

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

SAF IN/DAM
APP \$15000

(b)(6)

FORM 1013-1 (Rev. 10-23-14)		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED	SCHEDULE NO.			
DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579		03-Apr-08				
CLAIM #: 08-1K5-T389		CONTRACT NUMBER AND DATE	PAID BY			
PAYEE'S NAME AND ADDRESS		REQUISITION NUMBER AND DATE	24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579			
SHIPPED FROM		TO	WEIGHT	GOVERNMENT BR. 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.				\$15,000.00
TOTAL						\$15,000.00
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<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	= \$	= \$1.00		
		(b)(3), (b)(6)			00.00	
		TITLE			(b)(3), (b)(6)	
		SFC, US Pay Agent				
Request to authority vested in me, I sign on						
24 APR 08 <i>(Date)</i>		(b)(3), (b)(6)		Foreign Claims Commission IK5		
		ACCOUNTING CLASSIFICATION				
		(b)(2)High		\$15,000.00		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE				
	\$15,000.00	24 Apr 08	(b)(6)	(b)(6)		
When stated in foreign currency, insert name of currency			PER			
* If the ability to certify and authority to approve are combined in one person, one signature will be necessary; otherwise, the approving official 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 Treasurer, as the case may be.			TITLE			
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 825 and 826 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.			NSN 7540-01-900-2234			

CENTCOM 016847

29354

08-1K5-T389-00002



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

03-Apr-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T389 /

1. Facts.

The claimant alleges that an IED detonated near his house and CF shot in the direction of the blast, killing his sister.

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 \$15,000.00

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

CPT, JA
Claim Attorney IK5

CENTCOM 016848

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08-IK5-T389-00003

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: 24 Apr 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 and,
through

* Use additional forms if needed.

SETTLEMENT AGREEMENT

Foreign Language Text

08-1K5-T389 # in Language

(b)(6)

Language

\$15,000.00

Foreign Language Text

(b)(6)

(b)(6)

DATE

24 APR 08

WITNESS SIGNATURE Foreign Language Text

Foreign Language Text, (b)(6)

DATE

24 Apr 08

WIT

Foreign Language Text

CLAIMS INTAKE FORM

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

BRIEF DESCRIPTION OF INCIDENT: CLAIMANT ALLEGES IED DETONATED IN THE AREA OF _____ FIRED IN THE DIRECTION OF THE BLAST, KILLING ~~HER~~ HIS SISTER.

DATE OF INCIDENT: ~~MAR 07~~ 26 ~~SEP~~ 07
LOCATION: CARWILLI

LIST OF DAMAGES: DEATH OF SISTER

AMMOUNT CLAIMED: \$15,000 (U.S. DOLLARS)
AMMOUNT APPROVED: \$15,000 (U.S. DOLLARS)

(b)(6)

27 MAR 08
DATE

SI _____ (b)(6) _____ OF CLAIMANT

Page 7 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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08-IK5-T389-00008

Foreign Language Text, (b)(6)