

| Standard Form 1334<br>Revised October 1987<br>Department of the Treasury  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES<br/>OTHER THAN PERSONAL</b>  |  |   | VOUCHER NO.   |            |
|---|-----------------------------|---|--|---|---|------------|
| U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>DEPARTMENT OF THE ARMY<br>B-DET/8th FINANCE BATTALION<br>FOB WARHORSE<br>APO AE 09  |                             |   | DATE VOUCHER PREPARED<br>14-Feb-06     |   | SCHEDULE NO.  |            |
| PAYEE'S NAME AND ADDRESS<br><br>Kanaan, Iraq  |                             |   | CONTRACT NUMBER AND DATE<br>06-3/4-216 |   | PAID BY<br>B-DET FD/8TH FB<br>FOB Warhorse, OIF III<br>APO AE 09397 |            |
|   |                             |   | REQUISITION NUMBER AND DATE            |   | DSSN 8547<br>DATE INVOICE RECEIVED                                  |            |
|   |                             |   |  |   | DISCOUNT TERMS  |            |
| SHIPPED FROM  |                             |   | TO                                     |   | WEIGHT  |            |
| GOVERNMENT BIL NO.  |                             |   |  |   |   |            |
| NUMBER  | DATE OF DELIVERY OF SERVICE | ARTICLES OR SERVICES<br>(Enter description, item no. of contract or Federal supply schedule and other information deemed necessary) | QUANTITY                               | UNIT PRICE  |   | AMOUNT     |
|   |                             |   |  | COST  | PER   |            |
| 7 Mar 05  | 11 Feb 05                   | compensation for loss of husband/father   | 1                                      | \$6,000.00  | 1   | \$6,000.00 |
| TOTAL   |                             |   |  |   |   | \$6,000.00 |
| (USE CONTINUATION SHEET IF NECESSARY) (Payee must NOT use the space below)  |                             |   |  |   |   |            |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input checked="" type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE |                             | APPROVED FOR<br>- \$6,000.00<br>Foreign Claims Commission   | EXCHANGE RATE<br>CONTRACTING RATE=     | DIFFERENCES<br>Amount verified, correct for (Signature or initials) |   |            |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             | [Signature]   |  |   | \$6,000.00  |            |
| 20 Mar 06<br>(Date)   |                             | [Signature]<br>(Authorized Certifying Officer)  |  |   | FCC<br>(Title)  |            |
| ACCOUNTING CLASSIFICATION   |                             |   |  |   |   | \$6,000.00 |
| 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204   |                             |   |  |   |   |            |
| PAID BY   | CHECK NUMBER                | ON ACCOUNT OF U.S. TREASURY   | CHECK NUMBER                           | ON (Name of Bank)   |   |            |
|   | CASH                        | DATE  | PAYEE                                  |   |   |            |
|   | \$6,000.00                  | 20 Mar 06   | [Signature]                            |   |   |            |

**PRIVACY ACT STATEMENT**  
 The information requested on this form is required under the provisions of 31 U.S.C. 826 and 82c, for the purpose of disbursing Federal agency funds. The information requested is to identify the particular credits and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

000650

DEPARTMENT OF THE ARMY  
3d Heavy Brigade Combat Team  
4<sup>th</sup> Infantry Division (Mechanized)  
FOB Warhorse, Iraq  
APO AE 09397

AFZC-FC-JA

14 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] H: 06-3/4-216

1. Claimants name and address: [REDACTED], Kanaan, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 7 Mar 05, at Kanaan, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$6,000 on 11 Feb 06.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for loss of husband/father.
5. Facts: Claimants husband and his brothers were in heated argument, fired weapons into the air, and the US Forces in the immediate area returned fire killing the husband and injuring one brother.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. Evidence is sufficient to substantiate claim.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$6,000.

[REDACTED]  
CPT, JA  
Foreign Claims Commission

000651

# Claims Form

To: United States Army Foreign Claims Commission.

From: Name: \_\_\_\_\_

Sex: F

Address: \_\_\_\_\_

Kanaan

I am a citizen and national of: \_\_\_\_\_

Iraq

Name of Unit or US Personnel involved in incident: \_\_\_\_\_

UNK

Owner of property that was damaged: \_\_\_\_\_

wife of man killed

My claim arose at: \_\_\_\_\_

Kanaan

(Town)

(City)

(Country)

My claim arose on: \_\_\_\_\_

Mar

7

2005

0900

Month

Day

Year

Time

Give a brief statement explaining how the claim arose and the nature of the damages.

Man and brothers were arguing fired weapons in air  
US Forces in area returned fire killing man injuring brothers  
it appears a condolence payment was made.

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$

6,000

local \_\_\_\_\_

\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this 11<sup>th</sup> day of Feb, 2006.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

000652