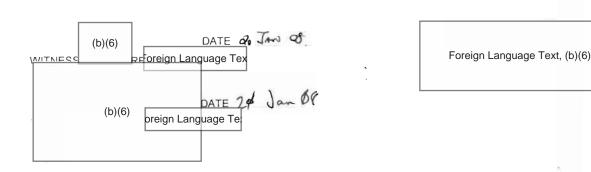
07-IH1-T285 # Langua 008-12



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 7/17/2007 أو نحوه والمرتبط بقوات الولايات المتحدة الأمريكية

آخذا بنظر الإعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها 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 ووكلائها وموظفيها.



CENTCOM 015967

CLAIMS LOG

AMOUNT CLAIM	ED: 6,000		
CLAIMANTS NAM)(6)	
DATE CLAIM SU	BMITTED: 12-15-	07	
DATE OF INCIDE			
PARALEGAL RE	COMMENDATION	App 2500	
FCC ACTION:	[] DENY	[] APPROVE	[] OTHER
COMMENTS / RE	MARKS:		





Claims Form



To: United State	es Army Foreign Claims Commission			
From: Name : Address :	om: Name : (b)(6)			
b. A p c. Em d. Che	itizen and national of: permanent resident of: ployed by: eck one () an insurer () Not an insurer eck one () A subrogee () 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.)

My claim arose at	Owesat	Usfixah	Trage
	(Town)	(City)	(Country)
My claim arose or	Dec	5	2007
•	(Month)	(Day)	(Year)

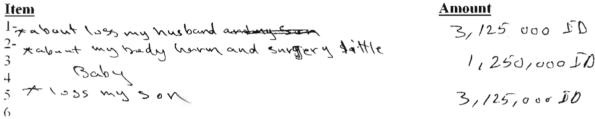
Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

on 17-7-2007 at 4:00 km The US army raid our erea to attack the terrorist inter our house and Started Shot when we slip in the room and kill my kusband and my son and injured my little baby in his back cause made Surgery and I ingred in right sout and my belly and right hand and than Confiscated my Dacument for that Iam ask for compensation-CENTCOM 015969

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

loss my husband and my son and injured my soilittle son and my body harm

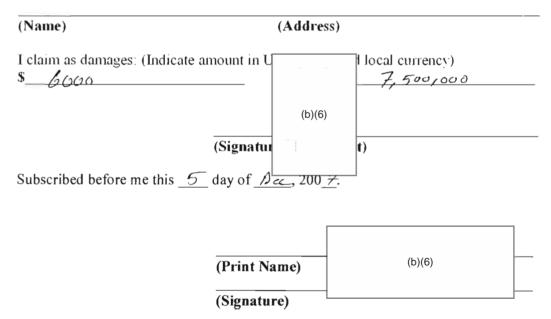
List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)



Total: 7,500,000 ID

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:



CENTCOM 015970

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 2. DATE 2007-12-7 3. TIME I. LOCATION 008-12 (YYYYMMDD) 12:20 Owesat/cMoc 7. GRADE/STATUS 5. LAST NAME, FIRST NAME, 6. SSN MIDDLE NAME markel 8. ORGANIZATION OR ADDRESS WANT TO MAKE THE FOLLOWING STATEMENT UNDER (b)(6)OATH: ON 17-7-2007 The US Army raid our region) at 4100 Am o'clock and hit with her son and kill her husband and her son. trails this is my statment

10. EXHIBIT	11. INITIALS OF PERSON MAKING		·	
	STATEMENT	PAGE 1 OF	PAGES	
ADDITIONAL PAC	GES MUST CONTAIN THE HEADING "STATEMENT	TAKEN AT	DATED	

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

• STATEMENT OF	TAKEN AT	DATED
• STATEMENT (Continued)		
	AFFIDAVIT	
I,	, HAVE READ O	R HAVE HAD READ TO ME THIS STATEMENT E CONTENTS OF THE ENTIRE STATEMENT MADE
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECT STATEMENT. I HAVE MADE THIS STATEMENT FREELY PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL I	WITHOUT HOPE OF BENEFIT	OR REWARD, WITHOUT THREAT OF
	~	(Signature of Person Making Statement)
WITNESSES: law to		subscribed and swom to before me, a person authorized by minister oaths, thisday of
at		,
ODG ANIZATION OD ADDDEGG	-	
ORGANIZATION OR ADDRESS		(Signature of person Administering Oath)
	4 I	(Typed Name of person Administering Oath)
ORGANIZATION OR ADDRESS		(Authority to Administer Oaths)
INITIALS OF PERSON MAKING STATEMEN	т.	PAGE
		OF 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 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval DISCLOSURE: Disclosure of your social security number is voluntary. 4. FILE NUMBER I. LOCATION 2. DATE 2007_12-5 3. TIME Owesat/CMOC 008-12 (YYYYMMDD) 12:20 7. GRADE/STATUS 5. LAST NAME, FIRST NAME 6. SSN MIDDLE NAM (b)(6)(b)(6)married 8. ORGANIZATION OR ADDRESS WANT TO MAKE THE FOLLOWING STATEMENT UNDER (b)(6)OATH ON 17-7-2007 when Us Army raid (b)(6)Region open faire and injured (b)(6)and his baby and kill here hasband and mer son This is my statment. 11. INITIALS OF PERSON MAKING 10. EXHIBIT **STATEMENT** PAGE I 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

