

08-1808

18 #

18 #

(b)(6)

(b)(6)

(Dead Mother)
Dead Husband



(b)(6)

(b)(6)

Chains

+ Apprve \$2,000 (only w/ death cert)

Yonkers

CENTCOM 011350

08-1K5-T808-00002

(b)(6)

CENTCOM 011351
08-IK5-T808-00003

CLAIMS INTAKE FORM

NAME: (b)(6)

ADDRESS: Al Jandhis area

ID#: (b)(6)

BRIEF DESCRIPTION OF INCIDENT: Mother was on her way to Mahmoodiyah when car blew up & killed all 7 women in it. (ID)

~~Miscellaneous~~

DATE OF INCIDENT: 2 May 07 / ~~Nov 18 2006~~

LOCATION: 1 ~~CF shot~~

LIST OF DAMAGES:

AMOUNT CLAIMED:

AMOUNT APPROVED: DENY

(b)(6)

URE

1 May 08
DATE

SIGNATURE OF CLAIMANT

Foreign Language Text, (b)(6)

CENTCOM 011353

08-1K5-T808-00005

29830

Claims to be Addressed:

(b)(6)

(b)(6)



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

20-Jun-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T808 /

1. Facts.

The claimant alleges that CF shot and killed her husband.

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 \$2,000.00

(b)(3), b(6)

CPT, JA
Claim Attorney IK5

CENTCOM 011355

08-IK5-T808-00007

Standard Form 634 (20) Revised October 1997 Department of the Treasury 1 Form 634-2000 1004-121		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			10 DATE VOUCHER PREPARED 20-Jun-08		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IK5-T808 (b)(6) Yusifiyah			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 B/L 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.				\$2,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$2,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		BY: _____	= \$ _____			
<input checked="" type="checkbox"/> COMPLETE		(b)(3), b(6)	= \$1.00			
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE: SFC, US	Pay _____	Amount verified, correct for		
<input type="checkbox"/> ADVANCE		Agent		(Signature or initials) \$2,000.00		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		CPT (b)(3)(b)(6)	Foreign Claims Commission IK5			
		(Authorized Certifying Officer)	(Title)			
		(b)(2) High	\$2,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE	(b)(6)		
	\$2,000.00					
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 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.					PER	
					TITLE	
Previous edition obsolete						
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 011356

08-IK5-T808-00008



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

20 June 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T808

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your husband. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA) Title 10, USC §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Your damages are of great concern to the United States. In accordance with the cited references and the facts our investigation into your claim, I find your claim is **compensable**. **The United States will compensate you for your losses in the amount of \$2,000.00.**

If you are dissatisfied with this decision and wish to present additional evidence, you have thirty (30) days submit and appeal in accordance with AR 27-20.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالمتلكات الشخصية الخاصة بك, تنظيم الجيش 20-27 و ادارة شؤون US وقد قمت بمراجعة طلبك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 162-27 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة, وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 2,000.00.

اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية, لديك ثلاثين يوما (30) و يقدم الطعن وفقا للمادة (27-20) من قانون الجيش. AR.

Sincerely,

Claimant Date

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

Captain, US Army
Claims Attorney, IK5

Witness Date

CENTCOM 011357

08-IK5-T808-00009

29834



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

20 June 2008

Foreign Claims Commission: IK5

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اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية, لديك ثلاثين يوما (30) و يقدم الطعن وفقا للمادة (20-27) من قانون الجيش. AR

Sincerely,

Claimant _____ Date _____

(b)(3), b(6)

Witness _____ Date _____

Captain, US Army
Claims Attorney, IK5

CENTCOM 011358
08-IK5-T808-00010

CLAIMS INTAKE FORM

NAME: _____ (b)(6)

ADDRESS: AL-JANABI AREA

ID#: _____ (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CLAIMS OF SHOT & KILLED
HER HUSBAND

- BRING COPY OF HUSBAND'S ID

DATE OF INCIDENT: 18 Nov 06

LOCATION: MUSFIYAH

LIST OF DAMAGES: _____

AMOUNT CLAIMED: _____

AMOUNT APPROVED: \$3,000

\$2,000 w/ death cost

_____ (b)(6)

1 May 08
DATE

(b)(6)

SIGNATURE OF CLAIMANT

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

CENTCOM 011362
08-IK5-T808-00014

Foreign Language Text, (b)(6)

CENTCOM 011363
08-1K5-T808-00015

Pages 16 through 17 redacted
for the following reasons:-----

foreign language, b(6)