

(b)(6)

Death \$2,500  
Injury - ?? \$500  
Allow

PD - Injury  
\$500  
PD - Death  
\$2,500

PAID

JCC-0330

RTN

4/22/07  
Payment

CENTCOM 013944

04/19/07

ZL MW CHIC

MINUTE

(b)(6)

CENTCOM 013945



DEPARTMENT OF THE ARMY  
 B COMPANY, 486<sup>th</sup> CIVIL AFFAIRS BATTALION  
 CIVIL - MILITARY OPERATIONS CENTER  
 JOINT COORDINATION CENTER - RAMADI  
 APO AE 09396



**CLAIMS INTAKE WORKSHEET**

Claim number: JCC -0330

INITIAL / FOLLOW - UP

NAME:

(b)(6) *death*

Date of claim: 05APR07

Name of representative:

Relationship to claimant:

Date of incident: 261500NOV06

Location of incident: Soufia

Type of claim (i.e., property damage, injury, death): Death and Injury

Nature of incident (i.e., detention, IED, vehicle collision, etc.):

Claim caused by: IA IP US (Unit: ) AIF Other:

Brief description: Claimant states CF on 26NOV06 CF dropped bombs in the area of Soufia that killed her son and injured her other son. (b)(6) Claimants requests compensation for their losses.

Documentation provided:

Proof of death/injury/ownership:	<u>YES</u> / NO / NA	Comments: _____
Bill of sale for property:	YES / <u>NO</u> / NA	Comments: _____
Photographs:	YES / <u>NO</u> / NA	Comments: _____
Claims card:	YES / <u>NO</u> / NA	Comments: _____
SIGACT of incident:	YES / NO / NA	Comments: _____
Other:	YES / NO / NA	Comments: _____

Amount Claimed: \$ USD

Claimant signature certifying above statement: \_\_\_\_\_

Recommendation: PAY / DENY / TBD      Amount recommended: \_\_\_\_\_ USD

Remarks: Injury 500      Same Sig Act  
Death 2500      60 11/20/06.

CENTCOM 013946

(b)(6)

Standard Form 1024 Revised October 1987 Department of the Treasury 1 TFM 4-3000		<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> 395th Finance Battalion Zone 6, Arifjan Kuwait APO AE 09366 DSSN: 8748				DATE VOUCHER PREPARED <b>DATE 4/23/07</b>		SCHEDULE NO.
PAYEE'S NAME AND ADDRESS <b>PAYEE'S FULL NAME:</b> (b)(6) <b>CITY:</b> Ramadi <b>GOVERNATE:</b> Anbar				CONTRACT NUMBER AND DATE REQUISITION NUMBER AND DATE (b)(2)High		PAID BY <b>C DET, 3D FM Company</b> <b>Camp Ar Ramadi, Iraq</b> <b>APO AE 09396</b> DSSN: 8748 DATE INVOICE #CD DISCOUNT TERMS PAYEE'S ACCOUNT NO.
SHIPPED FROM		TO		WEIGHT		GOVERNMENT BL. NO.
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, unit number of contract or Federal supply schedule, and other information deemed necessary)</i> Claimant's son, (b)(6) was killed during COF EOF.		QUAN. TITY	UNIT PRICE COST PER	AMOUNT
(This certification sheet is necessary)		(Payee must NOT use the space below)		TOTAL		DIFFERENCES
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 (U) (b)(6)(b)(3) <b>MSG, USAR</b> <b>PROJECT PURCHASING OFFICER</b> B Co 486th Civil Affairs BN		EXCHANGE RATE = \$1.00		(b)(3), (b)(6)
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
DATE <b>4/23/07</b>		(b)(3), (b)(6) <b>1LT, USAR</b>		(b)(3), (b)(6)		UNIT PAY AGENT
APPROPRIATION SUB HEAD SPECIAL CLASSIFICATION ORN CLASS		(b)(2)High				AMOUNT
CHECK NUMBER		DATE		PAYEE (X)		X
PAID <b>\$2,000.00</b>		DATE <b>4/23/07</b>		PAYEE (X) (b)(6), (b)(3)		X
1. When used in foreign currency, insert name of currency. 2. If the ability to verify and authorize to approve any contained in this voucher, the signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title. 3. When a voucher is received in the name of a company or corporation, the name of the person venting the company or corporation shall, 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.						
Previous edition usable						

CENTCOM 013947

Standard Form 5024 Revised October 1937 Department of the Treasury 1 7764-4-2008		<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> 395th Finance Battalion Zone 6, Arifjan Kuwait APO AE 09366 DSSN: 8748				DATE VOUCHER PREPARED <b>DATE</b> [REDACTED]		SCHEDULE NO.
				CONTRACT NUMBER AND DATE		PAID BY C DET, 3D FM Company Camp Ar Ramadi, Iraq APO AE 08396
				REQUISITION NUMBER AND DATE (b)(2)High		DSSN: 8748
PAYEE'S NAME AND ADDRESS PAYEE'S FULL NAME: (b)(6) CITY: Ramadi GOVERNATE: Anbar				DATE INVOICE RC'D		DISCOUNT TERMS
SHIP FROM				TO		PAYEE'S ACCOUNT NO.
				WEIGHT		GOVERNMENT BK. NO.
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.	UNIT PRICE		AMOUNT
		Claimant injured during CF EOF.		TOT	COST PER	
		[REDACTED]				
PAYMENT:		APPROVED FOR		EXCHANGE RATE		TOTAL
<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		BY (S) (b)(3), (b)(6)		-\$1.00		
		TITLE <b>PROJECT PURCHASING OFFICER</b>		B Co 486th Civil Affairs BN		(b)(3), (b)(6)
Pursuant to authority vested in me, I certify that this voucher is correct and correct for amount.						
DATE <b>4/22/07</b>		(b)(3), (b)(6)		UNIT PAY AGENT		
A		ACCOUNTING CLASSIFICATION				AMOUNT
		(b)(2)High				
B		CHECK NUMBER		DATE		
		CASH		<b>4/22/07</b>		
PAYEE (S)		PAYEE (S)		PAYEE (S)		
		X		(b)(6)		X
1. When added in foreign country, insert name of currency.		2. If the ability to certify and authority to approve are contained 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 received 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.		TITLE
Previous edition obsolete						

CENTCOM 013948

Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Ramidi - Syria

I am

- a. A citizen and national of:
b. A permanent resident of:
c. Employed by:
d. Check one ( ) An insurer ( ) Not an insurer
e. Check one ( ) A subrogee ( ) 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)

USA Forces

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: AL Anbar (Town) Ramidi (City) (Country)

My claim arose on: 2 (Month) 25 (Day) 2007 (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.)

In the data of 26/11/2007 and the time is 3:00 after noon and when me and my brother (b)(6) stay behind our home American forces

shooting many bombing to our region behind

the Electric Power station cased to hi damage in

my boudy and kill my brother (b)(6) and below the

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

the death report so that I need connection

CENTCOM 013949

Property damage and  
Personal injury

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
Kill my brother (b)(6)	2500 \$
my injury	1500 \$

Total: 4000 \$

I was insured to the following extent against the damage 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)

\$ 4000

local

6000 000

ID IRAQ

(Signature of Claimant)

Subscribed before me this 25 day of 2, 2007

(Print Name)

(b)(6)

(Signature)

Pages 8 through 14 redacted for the following reasons:

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Foreign Language Text  
Foreign Language Text,(b)(6)  
foreign language text  
foreign language text, (b)(6)