

Other

- Claim \$10,000 approved

FOREIGN LANGUAGE

180-11-11
Ø8-7074

(b)(6)

Standard Form 1034 (04) Revised October 1987 Department of the Treasury 17548-02000 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: 5579		19 DATE VOUCHER PREPARED 10-May-08		SCHEDULE NO			
		CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579			
		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED			
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T074 (b)(6)				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM		TO		WEIGHT		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		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.				\$10,000.00	
(Payee must NOT use the space below)						TOTAL	\$10,000.00
<i>(Use continuation sheet(s) if necessary)</i>							
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00				
<input checked="" type="checkbox"/> COMPLETE		BY (b)(3), (b)(6)					
<input type="checkbox"/> PARTIAL							
<input type="checkbox"/> FINAL							
<input type="checkbox"/> PROGRESS		TITLE CPT, US	(b)(3), (b)(6)	verified correct for or initials) \$10,000.00			
<input type="checkbox"/> ADVANCE		Pay Agency					
Pursuant to authority vested in me, I certify in		(b)(3), (b)(6)		Foreign Claims Commission IK5			
21 MAY 08 <i>(Date)</i>				<i>(Title)</i>			
ACCOUNTING CLASSIFICATION							
(b)(2)High						\$10,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		PAYEE	(b)(6)	(b)(6)	
	\$10,000.00	21 May 08		(b)(6)	(b)(6)		
1 When stated in foreign currency, insert name of currency				PER			
2 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			
3 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 016418

28802

08-IH1-T074-00002



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

10-May-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)

08-IH1-T074 / 180m-12

1. Facts.

The claimant alleges that a U.S. airstrike killed her four sons when they were trying to help their neighbor.

Claimant has requested \$15,000.00

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 \$10,000.00

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

CPT, JA
Claim Attorney IK5

CENTCOM 016419

28803

08-IH1-T074-00003

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: ~~JAN 17 08~~ 21 MAY 08

PAY AGENT NAME: CPT (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,
(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-T074 # [Redacted]
180m-12

(b)(6)

Langu

\$10,000.00

Foreign Language Text

Foreign Language Text

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

DATE *MAY 21 08*

WI

Foreign Language Te

(b)(6), Foreign Language Text

(b)(6)

DATE *21 May 08*

Foreign Language Te

"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- Four medical reports from Iba Sina Hospital
- copy of Iraqi IDs for the claimant and her sons
-
-
-
-
-

(b)(6)

AL Mahmudiah Claim Department

Date:- 30 Dec / 2007



Claims Form

To: United States Army Casualty Claims Commission

From: Name (b)(6)

Address: (b)(6)

I.D. number: (b)(6)

- I am
- a. A citizen and national of: Iran
 - b. A permanent resident of: Same address above
 - c. Employed by: _____
 - d. Check one () An insurer (x) Not an insurer
 - e. Check one () A subrogee (x) Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

MNF

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at: Mahmudiyah Baghdad Iran
 (Town) (City) (Country)

My claim arose on: Dec 27 2007
 (Month) (Day) (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

on 7/Dec/2007 MNF Made a air strike on My
village in kutifayah Abaduyah after midnight
The attack killed her (b)(6) sons because they
were trying to rescue our neighbor (b)(6) their
names are (b)(6)

(b)(6) Now I support very big family
I ask for your mercy and wise judgment. I
ask for compensation with all due respect.

Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

MNF Killed The claimant's (b)(6) sons
By air strike at (b)(6)

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

<u>Item</u>	<u>Amount</u>
1- death of my two sons	\$ 20000
2-	
3-	
4-	
5-	
6-	

Total: \$ 20000

I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name) _____ (Address) _____

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 20000 local 24000000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 27 day of Dec, 2007.

(b)(6)

(Print Name)

(b)(6)

(Signature)

Pages 9 through 15 redacted for the following reasons:

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

Foreign Language Text, (b)(6)

CENTCOM 016432

08-IH1-T074-00016

28810

Page 17 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

CENTCOM 016436

28814

08-IH1-T074-00020

Pages 21 through 35 redacted for the following reasons:

Already Reviewed and Redacted for Release
Already Reviewed and Redacted for Release, (b)(6)
Already Reviewed and Redacted for Release, Foreign Language Text and (b)(6)
Already Reviewed and Redacted for Release, Foreign Language Text, (b)(6)
Already Reviewed and Redacted for Release, Nonresponsive, (b)(6)
Already Reviewed and Redacted for Release, Nonresponsive, (b)(6), Foreign Language Text
FOREIGN LANGUAGE DOCUMENT
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016452

28816

08-IH1-T074-00036

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016454

28818

08-IH1-T074-00038

Foreign Language Text, (b)(6)

CENTCOM 016455

28819

08-IH1-T074-00039

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text