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

APPROVE \$1,000

Dam / Loss Raid

07-286

5-0-c-2-of

(b)(6)

\* CENTCOM 015987

27381

07-IH1-T286-00002



#### 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-T286 / 009-12

1. Facts.

The claimant alleges that CF raided her house, and killed her son.

Claimant has requested \$2,500.00

- 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

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

  CP1, 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: 20	5 Jan 08		
PAY AGENT NAME: SFC	(b)(3),(b)(6)		
NAME OF IRAQI FIRM BEI	NG PAID:		
NAME OF PERSON ACCEP	TING PAYMEN	T ON BEHALF OF FIRM:	
Pi me given mane, rather o han	ie, grandianier o l	name, tribal name	
Serial Number:			$\neg$
(b)(6)	through	(b)(6)	and,
	through		<u> </u>

<sup>\*</sup> Use additional forms if needed.

Standard Form 1034 ( Revised October 1987 Department of the Tree 1 TFM 4-2000 1034-121		F			FOR PURCHAS				VOUCHER NO.
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Camp Libe	erty, Iraq				CONTINUE NOMBER AND	there's			24th FMC
APO-AE 0				-	REQUISITION NUMBER A	ND DATE			Camp Liberty, Iraq
DSSN: 557	79							APO AE 09344	
							-		DSSN: 5579
	CLAIM #:	07-IH1-T286							E-E-E-1-1 (E-1-1-1-1)
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NAME		(b)(6)	.						DATE INVOICE RECEIVED
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ADDRESS	_					1		1	DISCOUNT TERMS
								-	PAYEE'S ACCOUNT NUMBER
SHIPPED FROM			TO			.W	EIGHT		GOVERNMENT BA. NUMBER
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PAYMENT:  PROVISIONAL  COMPLETE  PARTIAL  FINAL  PROGRESS  ADVANCE	(b)(3)	,(b)(6) ;, US Agent		EXCHANG	GE RATE		ENGES		po.0
PAYMENT:  PROVISIONAL  COMPLETE  PARTIAL  FINAL  PROGRESS  ADVANCE	(b)(3)	,(b)(6) , US		EXCHANG	GE RATE		ENGES		po.0
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#### **SETTLEMEMENT AGREEMENT**

## إتفاقية تسوية وإعفاء

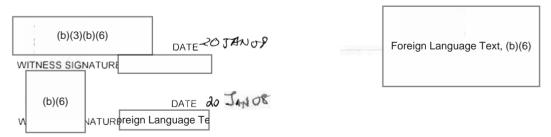
07-IH1-T286 # (b)(6)



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 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 ووكلانها وموظفيها .



# **CLAIMS LOG**

AMOUNT CLAIMED: 25000 CLAIMANTS NAME DATE CLAIM SUBMITTED. 12-15-00 DATE OF INCIDENT: 9-17-07	<del>*</del>	
PARALEGAL RECOMMENDATION:	APP 1,000	
FCC ACTION: [ ] DENY	[ ] APPROVE	[ ] OTHER
COMMENTS / REMARKS:		
-		





#### **Claims Form**



To: United States Army Foreign Claims Commission

10. Office States	Atmy Poteign Claims	Commi	пээгон	
From: Name:				
Address:		(b)(6)		
Iraqi ID l				
I am				
a Δ citi	zen and national of		F /	

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

	207 at 02:00 A	
us Army torc	es oftende in area	an conduct
aid. My Son	(b)(6)	yo out side
see what	happened in his uncles	house and
rus shot by	helicopter by mish,	(b)(6)
(b)(6)	was witness and for	That I ask
companstation,		

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

about kill my son (b)(6)

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: 3,125,000

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:

(Name) (Address)

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

S 2500 local 3,\25,000 (b)(6)

(Signature of Claimant)

Subscribed before me this  $\underline{5}$  day of  $\underline{be}$ ,  $\underline{200}$ .

