

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

App 5,000  
~~From~~ Other

(b)(6)

08-IH1-T118

Standard Form 1034 (EG) Revised October 1967 Department of the Treasury 1-FPM 4-3000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>			10 DATE VOUCHER PREPARED <b>11-Feb-08</b>		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS  CLAIM #: 08-IH1-T118  (b)(6)			CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM			TO		WEIGHT	
GOVERNMENT B/L NUMBER						
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		AMOUNT
				COST	PER	
		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
(Payee must NOT use the space below)						TOTAL
						\$5,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		BY	=\$	=\$1.00		
<input checked="" type="checkbox"/> COMPLETE						
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL		(b)(3), (b)(6)				
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE		Pay Agent				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
	1LT	(b)(3), (b)(6)			Disbursing Agent	
	(Date)	(Authorized Certifying Officer) *			(Title)	
ACCOUNTING CLASSIFICATION						
(b)(2)High					\$5,000.00	
						(b)(3), (b)(6)
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE		
	\$5,000.00	1 May 08		(b)(6)		
*When stated in foreign currency, insert name of currency.				PER		
*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.				TITLE		
*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.						

Previous edition usable NSN 7540-00-900-2234

**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.

CENTCOM 016246

08-IH1-T118-00002

28500



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

11-Feb-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IH1-T118 /

1. Facts.

The claimant alleges that a CF convoy hit an IED and started shooting at his car, killing his father.

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)

CPT, JA  
) (3) (b) (6) Claim Attorney IH1

CENTCOM 016247

08-IH1-T118-00003

**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: 1 MAY 08

PAY AGENT NAME: SFC (b)(3), (b)(6)  
CP

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 \_\_\_\_\_.

\* Use additional forms if needed.

# SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T118 #<sub>1</sub> Language

(b)(6)

.angu

\$5,000.00

Foreign Language Text

Foreign Language Text

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

DATE 1 MAY 08

(b)(6), Foreign Language Text

WITNESSES SIGNATURE Foreign Language Te

(b)(6)

ATE

1 May 08

Foreign Language Te

\$ 5,000

**CLAIMS FORM**

Name: (b)(6)  
Address: \_\_\_\_\_  
Iraqi ID No: (b)(6) \_\_\_\_\_

My claim arose at: Ybsifayah  
My claim arose on: \_\_\_\_\_

Brief description of incident:  
CF convey hit an IED + started shouting at his car, killing his father  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of damaged items:  
Damage to car + Death of father  
\_\_\_\_\_  
\_\_\_\_\_

I claim as damages (U.S. Dollars) \$ 5,000

(b)(6)

\_\_\_\_\_  
Signature of claimant

Subscribed before me this 22 day of Jan 2008.

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

\_\_\_\_\_  
Print Name

(b)(6)

\_\_\_\_\_  
Signature

Page 7 redacted for the following reason:

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

Foreign Language Text



Foreign Language Text

Foreign Language Text



Pages 9 through 11 redacted for the following reasons:

-----FOREIGN LANGUAGE

(b)(6)