

Other.

App 5,000

(b)(6)

08-7329

CLAIMS INTAKE FORM

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

BRIEF DESCRIPTION OF  
INCIDENT: CF + AIF were engaging each other + son was killed

DATE OF INCIDENT: 5 Aug 07  
LOCATION: \_\_\_\_\_

LIST OF  
DAMAGES: \_\_\_\_\_

AMMOUNT CLAIMED: \_\_\_\_\_ (U.S. DOLLARS)

AMMOUNT APPROVED: 5,000 (U.S. DOLLARS)

(b)(6)  
SIGNATURE  
(b)(6) 24 Feb 08  
DATE

(b)(6)  
\_\_\_\_\_  
SIGNATURE OF CLAIMANT

Standard Form 1034 (EC) Revised October 1987 Department of the Treasury 1 FORM 1034-2005 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO
U.S. DEPARTMENT (BUREAU, OR ESTABLISHMENT AND LOCATION) DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			VOUCHER PREPARED 19-Mar-08		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T329 (b)(6)			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM			TO		WEIGHT	
					GOVERNMENT BAL 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
TOTAL						\$5,000.00
(Use continuation sheets if necessary) (Payee must NOT use the space below)						
PAYMENT APPROVED FOR <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> DRAW <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		EXCHANGE RATE = \$	DIFFERENCES = \$1.00			
		(b)(3), (b)(6)				10.00
		TITLE: SFC Pay			(b)(3), (b)(6)	
		(b)(3), (b)(6)				
		Foreign Claims Commission IH1				
ACCOUNTING CLASSIFICATION						
(b)(2)High			\$5,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE			
	\$5,000.00		(b)(6)	(b)(6)		
*When stated in foreign currency, insert name of currency. *If the ability to certify and authority to approve are submitted 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 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 "Employees", as the case may be.					PER	
					TITLE	
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 826 and 827, for the purpose of discharging Federal indebtedness. The information requested is to identify the particular creditor and the amount to be paid. Failure to furnish this information will result in discharge of the payment obligation.						

CENTCOM 016400

28696

08-IH1-T329-00003



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

19-Mar-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IH1-T329 /

1. Facts.

The claimant alleges that CF was engaging AIF with SAF and her son was killed from a stray bullet.

Claimant has requested \$6,000.00

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)

PT, JA  
(3)(b) Claim Attorney IH1

CENTCOM 016401

28697

08-IH1-T329-00004

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: 30 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 and,  
through

\* Use additional forms if needed.

# SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T329 # طلب

(b)(6)

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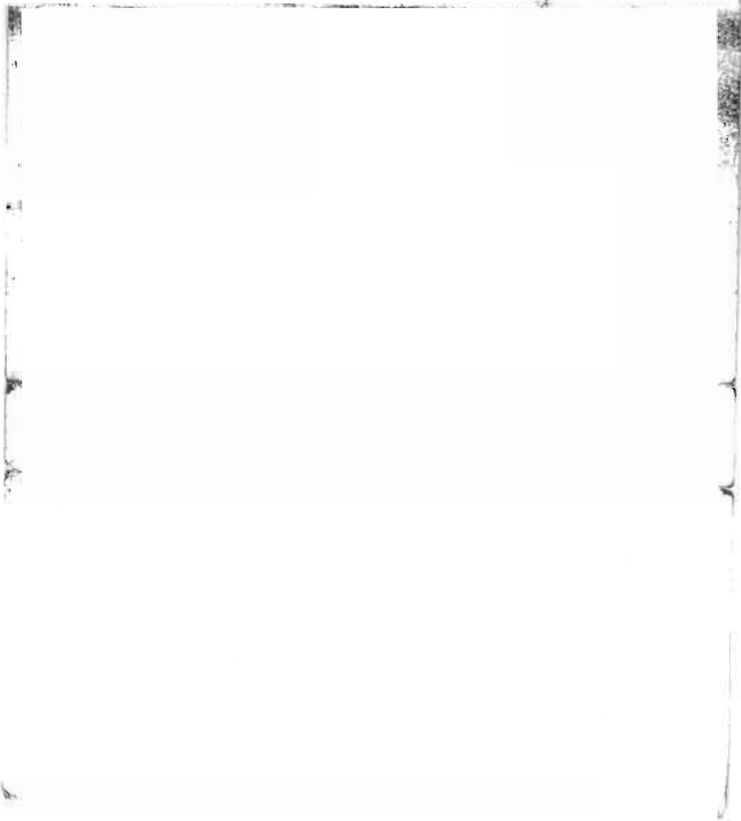
\$5,000.00

