

Other  
App 1,500

(b)(6)

08-T332

CENTCOM 016407

28703

08-IH1-T332-00001

<small>Standard Form 1034 (GPO) Revised October 1987 Department of the Treasury 5 TH 4-2000 1024-321</small>		<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>19-Mar-08</b>		SCHEDULE 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>		CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		DISCOUNT TERMS		PAYEE'S ACCOUNT NUMBER	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		GOVERNMENT B/L NUMBER		GOVERNMENT B/L NUMBER	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>		SHIPPED FROM TO WEIGHT		GOVERNMENT B/L NUMBER	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	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.			\$1,500.00
<small>(Use continuation sheet(s) if necessary)</small>					<b>TOTAL \$1,500.00</b>
PAYMENT APPROVED FOR		EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00		
<input checked="" type="checkbox"/> COMPLETE		(b)(3), (b)(6)			
<input type="checkbox"/> PARTIAL					
<input type="checkbox"/> FINAL					
<input type="checkbox"/> PROGRESS		TITLE: SFC, 11C Pay A			\$1,500.00
<input type="checkbox"/> ADVANCE					
<small>Pursuant to authority vested in me, I certify that</small>					
(Signature) <u>So Han US</u>		(Title) Foreign Claims Commission IH1			
SIFICATION					
		(b)(2)High		\$1,500.00	
CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)			
PAID BY CASH		DATE			
\$1,500.00		(b)(6)			
<small>When stated in foreign currency, insert name of currency</small>				PER	
<small>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.</small>				TITLE	
<small>When a voucher is executed 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.</small>					
<small>Previous edition usable</small>				<small>NSN 7540-00-000-2134</small>	
<b>PRIVACY ACT STATEMENT</b> <small>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.</small>					

CENTCOM 016408

28704

08-IH1-T332-00002

# SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T332 #ign Language

(b)(6)

Language

\$1,500.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE 30 Mar 08

W

Foreign Language Text

(b)(6), Foreign Language Text

(b)(6)

DATE 30 Mar 08

WITNESŠ SIGNATURE Foreign Language Text

CENTCOM 016409

28705

08-IH1-T332-00003

**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: 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.



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-T332 /

1. Facts.

The claimant alleges that his son was killed from a stray bullet while CF and AIF were in a firefight.

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 \$1 500 00

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

(3)(b) P1, JA  
Claim Attorney IH1

CENTCOM 016411

08-IH1-T332-00005

28707

CLAIMS INTAKE FORM

NAME (b)(6)

ADDRESS: (b)(6)

I.D. # (b)(6) (new I.D.)

BRIEF DESCRIPTION OF INCIDENT: Son was killed while CF + AIF were in fire fight

DATE OF INCIDENT: 13 Feb 07

LOCATION: \_\_\_\_\_

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

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

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

(b)(6)

SIGNATURE

(b)(6)

24 Feb 07

DATE

(b)(6)

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

Page 7 redacted for the following reason:

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

Foreign Language Text, (b)(6)

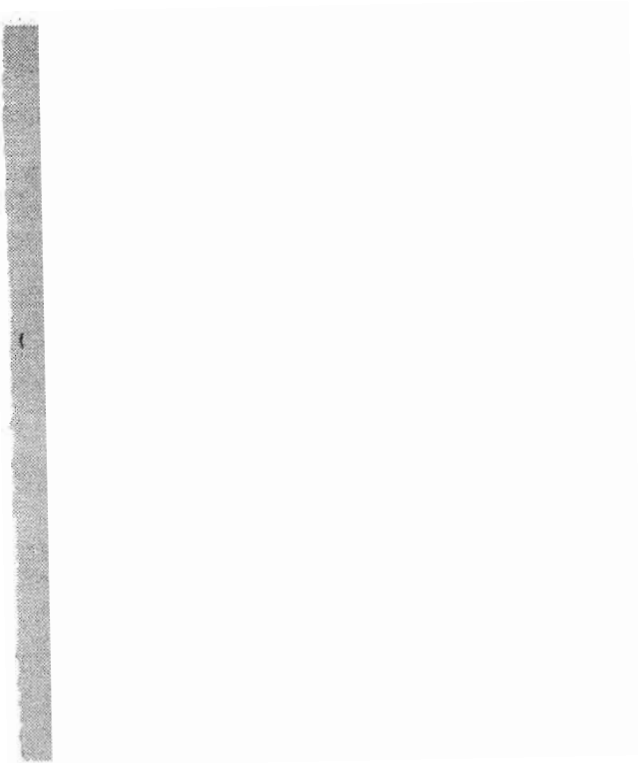
Foreign Language Text, (b)(6)

CENTCOM 016414

28710

08-IH1-T332-00008





(b)(6), Foreign Language Text



Page 10 redacted for the following  
reason:

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