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

#### **SWORN STATEMENT** For use this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: 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. I. LOCATION 2. DATE 2007\_12-5 3. TIME 4. FILE NUMBER (YYYYMMDD) 009-12 12130 Come/Owesat 6. SSN 7. GRADE/STATUS 5. LAST NAME, FIRST NAME. 964086 MIDDLE NAMI (b)(6)s now 8. ORGANIZATION OR ADDRESS WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATI On 1) SEP 2001 nd 4:00 AM (b)(6)10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF PAGES ADDITIONAL PAGES 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

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

• 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 CORRECTIC STATEMENT, I HAVE MADE THIS STATEMENT FREELY W PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INI	FULLY UNDERSTAND TH ONS AND HAVE INITIALED ITHOUT HOPE OF BENEFI	THE BOTTOM OF EACH PAGE CONTAINING THE TOR REWARD, WITHOUT THREAT OF
		(Signature of Person Making Statement)
WITNESSES: aw to		Subscribed and swom to before me, a person authorized by
· · · · · · · · · · · · · · · · · · ·	ad	minister oaths, thisday of
ORGANIZATION OR ADDRESS	•	(Signature of person Administering Oath)
	-	(Typed Name of person Administering Oath
ORGANIZATION OR ADDRESS		(Authority to Administer Oaths)
NITIALS OF PERSON MAKING STATEMENT.		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 Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: 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 of your social security number is voluntary. DISCLOSURE: 2. DATE 2007-12-5 3. TIME 4. FILE NUMBER 1. LOCATION (YYYYMMDD) CMoc/ Owesat 009-12 12:30 5. LAST NAME. FIRST NAME. 6. SSN 7. GRADE/STATUS MIDDLE NAME (b)(6)herinan 8. ORGANIZATION OR ADDRESS (b)(6)WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: on 1) SEl 700) at 4:00 Am I see sine of america force caid our rygion called (b)(6) to follow terrorist and open five against by mistake and This is my statement. area. (b)(6)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,

**DA FORM 2823, DEC 1998** 

AND PAGE NUMBER MUST BE INDICATED.

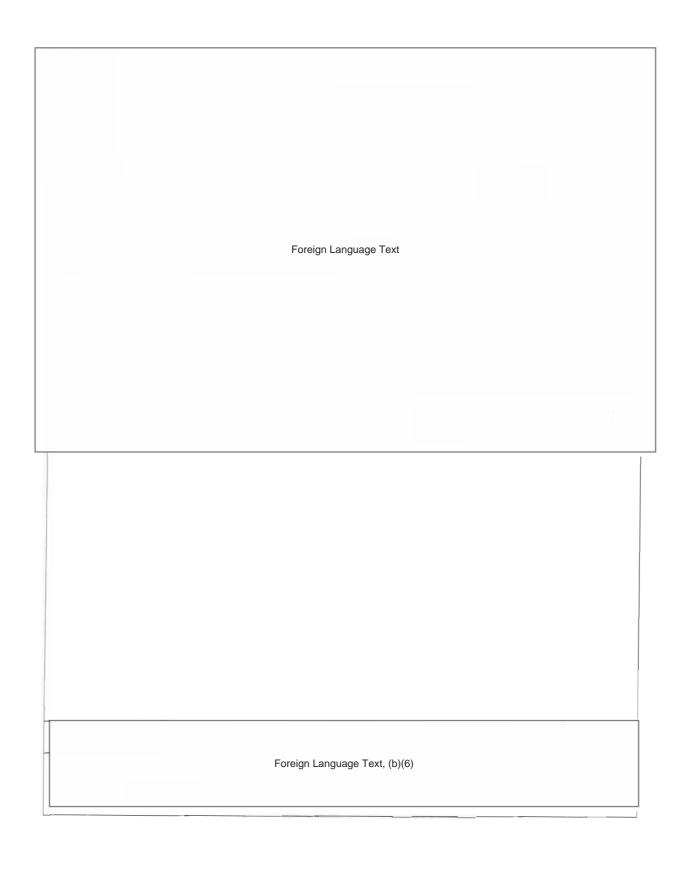
• STATEMENT OF	TAKEN AT	DATED
• STATEMENT (Continued)		
	A SERVE A VICE	
1	AFFIDAVIT	UE HAD DEAD TO ME THE OTHER OTHER DATE.
l,	, HAVE READ OR HAV I FULL Y UNDERSTAND THE CON	VE HAD READ TO ME THIS STATEMENT STENTS OF THE ENTIRE STATEMENT MADE
STATEMENT IS TRUE. I HAVE INITIALED ALL CORRE STATEMENT. I HAVE MADE THIS STATEMENT FREEL PUNISHMENT, AND WITHOUT COERCION, UNLAWFU	Y WITHOUT HOPE OF BENEFIT OR R	EWARD, WITHOUT THREAT OF
	(S	Signature of Person Making Statement)
WITNESSES:	Subscrit	bed and sworn to before me, a person authorized by
,	administer	r oaths, thisday of
ut		
ODG LN/7 LT/ON OD LDDDDGG		
ORGANIZATION OR ADDRESS		(Signature of person Administering Oath)
		(Typed Name of person Administering Oath)
ORGANIZATION OR ADDRESS		(Authority to Administer Oaths)
NITIALS OF PERSON MAKING STATEME	NT.	
		PAGE OF

