

(b)(6)

08-IH1-T125

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

Apr 215000
Other

CENTCOM 011037

08-IH5-T125-00001

Standard Form 1034 (EG) Revised October 1967 Department of the Treasury 1 FM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN:) (2) Hi		10 DATE VOUCHER PREPARED 11-Feb-08		SCHEDULE NO.		
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T125 (b)(6) Yusifiyah		CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN:) (2) Hi		
SHIPPED FROM TO WEIGHT		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED		
DISCOUNT TERMS		PAYEE'S ACCOUNT NUMBER		GOVERNMENT BL 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 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.				\$2,500.00
(Payee must NOT use the space below)					TOTAL	\$2,500.00
(Use continuation sheet(s) if necessary)		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY: (b)(3), b(6)	= \$1.00			
		TITLE: SFC, US Pay Agent (b)(3)(b)(6)		Amount verified, correct for (Signature or initials)		\$2,500.00
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
		1LT (b)(3), b(6)	Disbursing Agent			
ACCOUNTING CLASSIFICATION						
		(b)(2) High	\$2,500.00			
			(b)(3), b(6)			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE			
	\$2,500.00	1 May 08	(b)(6)			
<small> ¹When stated in foreign currency, insert name of currency. ²If 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. ³When a voucher is receipted 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>				PER		
				TITLE		

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.



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-T125 /

1. Facts.

The claimant alleges that CF killed her son while he was farming.

Claimant has requested \$2,500.00

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 \$2,500.00

(b)(3), b(6)

CPT, JA
) (Claim Attorney IH1

CENTCOM 011039

08-IH5-T125-00003

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 03

PAY AGENT NAME: SEC (b)(3), b(6)
CF

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(3), 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

اتفاقية تسوية وإعفاء

طلب # 08-IH1-T125

أنى (b)(6)

من Yusifiyah

أوافق هاهنا على قبول مبلغ مجموعه \$2,500.00

أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية
ضباطها ووكلائها وعاملها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ
7/15/2006 أو نحوه والمرتبب بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الاعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعاملها
من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة 'إن
وجدت' أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملتمكات أو أية إصابات أو وفيات نتجت عن هذه
الحادثة

إنني فهمت وبشكل كامل من أن المبلغ المعروض قد تم قبوله كتعويض شامل وتسوية نهائية للقضية وأنه قد
تم منحه طبقاً لقانون الدعاوي الأجنبية المرقم 10 'قانون الولايات المتحدة 2734' وعليه فيجب ألا يؤول
على أنه قبول لجزء من المسؤولية وإنما هو إعفاء للولايات المتحدة الأمريكية بما في ذلك ضباطها ووكلائها
وموظفيها .

(b)(3), b(6)

DATE 1 May 08

توقيع الشاهد الأول SIGNATURE

(b)(6)

توقيع المدعى

(b)(6)

الإسم

(b)(3), b(6)

DATE 1 May 08

توقيع الشاهد الأول SIGNATURE (b)(3), (b)(6)

Foreign Language Text, (b)(6)

Claims Form

Name: (b)(6)

Address: _____

Iraqi ID No: (b)(6)

My claim arose at: Yusifiyah

My claim arose on: Jul 06

Brief Description of Incident: CF killed her son while he was farming

List of Damaged Items: Death of son

I claim as Damages (US Dollars) \$ 2,500

X + (b)(6)

Signature of Claimant

(b)(3), b(6)

Print Name

(b)(3), b(6)

22 Jan 08

Date

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 10 through 21 redacted for the following reasons:

Already Reviewed and Redacted for Release, Foreign Language Text, (b)(6)
foreign language, b(6)



CENTCOM 011058

08-IH5-T125-00022

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