

SAF INU/DAM

APP \$ 1,000

(b)(6)

NEW

\$33,000

(b)(6)

08-4-80
LH-417

Foreign Language Text, (b)(6)

CENTCOM 016856

29363

08-IK5-T417-00002

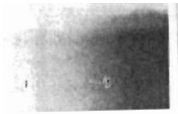
FOREIGN LANGUAGE DOCUMENT, (b)(6)

FOREIGN LANGUAGE DOCUMENT, (b)(6)

CENTCOM 016857

29364

08-IK5-T417-00003



Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Standard Form 1034 (EO) Revised October 1987 Department of the Treasury 1 TFM 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: 5579			1) DATE VOUCHER PREPARED 05-Apr-08		SCHEDULE NO.		
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IK5-T417 (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 BILL 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>	QUAN- TITY	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.				\$1,000.00	
TOTAL						\$1,000.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)							
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							
<input type="checkbox"/> ADVANCE		Pay Agent					
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date)		CPT (b)(3), (b)(6)		(Title)		Foreign Claims Commission IK5	
ACCOUNTING CLASSIFICATION							
(b)(2)High		\$1,000.00		(b)(6)			
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of Bank)	
PAID BY		DATE		PAYEE		PER	
CASH		1 May 08		(b)(6)			
\$1,000.00						TITLE	

When stated in foreign currency, insert name of currency.
If the ability to certify and authorize to approve are combined in one person, one signature only is necessary, otherwise the approving official will sign in the space provided, over the official title.
When a subject is represented in the name of a company or organization, the name of the person writing the company or organization name, as well as the capacity in which he signs, must appear. For example, "John Doe Company, per John Smith, Secretary" or "I require", as the case may be.
Previous edition obsolete. NBR 7440-00-900-2234

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 51 U.S.C. 852a and 852c for the purpose of disbursing Federal money. The information requested to identify the particular creditor and the amount 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

05-Apr-08

MEMORANDUM FOR RECORD

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

08-IK5-T417 /

1. Facts.

The claimant alleges that her son was shopping in the market and a fight broke out between CF and AQIZ, resulting in her son being shot and killed. She also claims that mortars damaged her house.

Claimant has requested \$1,000.00

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 \$1,000.00

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

CPT, JA
Claim Attorney IK5

CENTCOM 016862

08-IK5-T417-00008

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)
CPT

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-IK5-T417 #1 Language

(b)(6)

Language

\$1,000.00

Foreign Language Text

Foreign Language Text

WITNESS SIGNATURE: (b)(6) : *Mary* Foreign Language Text, (b)(6)
Foreign Language Text

WITNESS SIGNATURE: (b)(6) : *708* Foreign Language Text

CLAIMS INTAKE FORM

NAME: _____ (b)(6)
ADDRESS: _____ (b)(6)
ID#: _____ (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CLAIMANT ALLEGES HER HUSBAND
SON WAS SHOT DURING A FIGHT BETWEEN
OF A QIZ; HE WAS SHOPPING IN THE MARKET.
ALSO SAYS MORTARS DESTROYED HER HOUSE.
DAMAGED
- WEAK EVIDENCE; NO PICTURES OF SON

DATE OF INCIDENT: 23 APR 07
LOCATION: MUSLIYAH

LIST OF DAMAGES: SON'S DEATH, DAMAGED HOUSE

AMOUNT CLAIMED: \$1,000
AMOUNT APPROVED: \$1,000

(b)(6)
RE
30 MAR 07
DATE

(b)(6)

SIGNATURE OF CLAIMANT

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

FOREIGN LANGUAGE DOCUMENT, (b)(6)

[REDACTED]

[REDACTED]

[REDACTED]

FOREIGN LANGUAGE DOCUMENT, (b)(6)

[REDACTED]

[REDACTED]

Pages 13 through 14 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)