

SAF (W/DAM

App # 5,000

01-7 445 (b)(6)

(Remme)

CENTCOM 016869

29375

08-1K5-T445-00001

Standard Form 1034 (04) Revised October 1987 Department of the Treasury 5 FPMR 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				DATE VOUCHER PREPARED 07-Apr-08		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T445 (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>	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				\$5,000.00	
TOTAL						\$5,000.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)							
PAYMENT APPROVED FOR <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		EXCHANGE RATE BY (b)(3), (b)(6) TITLE SFC, US Pay Agent		DIFFERENCES 5,000.00 (b)(3), (b)(6)			
Pursuant to authority vested in me, I certify that (b)(3), (b)(6) Foreign Claims Commission IK5 22 Apr 08 (Date)							
ACCOUNTING CLASSIFICATION							
(b)(2)High				\$5,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	CASH	DATE	PAYEE				
	\$5,000.00	22 Apr 08	(b)(6)				
When stated in foreign currency, insert name of currency. 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. When a voucher is receipted in the name of a company or corporation, the name of the person using 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.				PER	(b)(6)		
				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.							

CENTCOM 016870

08-1K5-T445-00002



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

07-Apr-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T445 /

1. Facts.

The claimant alleges that CF fired into the area and accidentally wounded him and killed his daughter.

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 \$5,000.00

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

CPT, JA
Claim Attorney IK5

CENTCOM 016871

08-IK5-T445-00003

29377

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: 22 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 _____.

* Use additional forms if needed.

SETTLEMENT AGREEMENT

Foreign Language Text

08-1K5-T445 # Langua

(b)(6)

Langua

\$5,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE
Foreign Language Text

(b)(6), Foreign Language Text

DATE

WITNESS SIGNATURE Foreign Language Text

CLAIMS INTAKE FORM

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

BRIEF DESCRIPTION OF

INCIDENT: CLAIMANT ALLEGES CP FIRED INTO THE AREA
& ACCIDENTALLY HIT HIM. HIS DAUGHTER ALSO DIED (SHE WAS
WITH HIM).
- SAW 2 BULLET WOUNDS & ORIGINAL DEATH
CERTIFICATE FOR HIS DAUGHTER.

DATE OF INCIDENT: 29 APR 06
LOCATION: KEMPLE

LIST OF
DAMAGES: SCARS & DEATH OF DAUGHTER

AMMOUNT CLAIMED: \$5000 (U.S. DOLLARS)

AMMOUNT APPROVED: \$5,000 (U.S. DOLLARS)

(b)(6)

31 MAR 08

DATE

(b)(6)

SIGNATURE OF CLAIMANT

Foreign Language Text, (b)(6)

CENTCOM 016875

08-1K5-T445-00007

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