

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

SAF / INJ

- Approve \$2,000 -

(b)(6)

(b)(6)  
08-T930

CENTCOM 011402

08-1K5-T930-00001

Standard Form 1034 (20) Revised October 1987 Department of the Treasury 1 FPMR 101-11.6 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION: <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>			10 DATE VOUCHER PREPARED <b>14-Jul-08</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS  CLAIM #: 06-IK5-T930  (b)(6)  Owesat			CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM			TO		WEIGHT	
GOVERNMENT BL 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.				\$2,000.00
TOTAL						\$2,000.00
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 = \$1.00		DIFFERENCES 00.00		
TITLE: SFC, US Pay Agent (b)(6)						
Pursuant to authority vested in me, I certify that:						
15 July 08 (Date)		CF (b)(3), b(6)		Foreign Claims Commission IK5 (Title)		
ACCOUNTING CLASSIFICATION						
2182020 22-0204 P135198.00-4200 VIRQ F9203 S99999 APC: 0232(RA) \$2,000.00						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (i) (b)(6)	
	CASH	DATE		PAYEE		
	\$2,000.00	15 Jul 08		Mohammed Zaid Hasem		
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		

PRIVACY ACT STATEMENT  
 The information requested on this form is required under the provisions of 31 U.S.C. 82a 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

AFZB-KC-JA

14-Jul-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T930 /

1. Facts.

The claimant alleges that a CF helicopter killed his daughter.

Claimant has requested \$3,000.00

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 011404

08-IK5-T930-0003

**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: 15 Jul 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.



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

14 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T930 /

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your daughter. 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 27-162 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,

(b)(6)

Claimant

Date

(b)(3), b(6)

(b)(6)

Witness

Date

15 Jul 08  
Captain, US Army  
Claims Attorney, IK5

CENTCOM 011406

08-IK5-T930-00005

CLAIMS INTAKE FORM

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

BRIEF DESCRIPTION OF INCIDENT: CF helicopter shot & killed his daughter.  
Roll  
CFRP

DATE OF INCIDENT: 17 Sep 07  
LOCATION: \_\_\_\_\_

LIST OF DAMAGES (b)(6) - daughter.

AMMOUNT CLAIMED: \_\_\_\_\_ (U.S. DOLLARS)

AMMOUNT APPROVED: \$2,000 (U.S. DOLLARS)

(b)(6)

SIGNATURE

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

22 Apr 08

DATE

(b)(6)

SIGNATURE OF CLAIMANT

(b)(6)

death certificate: No. 0

Date: 09-17-2007

(b)(6)

deid Person Name: (b)(6)

Cause of death: bombing by M.M.F.

Date of death: on the day of 09.17.2007

(b)(6)

(b)(6)

ID No.

S.

(b)(6)

The ~~first~~ name of the died Person  
differs from that of the claim.

(b)(6)

Foreign Text Language

CENTCOM 011409  
08-IK5-T930-00008