

358-N-2 (b)(6)

358-N-2
←————→

- Interpret
- Claim approved \$2,500-

mtg/mi JAF

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

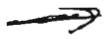
8-N-2-

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

(b)(6)

- Claim app

- Interpr



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08-IK5-T583

CENTCOM 017094

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08-IK5-T583-0002

Standard Form 1034 (GG) Revised October 1997 Department of the Treasury 1 TFM 4-3000 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 06-Jun-08		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T583 (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		GOVERNMENT BAL. NUMBER				
SHIPPED FROM		TO		WEIGHT		
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 properly damaged, lost, destroyed, captured, or abandoned in service.			\$2,500.00	
TOTAL					\$2,500.00	
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		= \$ (b)(3), (b)(6) TITLE: SFC, US Pay Agent	= \$1.00			
Pursuant to authority vested in me, I certify:		18 June 08 (Date)		Foreign Claims Commission IK5 (Title)		
		(b)(3), (b)(6)				
		2,500.00				
		(b)(3), (b)(6)				
		ACCOUNTING CLASSIFICATION				
		(b)(2)High		\$2,500.00		
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		(b)(6)		
	\$2,500.00	18 JUN 08				
<small> 1 When stated in foreign currency, insert name of currency. 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. 3 When a voucher is receipted 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 "Treasury", as the case may be. Previous edition obsolete. </small>			PER	TITLE		

CENTCOM 017095

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08-1K5-T583-0003



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

06-Jun-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T583 / 358n-2

1. Facts.

The claimant alleges that CF shot and killed her husband during a firefight.

Claimant has requested \$2,500.00

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 \$2,500.00

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

CPT, JA
Claim Attorney IK5

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08-IK5-T583-00004

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: 18 Jun 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, grandtather'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

(b)(6)

08-IK5-T583 # (b)(6)
358n-2

(b)(6)

angu

\$2,500.00

Foreign Language Text

Foreign Language Text

(b)(3)(b)(6) DATE 18 June 08
WI Foreign Language Te:

(b)(6), Foreign Language Text

(b)(6) DATE 18 June 08
WI Foreign Language Te:

Son picked up payment

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

Foreign Language Text, (b)(6)

Claim Department

358-N2

"THE CLAIM'S CONTAINS"

Case no;

The Claimant name:-

(b)(6)

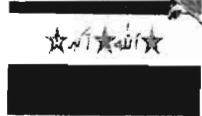
- copy of the death certificate for the claimant's husband
- copy of the Iraqi ID for the five children and the claimant
-
-
-
-

SIGN;

(b)(6)

NAME

Date:- 14/ Apr / 2008



Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Iraq - Baghdad (b)(6)

Complex - ID # (b)(6)

I am

- a. A citizen and national of: Iraq
- 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: MMP Baghdad Iraq
(Town) (City) (Country)

My claim arose on: Mar 8 2008
(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 15/Sep/2008 My husband get shot in the head and killed during a gun fire between MNF and the Terrorists at Al-Mahmediyah city. He left me with My children with no means. Ask for compensation with respect.

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

MNF Soldiers during a Rotation Gun fire with the Terrorist in Mahmudiyah shot and killed the claimant's husband.

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.)

Item	Amount
1- For Killing My husband	\$ 2500
2-	
3-	
4-	
5-	
6-	

Total: \$ 2500

I was insured to the following extent against the damager 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)

\$ 2500 local 3000 000 - 10

(b)(6)

(Signature of Claimant)

Subscribed before me this 8 day of Mar, 2008.

(Print Name)

(b)(6)

(Signature)

Pages 12 through 14 redacted for the following reasons:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 16 redacted for the following reason:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017109

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08-IK5-T583-00017

Pages 18 through 23 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6)

Already Reviewed and Redacted for Release, foreign lang text

Already Reviewed and Redacted for Release, foreign language text

Already Reviewed and Redacted for Release, foreign language text and (b)(6)

Death certificate No. (b)(6)

Dated: 09.15.2006

Died Person Name: (b)(6)

place of death: Dura - Karkh - Baghdad.

Date of death: at the hour 11.00 of the day
09.04.2006

Birth date of died man: (b)(6)

of Birth: (b)(6)

Cause of death: fire shot in the head
due to fire exchange between the U.S.F
and the terrorists according to the memo
of (b)(6) ~~to~~ police officer

No (b)(6)

dated 09.15.2006

ENTCOM 017116

08-1K5-T583-00024

Foreign Language Text, (b)(6)

CENTCOM 017117

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08-IK5-T583-00025

Pages 26 through 27 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6), foreign language document
Already Reviewed and Redacted for Release, Foreign language document and (b)(6)