Nandard Form 1034			:				VOUCHE	ER NO,	
Revised October 1987 Department of the Treasury			BLIC VOUCHER SERVICES OTH	R FOR PURCHA IER THAN PER:				774	
U.S. DEPT, BUREA	U, OR ESTABLISHME		DATE VOU	HER PREPARED			SCHED	ULE NO.	
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FOB WARHORSE, OIF III			06-3/4-001					B-DET FD/8th FB	
AP	APO AE 09397 REQUISITION NUMBER AND DATE							FOB Warhorse, OIF III APO AE 09397	
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						7	<u> </u>	DSSN 8547	
PAYEE'S				<u></u>			DATE IN	IVOICE RECEIVED	
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PROGRESS								Myses	
ADVANCE	Foreign Clair	ms Commissioner	1/2		·				
ursuont to authority vested i	in me, I certify that this voucher is con	rect and proper for payments	-// K	121		•			
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- 8-	-Jan-05	for:	for: LTC, FC			DISBURSING OFFICER			
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1 -		requested on this form is required und	der the provisions of 31 U.S.C 82	b and 82c. for the pupose of dist					
	The information i	requested is to identify the particular t	creditor and the amounts to be pai	id. Failure to furnish this inform	tation will hinder discharge	•		1	

## DEPARTMENT OF THE ARMY

3d Brigade Combat Team

4<sup>th</sup> Infantry Division (Mechanized)

FOB Warhorse, Iraq

APO AE 09397

AFZC-FC-JA

MEMORANDUM FOR RECORD

SUBJECT: Claim of Control of Cont

- 1. Claimants name and address: Baqubah, Iraq
- 2. <u>Incident date and place the incident occurred giving rise to the claim</u>: Incident occurred on 13 December 2005, in Baqubah, Iraq.
- 3. Amount of claim and filing date: Claimant filed a claim in the amount of \$6,000 on 24 December 2005.
- 4. <u>Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration:</u> Foreign Claims Act and Chapter 10, AR 27-20; claim filed for wrongful shooting of claimant's brother.
- 5. <u>Facts:</u> Claimant states US Soldiers opened fire on his brother killing him. Claim is validated by commander on site at time. Man was apparently mentally ill and was running from US Forces with wires exposed on his body.
- 6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either non-combat activities of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.
- 7. <u>Recommended Action</u>: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$4,000.

CPT, JA

Foreign Claims Commission

## CLAIMS FORM

To: United States A	my Foreign Claims	Commission.		
From: Name:			<u> </u>	
Address: B	AQUBAH			
<del></del>	<u> </u>			<del>.</del>
I am		TAANT	•	
	en and national of:			<del>-</del>
o. A pen	manent resident of:	<u> LKAQ</u>		
I hereby make a clair	n against the United	l States Governme	ent for damages or injuries cau	sed by: (Name
Organization, Militar				502 0y. (x.,
,	1-10 FA	, <u>-</u>		
The property damage	d is owned by:	NIA		•
My claim arose at:	BAQUBAL	1, IRA	Q	
	(Town)	(City)	(Country)	
My claim arose on:	DEC	13	2005	
TVIy Claim arose on	Month	Day	Year	<del>-</del>
Give a brief statemen	t of the accident or	incident on which	the claim for damages to proj	perty or for pessonal
injury is based. (Use				
CLAIMANT			ILL ALLEGEDLY, AC	
SHOT BY CF	FUNNING A	HIM Y AWA	WIRES STRAPPED TO	HIS BODY
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List in detail the amo	unt of property dam	age and itemized	expenses resulting from the pr	roperty damage or
personal injury: (Atta				
<u>Item</u>			Amount	
DEATH OF	F SIBLING	·	\$6,000	· .
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I claim as damages: (	Indicate amount in	U.S. dollars and lo	ocal currency)	
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Subscribed before me	uns <u>29</u> day of _	VECEMBER,	200 <u>5</u> .	:
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(Signature)