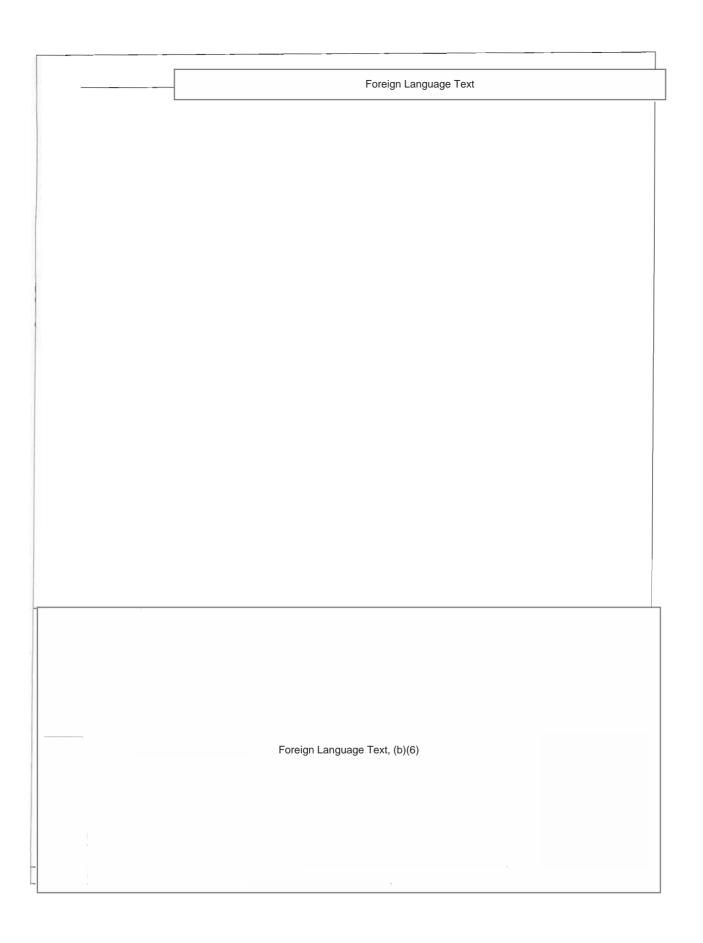
PAGE 3, DA FROM 2823, DEC 1998

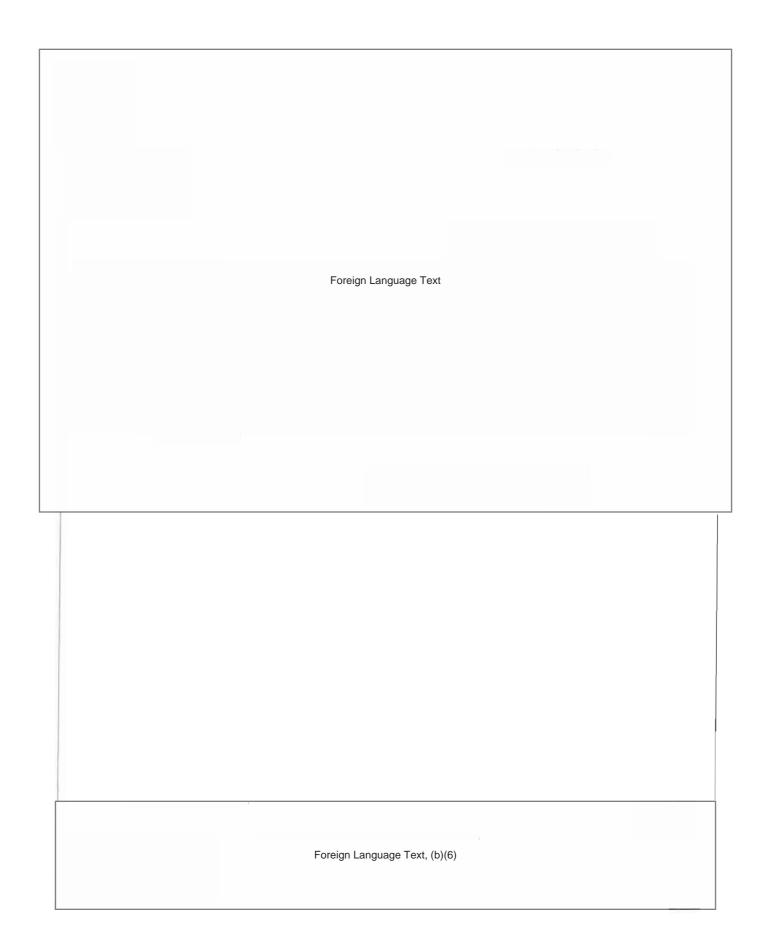
USAPA VI.00

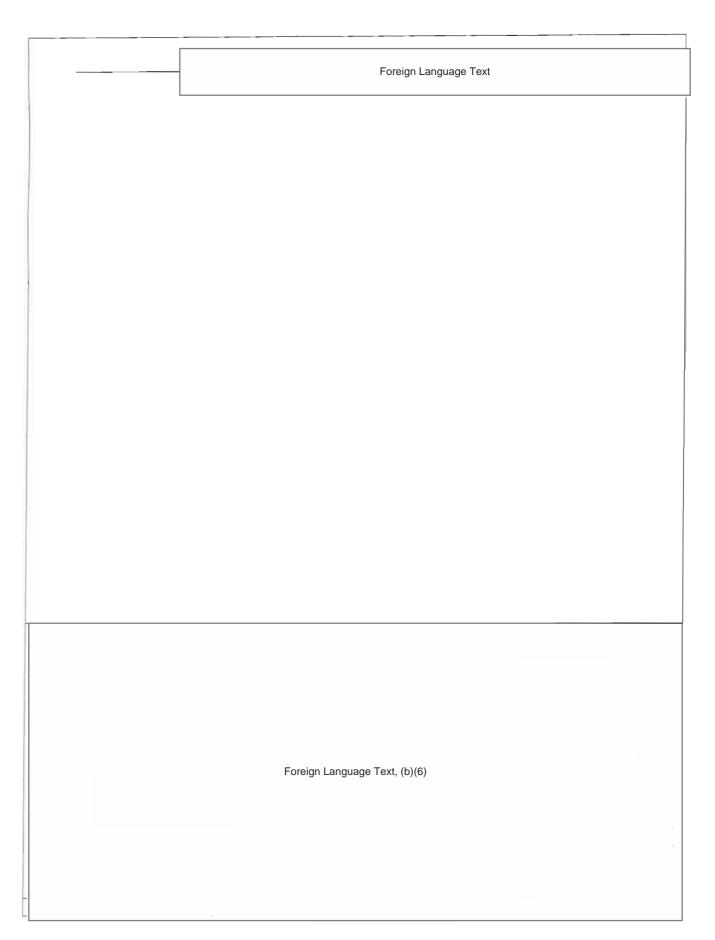
Pages 14 through 16 redacted for the following reasons:

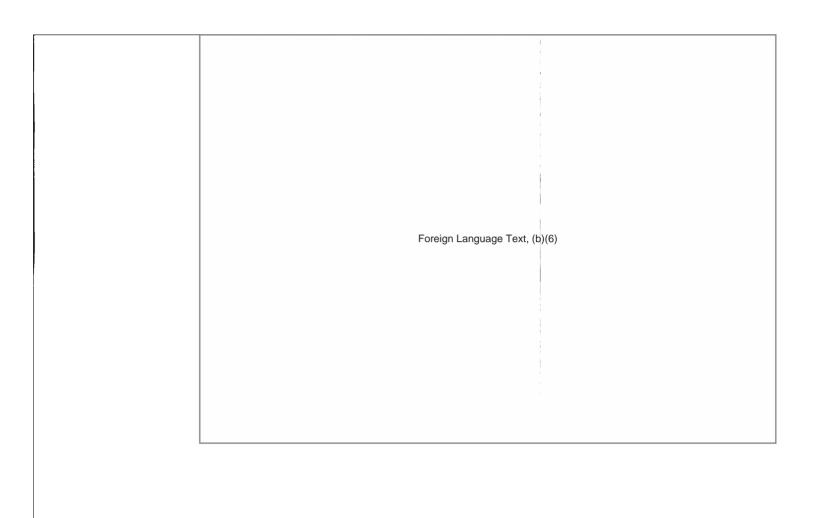
(b)(6), Foreign Language Foreign Language Text, (b)(6)













# Claim Departmen,

# "THE CLAIM'S CONTAINS"

Case no; 009-12

The Claimant name:	(b)(6)	
· Memorandun	<u>\</u>	
· Sworn States	nents	
· Downerts		
•		
•		
•		
		••••••
	SIGN;	
	NAME;	(b)(6)
	Date: 5 D. e.s	2007

#### 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 101<sup>st</sup> 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 101<sup>st</sup> 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