



# 5<sup>th</sup> Brigade Combat Team - Claims Info. Sheet



**ATTORNEY**  
 Shatha  Yasen  Salah  Zamil  Kassim  Hussein  Wael  Alyaa  Amal  Adel  Ali  Enam  None

**Today's Date** 03-23-2005

**CLAIMANT NAME** \_\_\_\_\_ **ID NUMBER** 535064  
**PHONE NUMBER** 07901 975161 **07-03-1998**  
**DISTRICT** \_\_\_\_\_  
**ADDRESS** Section: \_\_\_\_\_ Street: \_\_\_\_\_ House: \_\_\_\_\_ Other: \_\_\_\_\_

**CLAIM INFORMATION**

Injury  Death  FCA Damage  
 Confiscation ( Car;  Weapon;  Other)  
 FCA/Solatia  Real Estate  Other \_\_\_\_\_  
 Reconsideration  
 Shooting  Bombing  Raid  Vehicle Accident  Arrest  UXO/IED  Other

**DATE OF INCIDENT** 01-08-2005 **LOCATION OF INCIDENT** Al-Dura highway (8) **AMOUNT CLAIMING** \$ \_\_\_\_\_

**FCA CLAIMS SUPPORTING DOCUMENTS**

Proof of Ownership  Receipts  Diagram  Police Report  Statements  Pictures  
 US Note  Hospital Report  Judicial Decision  
 Other: \_\_\_\_\_  
 Death Certificate  Medical Reports ( Iraqi  US)  US Note  Division of Property Form from the court  
**Name of Deceased:** \_\_\_\_\_ **Age:** 31  
**Marital Status:**  Single  Married (number of wives/kids 1, 2)  
**Nature of injury:** \_\_\_\_\_  
 Is it permanent? \_\_\_\_\_  
 Will injury require follow up surgeries? \_\_\_\_\_  
 Does this injury affect the individual's ability to earn a living? \_\_\_\_\_

**GENERAL INFORMATION**

Are there any discrepancies in the evidence? /  
 Do the medical records confirm the "story"? Yes  
 Do the pictures confirm the "story"? /  
 Other notes regarding evidence: /  
 Is this related to any other claims? /

**TRANSLATOR NOTES:** In Jun-08-2005 there is IED exploded on high way between baghdad and hilla (num 8) near IP check point of AlDura. This IED targeted US Army Patrol, when it exploded the US Army soldiers started in random directions and hit The police man ( ) when he was induty in AlDura checkpoint and he died because that. His father make this case claim and he request appropriate gverdon

**Translator Estimate of damages:** \$ \_\_\_\_\_

**NGOIC NOTES** IED EXPLODED AND AS WE SPRAYED BULLETS WE KILLED IP STANDING GUARD AS A CHECKPOINT. RECOMMEND \$5000 FOR LOSS OF SONS LIFE.

**ATTORNEY NOTES**  Approved \$ 7,000.00  Denied (Circle) Evidence Combat Ops Other

\_\_\_\_\_  
CPT, 5A  
000705

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 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> 130 <sup>th</sup> Finance Battalion LSA Anaconda APO AE 09391 DSSN: 8550			10 DATE VOUCHER PREPARED <b>3 May 2005</b>		SCHEDULE NO.	
CLAIM #: 05-IJ5-T535064			CONTRACT NUMBER AND DATE		PAID BY <b>3d Finance Company Camp Liberty, Iraq APO AE 09352 DSSN: 8550</b>	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER				
SHIPPED FROM		TO		WEIGHT		
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 COST PER		AMOUNT
		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.				\$7,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL					\$7,000.00	
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		EXCHANGE RATE		DIFFERENCES	
	BY: <b>SSG [REDACTED]</b>		=\$			
	HQ, 4 BDE, 3 ID, (FWD)		=\$1.00			
	TITLE: PAYING AGENT		Amount verified; correct for <i>(Signature or initials)</i>		\$7,000.00	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		(Authorized Certifying Officer) <sup>2</sup>		(Title)		
<b>COPY</b>						
HQ, 4 BDE, 3 ID (FWD), FCC IJ5						
ACCOUNTING CLASSIFICATION						
2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999 \$7,000.00						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE		
	\$ 7,000.00					
<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

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b 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.

000706