

SAT INJ/DAM
APP \$4000

- MISSING info

L44L-30

(b)(6)

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.				\$4,000.00
TOTAL							\$4,000.00
<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		APPROVED FOR (b)(3), (b)(6)	EXCHANGE RATE =\$1.00	DIFFERENCES			\$4,000.00
<input type="checkbox"/> PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		TITLE SFC, US Pay Agent			(b)(3), (b)(6)		
Pursuant to authority vested in me, I certify <u>22 APR 08</u> (Date) (Authorized Certifying Officer)		(b)(3), (b)(6)		Foreign Claims Commission IK5			
		(b)(2)High				\$4,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	CASH	DATE	PAYEE				
	\$4,000.00	22 APR 08	(b)(6)	(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 received in the name of a company or corporation, the name of the person acting in the capacity of 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. 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

AF7B-KC-JA

20-Apr-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T447 /

1. Facts.

The claimant alleges his daughter was outside and was shot in the head.

Claimant has requested \$4,000.00

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 \$4,000.00

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

CPT, JA
Claim Attorney IK5

CENTCOM 016878

29384

08-IK5-T447-00003

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: 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 _____.

* Use additional forms if needed.

SETTLEMENT AGREEMENT

Foreign Language Text

08-IK5-T447 # طلب

(b)(6) Language
\$4,000.00 Foreign Language Text

(b)(6), (b)(3) DATE 22 APRIL 08
W... Foreign Language Te

(b)(6), Foreign Language Text

(b)(6) DATE 22 APR 08
WIT... Foreign Language Te

CLAIMS INTAKE FORM

NAME: _____ (b)(6)
ADDRESS: _____ (b)(6)
ID#: No ID #

BRIEF DESCRIPTION OF INCIDENT:
Daughter was outside and was shot in the head. Evidence includes original death certificate.

DATE OF INCIDENT: 29 April 06
LOCATION: Kemp

LIST OF DAMAGES: _____

AMMOUNT CLAIMED: \$4000
AMMOUNT APPROVED: \$4000

(b)(6) _____
URE
31 Mar 08
DATE
(b)(6)

SIGNATURE OF CLAIMANT

Page 7 redacted for the following reason:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

FOREIGN LANGUAGE DOCUMENT, (b)(6)

CENTCOM 016883

29389

08-IK5-T447-00008

Pages 9 through 10 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)