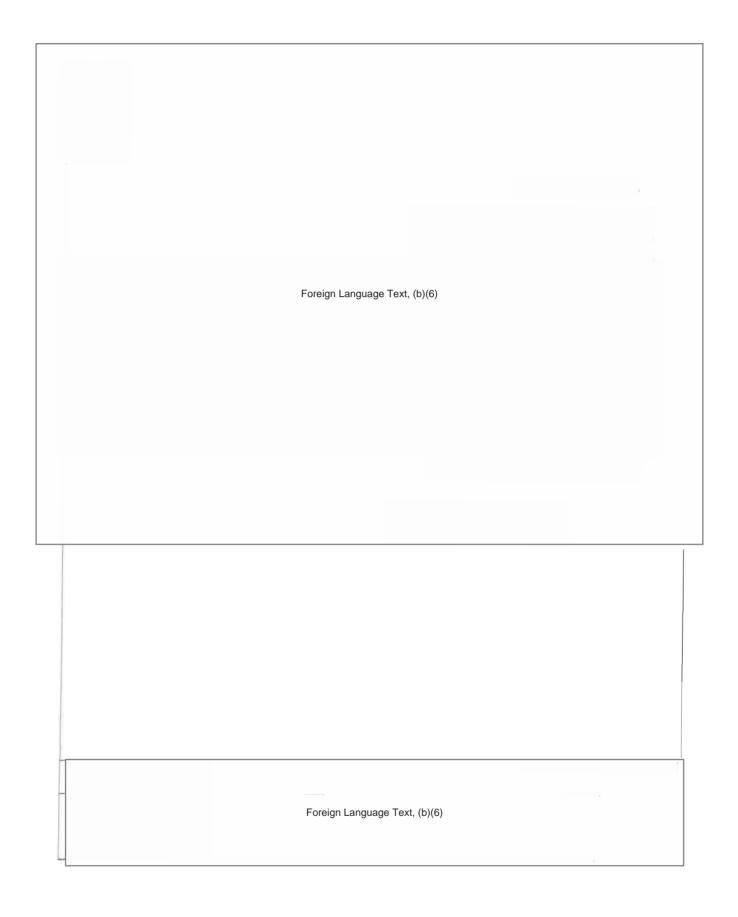
AND PAGE NUMBER MUST BE INDICATED.

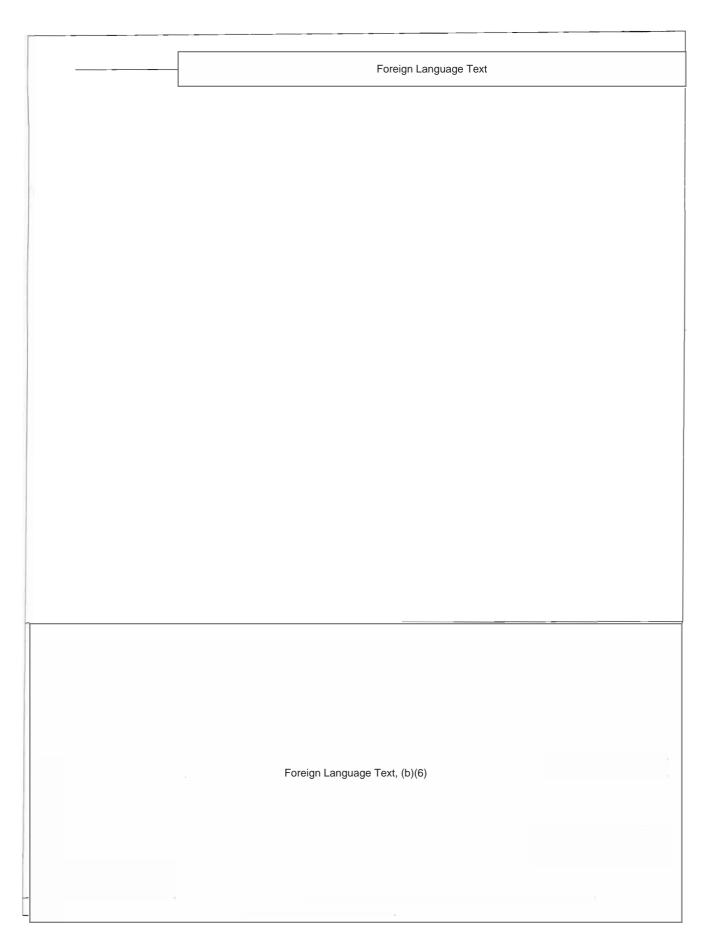
STATEMENT OF	TAKEN AT	DATED
STATEMENT (Continued)		
	AFFIDAVIT	
[,		AVE HAD READ TO ME THIS STATEMENT
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL COI STATEMENT. I HAVE MADE THIS STATEMENT FR PUNISHMENT, AND WITHOUT COERCION, UNLAW	RRECTIONS AND HAVE INITIALED THE EELY WITHOUT HOPE OF BENEFIT OR	BOTTOM OF EACH PAGE CONTAINING THE REWARD, WITHOUT THREAT OF
		(Signature of Person Making Statement)
WITNESSES: law to		ribed and sworn to before me, a person authorized by
	adminis	ter oaths, thisday of
at		
ORGANIZATION OR ADDRESS		(Signature of person Administering Oath)
		(Typed Name of person Administering Oath)
ORGANIZATION OR ADDRESS		(Authority to Administer Oaths)
INITIALS OF PERSON MAKING STATE	MENT.	PAGE
		OF PAGES

