

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

SAF/INJURY

~~APP \$5,000~~

- Interpret docs, → death cert.
- \$2,500 Corp

PAID ALREADY

08-IH1-T032

480-12
16-Dec-07

(b)(6)

Standard Form 1041-ESR Revised October 1987 GSA GEN. REG. NO. 27 MAY 2000 1041-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED	SCHEDULE NO.		
DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN 5579			22-Feb-08	PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579		
			CONTRACT NUMBER AND DATE			REQUISITION NUMBER AND DATE
CLAIM #: 08-IH1-T032						
PAYEE'S NAME AND ADDRESS Yusufiyah			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
			PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM			TO	WEIGHT		
			GOVERNMENT J. NUMBER			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(From description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE COST PRICE		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.				\$5,000.00
(Use credit/invoice sheets as necessary) (Payee must NOT use the space below)					TOTAL	\$5,000.00
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PAYEE'S BANK <input checked="" type="checkbox"/> CASH <input type="checkbox"/> PAYEE'S <input type="checkbox"/> PER <input type="checkbox"/> PAYEE'S <input type="checkbox"/> PAYEE'S		(b)(3), (b)(6) TITLE: SFC, US Pay Agent (b)(3), (b)(6)				
5 Apr 08 (Date)		3)(t CPT (b)(3), (b)(6)		Foreign Claims Commission IH1 (Title)		
		ACCOUNTING CLASSIFICATION				
		(b)(2)High		\$5,000.00		
				(b)(6)		
		(b)(3)(b)(6)				
PAID BY	CHECK	TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE			
	\$5,000.00	5 Apr 08	(b)(6)			
When filled in this currency, insert name of bank. * The ability to certify and authority to approve are combined in one person; one signature only is necessary, otherwise the approving official and the certifier are provided. Use the following: * If a number is supplied in the name of a company or organization, the name of the person writing the company or organization is also in the agency or branch name. For example: "John Doe Company, Inc. John Smith, Secretary" or "John Doe, Inc. John Doe, Secretary".				PER		
				TITLE		
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 28 U.S.C. 526 and 527, for the purpose of disbursing Federal money. The information requested is to identify the particular expense and the amounts to be paid. Failure to furnish this information will result in discharge of the payment obligation.				NSN 7540-00-800-223		

CENTCOM 016114

08-IH1-T032-0003

28393



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

22-Feb-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T032 / 480-12

1. Facts.

The claimant alleges that CF gunfire killed her son while he was on his way to school.

Claimant has requested \$5,000.00

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 \$5,000.00

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

3)(CPT, JA
Claim Attorney IH1

CENTCOM 016115

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08-IH1-T032-00004

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: 5 Apr 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.

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T032 #n Languag
480-12

(b)(6)

_angu

\$5,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 5 APR 08

(b)(6)

WITNESS SIGNATURE Foreign Language Te)

(b)(6)

DATE 5 APR 08

Foreign Language Te

CENTCOM 016117

08-IH1-T032-00006

Republic of IRAQ - ministry of Health

death certificate No: (b)(6)

Date issued: 02-25-06

deceased person Name: (b)(6)

live in: (b)(6)

date of birth: (b)(6) place of birth: (b)(6)

(b)(6)

place of death: Youzippa Mahmond

Baghdad

Date of death at the hour 10.00 in the morning
on the day twenty fifth of February year 2006
direct cause of death fire shot bullet in the head
which led to the damage of the ~~skull~~ skull and
dead body handed to the management of the unit
No (b)(6) by the memo No (b)(6) in the
date of 02-25-2006, which enclosed here

Sis. Dr

(b)(6)

assistant Manager of
General Hospital of
Mahmondia

its registered in the log of the health Authority
under No (b)(6) for the year 2006

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08-IH1-T032-0007

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

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GIC OPINION ABOUT CLAIMS

(b)(6)

Case no. (b)(6)

1. The claimant presented death certificate proved that the US army killed her son by one gunshot on his head.
2. The claimant said that the US army open fire on her son and that led to killed him immediately while the victim was going to the school on 25 of Jun 07.
3. The claimant ask amount of \$ 5000.00. for the death of her son.
4. We believe that the US army open the fire on the victim head because the terrorists open fire in the chest and the head with many shots also we'd like to compensate her as condolence.

With our respect,

(b)(6)

The lawyer.

(b)(6)

17 Dec 2007

(b)(6)

GIC MANAGER.

(b)(6)



Claim Department

"THE CLAIM'S CONTAINS"

Case no; 480-12

The Claimant name:

(b)(6)

- Death of certificate.....
- Supported of resident.....
- Personal documents.....
-
-
-
-
-



SIGN;

(b)(6)

NAME;

Date: 16-Dec-07

CENTCOM 016121

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08-IH1-T032-00010



Claims Form



To: United States Army Foreign Claims Commission
From: Name: (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No. (b)(6)

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad - Iraq
- c. Employed by: (b)(6)
- d. Check one () an insurer (X) Not an insurer
- e. Check one (X) 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)

Against Multi National Forces

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 AL Youssifeya Baghdad Iraq
(Town) (City) (Country)

My claim arose on Feb 25 2006
(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 date 25-Feb-06 the U.S forces gunshot on head
My son (b)(6) during he went to school
which led to his death. So am asking for a compensation



Foreign Language Text

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

Death my son by the U.S army

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.)

Item	Amount
1- About value Killed my son	\$ 5000,00
2-	
3-	
4-	
5-	
6-	

Total: \$ 5000,00

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)

\$ 5000,00 local 6,250,000 I.I.D

(b)(6)

(Signature of Claimant)

Subscribed before me this 16 day of Dec, 2007.

(b)(6)

(SIGNATURE)

(b)(6)

(PRINT NAME)
CENTCOM 016123



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FOREIGN LANGUAGE DOCUMENT
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

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08-IH1-T032-00017

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Foreign Language Text, (b)(6)



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Foreign Language Text, (b)(6)



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08-IH1-T032-00020