Foreign Language Text

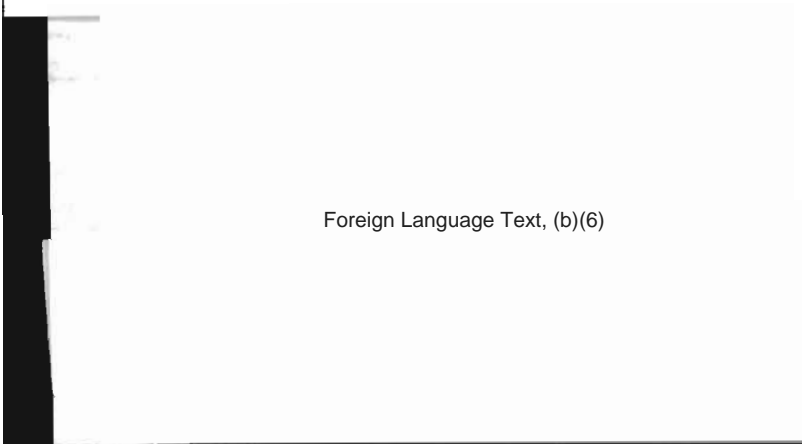
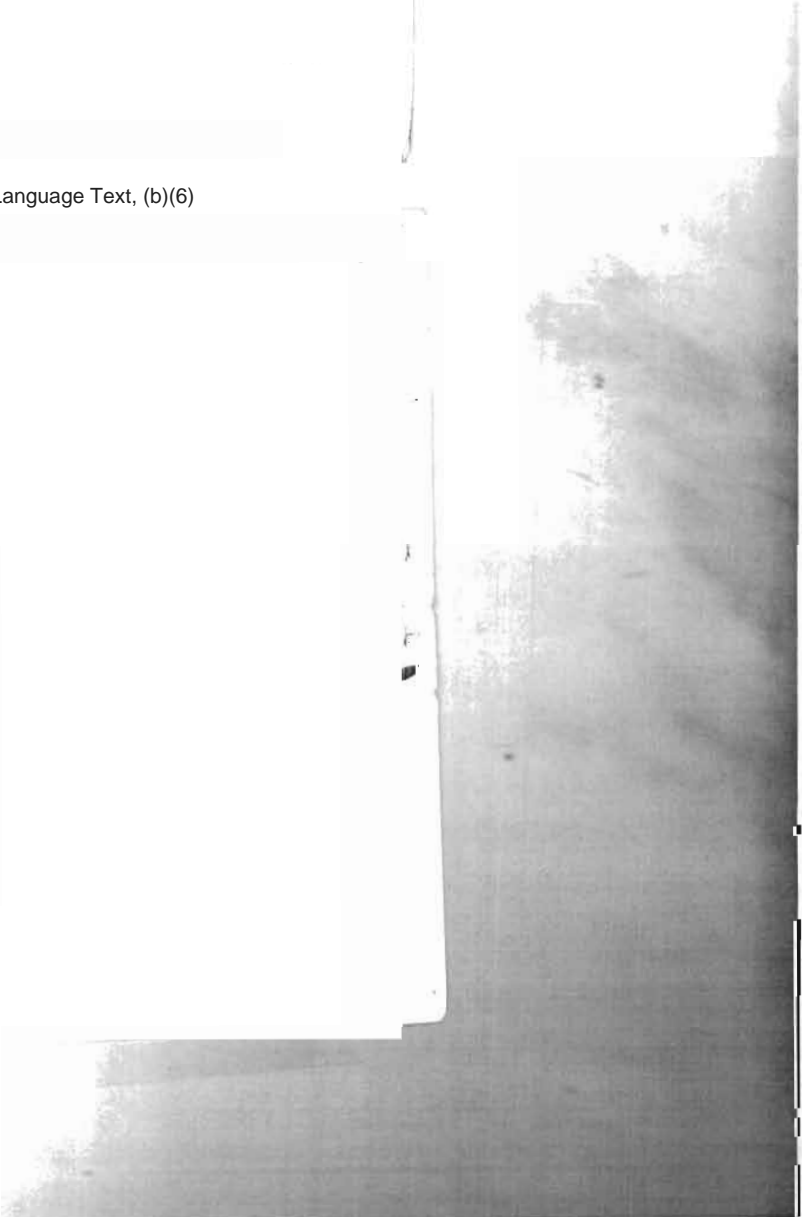
Foreign Language Text

(b)(6) \_\_\_\_\_ DATE 30 Mar 08  
WIT \_\_\_\_\_ Foreign Language Text (b)(6), Foreign Language Text

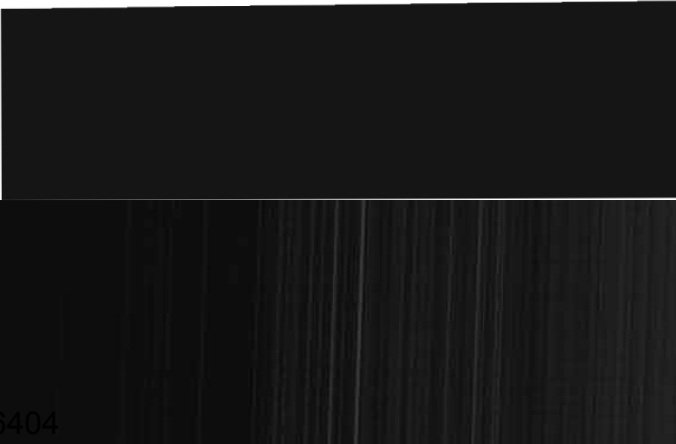
(b)(6) \_\_\_\_\_ DATE 30 Mar 08  
WIT \_\_\_\_\_ Foreign Language Text



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



Page 9 redacted for the following reason:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)