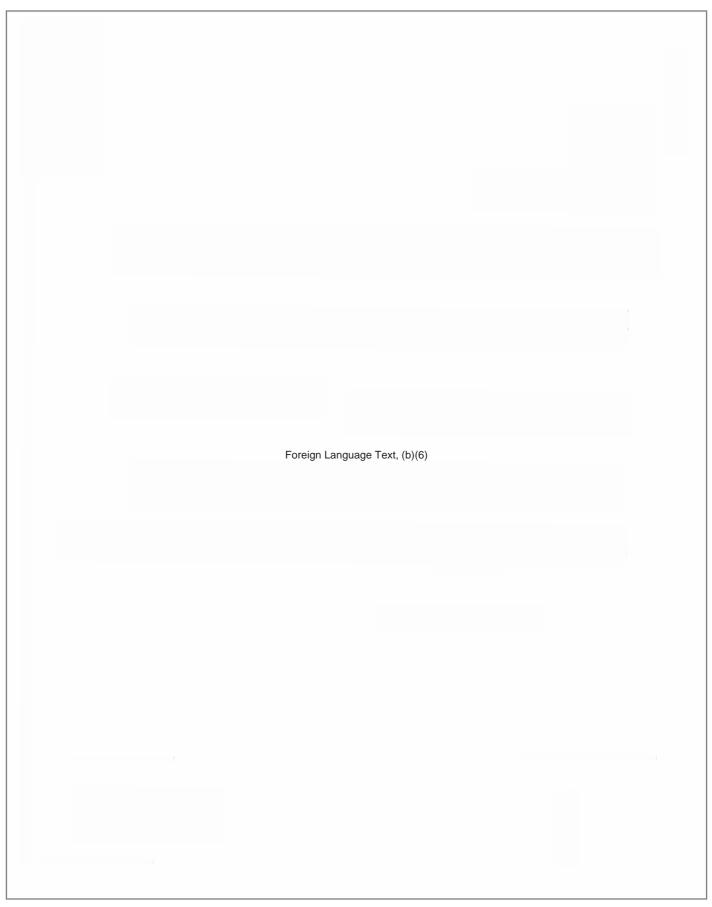
PAGE 3, DA FROM 2823, DEC 1998

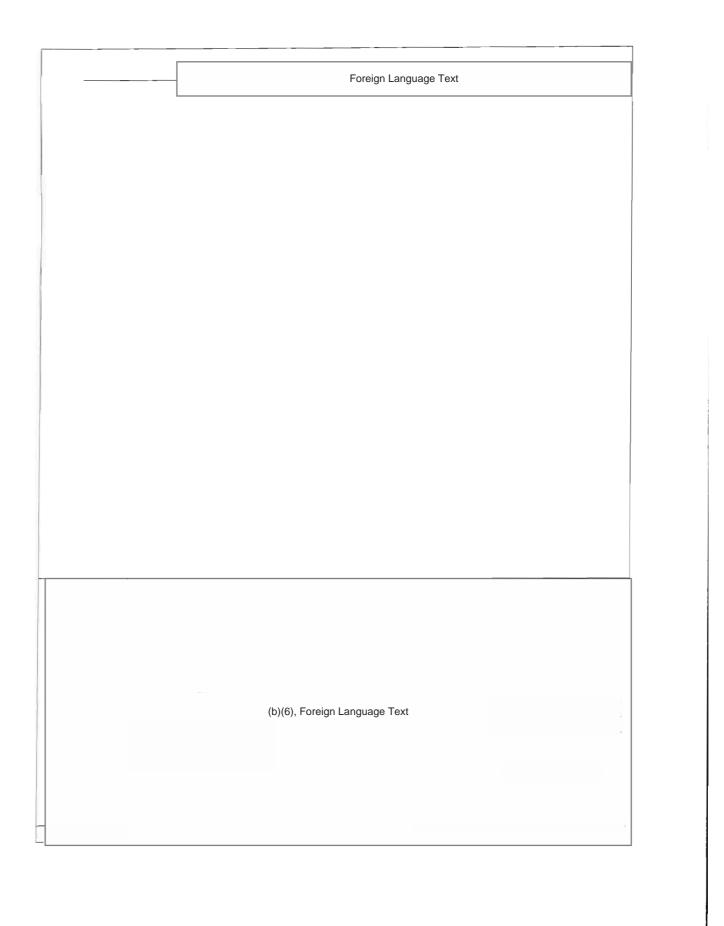
USAPA V1.00

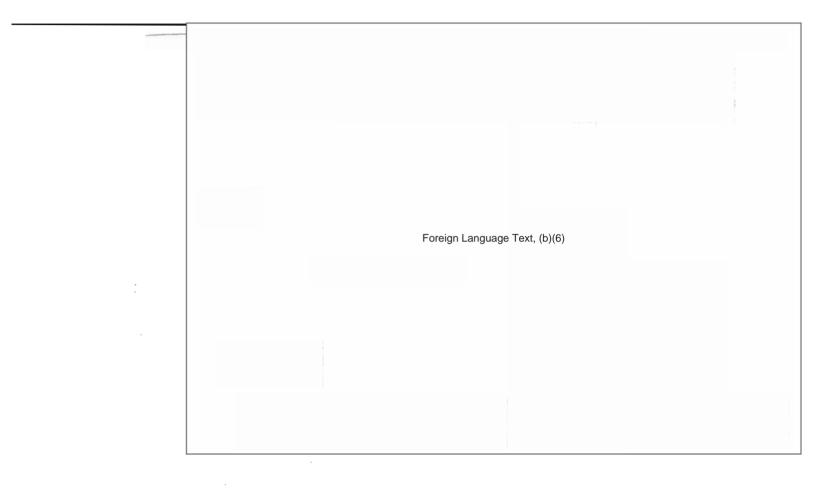
Pages 14 through 16 redacted for the following reasons:
----(b)(6), Foreign Language



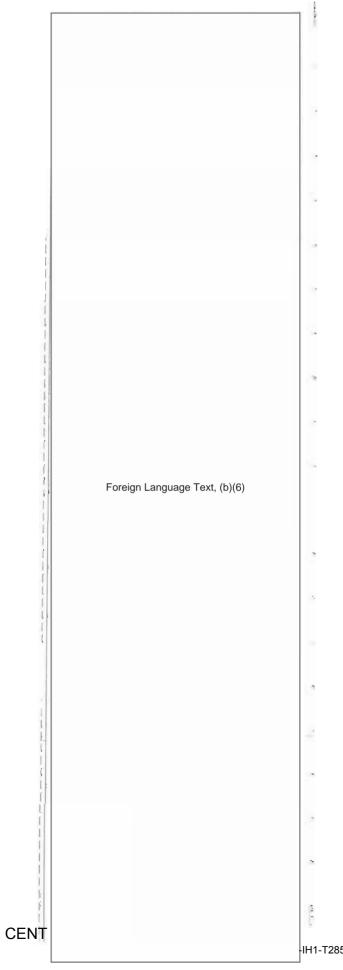








CENTCOM 015982



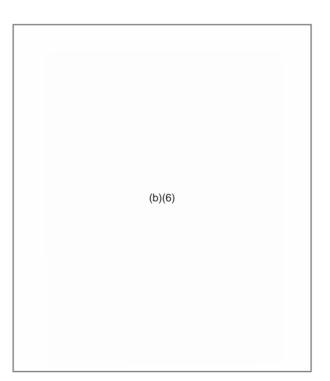
Claim Departmen,

"THE CLAIM'S CONTAINS"

Case no; 009-12

The Claimant name:-	(b)(6)	
· Memorandum		
· Swarn State	ments.	
012		
· Plantographs		
· Darments		
•		
•		
	SIGN	(b)(6)
	NAMI	
	Date:	





CENTCOM 015985