

08-T997

-  
- Top  
- Approve \$1,000 -

(b)(6)

foreign language

CENTCOM 011474

08-1K8-T997-00001

Standard Form 1034 (502) Revised October 1987 Department of the Treasury 1 1984 a-2000 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</b> <b>24th FMC</b> <b>Camp Liberty, Iraq</b> <b>APO-AE 09344</b> <b>DSSN: 5579</b>				10 DATE VOUCHER PREPARED <b>29-Jul-08</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T997 (b)(6) Shanghai				CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC</b> <b>Camp Liberty, Iraq</b> <b>APO AE 09344</b> <b>DSSN: 5579</b>	
				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>	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.				\$1,000.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL	\$1,000.00
PAYMENT: <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 BY (b)(3), b(6) TITLE: SFC, US Pay Agent	EXCHANGE RATE = \$1.00	DIFFERENCES		Amount verified, correct for	\$1,000.00
Pursuant to authority vested in me, I verify use 31 July 08 (Date) (b)(3), b(6) Foreign Claims Commission IK5 (Title)							
ACCOUNTING CLASSIFICATION							
(b)(2) High						\$1,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		PAYEE			
	\$1,000.00	31 Jul 08		(b)(6)			
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> 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. <sup>3</sup> 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 usable

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 825 and 826, 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.

NSN 7540-00-900-2234

CENTCOM 011475

08-1K8-T997-00002



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

29-Jul-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T997 /

1. Facts.

The claimant alleges that her son was killed by unexploded ordnance while walking near a patrol base. CF transported the boy to the hospital after the explosion.

Claimant has requested \$2,000.00

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 \$1,000.00

(b)(6)

CPT, JA  
Claim Attorney IK5

CENTCOM 011476

08-IK8-T997-00003

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: 31 Jul 08

PAY AGENT NAME: SFC (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

29 July 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T997 /

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your son. 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 \$1,000.00.**

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.

عزيمي مقدم الطلب

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

ان الأضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة، وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 1,000.00.

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

(b)(6)

Sincerely,

Claimant

Date

(b)(3), b(6)

(b)(6)

Witness

Date

Captain, US Army  
Claims Attorney, IK5

CENTCOM 011478

08-IK8-T997-00005

CLAIMS INTAKE FORM

NAME: \_\_\_\_\_ b(6)  
ADDRESS: SHANGHAI  
ID#: \_\_\_\_\_ (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CLAIMS SON WAS KILLED  
By A BOMB WHEN HE WAS WALKING NEAR  
CF BASE (UXO)  
- Son (b)(6) years old  
- CF transported Boy & his Grandfather to Hospital

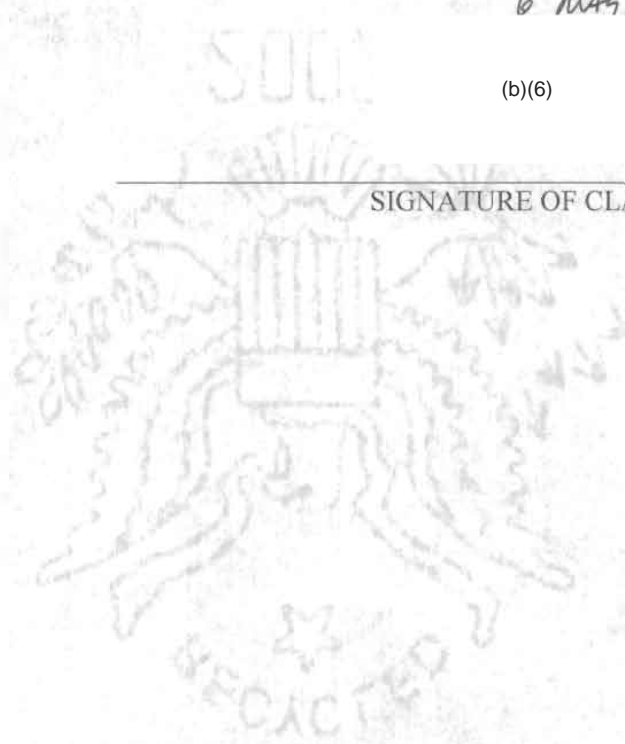
DATE OF INCIDENT: 1 MAR 07  
LOCATION: SHANGHAI

LIST OF DAMAGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT CLAIMED: \_\_\_\_\_  
AMOUNT APPROVED: 31,000-

(b)(6)  
(b)(3)(b)(6) \_\_\_\_\_  
6 MAY 08  
ATE

(b)(6)  
\_\_\_\_\_  
SIGNATURE OF CLAIMANT



Personal id. card *Yousifia oppia*  
No. *(b)(6)*  
Name *(b)(6)*  
Place and Date of Birth *(b)(6)*  
*A.*

(b)(6)

(b)(6)

(b)(6)

(b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

Page 8 redacted for the following reason:  
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Foreign Language Text, (b)(6)



To the members of the compensation committee

I am the mother of the native

(b)(6)

, who died during in front of the

(b)(6)

U.S. State, and a grenade exploded on him as it mentioned in the memo accompanied with this request. Just that I am asking compensation just the death that happened to my son with respect. I am the mother of the child, my name is

(b)(6)

sig of witness

(b)(6)

sig. of witness

(b)(6)

Page 10 redacted for the following reason:  
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foreign language, (b)(6)

From The Iraqi Base for the wife

(b)(6) N.O.I. dated: March 2007

To General Mahmoudia hospital  
subject: sandria body of died Person

We send to you

(b)(6) for the purpose of receiving the body of the  
dead Person named (b)(6), and

who died as a result of the explosion of grenade  
left on the ground which is under our  
responsibility in Yousifia, asking you to  
send according to the rules and inform  
us. Thank you for your co-operation with  
respect.

Stamp & Signature  
of the officer the  
head of the unit  
March 2007

Page 12 redacted for the following reason:  
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Foreign Language Text, (b)(6)