



(b)(6)

Others
App 1,000

08-T259



CENTCOM 016353

28585

08-IH1-T259-00001

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: 24 MAR 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 _____.

* Use additional forms if needed.

CLAIMS INTAKE FORM

NAME: (b)(6)
ADDRESS: Shanghai
I.D. # (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CF shot her husband when he was farming in his field. And destroyed his truck. Killed at daytime.

May pay 20000 exp if we can find SIGACT

DATE OF INCIDENT: 10 Sep 06
LOCATION: Near DB

LIST OF DAMAGES: Death of husband

AMMOUNT CLAIMED: 1,500 (U.S. DOLLARS)

AMMOUNT APPROVED: 1,000 (U.S. DOLLARS)

Sir,
No evidence
No death certificate
1,000

(b)(6)

SIGNATURE
(b)(6) 18 Feb 08
DATE

(b)(6)

SIGNATURE OF CLAIMANT

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 COST PER		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.				\$1,000.00	
(Payee must NOT use the space below)							TOTAL	\$1,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES				
<input type="checkbox"/> PROVISIONAL								
<input checked="" type="checkbox"/> COMPLETE		(b)(3), (b)(6)	= \$1.00					
<input type="checkbox"/> PARTIAL								
<input type="checkbox"/> FINAL						\$1,000.00		
<input type="checkbox"/> PROGRESS		TITLE: SFC, US		(b)(3), (b)(6)				
<input type="checkbox"/> ADVANCE		Pay Ag						
Pursuant to authority vested in me, I certify that:								
(b)(3), (b)(6)				Foreign Claims Commission IH1				
24 Mar 08 <i>(Date)</i>								
ACCOUNTING CLASSIFICATION								
(b)(2)High				\$1,000.00				
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)			
	CASH	DATE		PAYEE				
	\$1,000.00			(b)(6)	(b)(6)			
<small> *When stated in foreign currency insert name of currency. *If the ability to certify and authority to approve are so combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title. *When a voucher is prepared in the name of a company or corporation, the name of the person writing for 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. </small>								
<small> Previous edition usable </small>								

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 amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



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

07-Mar-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T259 /

1. Facts.

The claimant alleges that CF shot her husband when he was farming in his field.

Claimant has requested \$1,500.00

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 \$1,000.00

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

CF 1, JA
(3)(b)(Claim Attorney IH1

CENTCOM 016357

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08-IH1-T259-00005

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T259 #jn Language

(b)(6)

Langua

\$1,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 24 MAR 08

WIT

NATURE Foreign Language Te

(b)(6), Foreign Language Text

(b)(6)

DATE 24 Mar 08

WITNESS SIGNATURE Foreign Language Tex

CENTCOM 016358

08-IH1-T259-00006

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Foreign Language Text, (b)(6)



(b)(6), Foreign Language Text

CENTCOM 016360

Foreign Language Text, (b)(6)

CENTCOM 016361

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08-IH1-T259-00009

Foreign Language Text, (b)(6)

CENTCOM 016362

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08-IH1-T259-00010

Foreign Language Text, (b)(6)

CENTCOM 016363

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08-IH1-T259-00011

Page 12 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)