

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.
765

U.S. DEPT. BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
B-DET/8TH FINANCE BATTALION
FOB WARHORSE, OIF III
APO AE 09397

DATE VOUCHER PREPARED
22-Nov-05
CONTRACT NUMBER AND DATE
06-IA5-121b
REQUISITION NUMBER AND DATE

SCHEDULE NO.
PAID BY
B-DET/8TH FB
FOB Warhorse, OIF III
APO AE 09397
DSSN 8547

PAYEE'S
NAME
AND
ADDRESS

Ad-Duluiyah, Iraq

DATE INVOICE RECEIVED
DISCOUNT TERMS
PAYEE'S ACCT. NUMBER

SHIPPED FROM TO WEIGHT GOVERNMENT B/L NO.

NUMBER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				COST	PER		
26-Nov-05	10-Dec-05	Claimant's husband was killed by patrol.	1	2,500.00		\$2,500.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
(Payee must NOT use the space below)						TOTAL	\$2,500.00

(USE CONTINUATION SHEET IF NECESSARY)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR = \$ 2,500.00 Foreign Claims Commissioner	EXCHANGE RATE CONTRACTING RAT =	DIFFERENCES Amount verified; correct for (Signature or initials)	\$2,500.00
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Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.
 30-Oct-05 for: [Redacted] **FC**
 (Date) (Authorized Certifying Officer) (Title)
DISBURSING OFFICER

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204 \$2,500.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
	\$2,500.00			

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 credits and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



DEPARTMENT OF THE ARMY
Headquarters, 3rd Brigade Combat Team
3rd Infantry Division
FOB Warhorse, Iraq
APO AE 09397

REPLY TO
ATTENTION OF:

AFVZ-VI-JA

9 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IA5-121b

1. Claimants name and address: [REDACTED], Ad-Duluiyah, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 15 July 2005 in Ad-Duluiyah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$7,500 on 26 November 2005.
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 personal injury.
5. Facts:
 - a. Claimant's husband was killed by a U.S. patrol.
 - b. There was a death certificate and a damage report included in the submitted claim.
6. Opinion:
 - a. 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.
 - b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. 1/15th IN's commander verifies the shooting and the death certificate verifies the cause of death.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim for \$2,500.00 is approved.

[REDACTED]
[REDACTED] S
CPT, JA
Claims Judge Advocate

000774

Claims Form.

To: United States Air Force Foreign Claims Commission.

From: Name: [Redacted] wife of killed person [Redacted]

Address: [Redacted]

I am

- a. A citizen and national of: Iraqi
- 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)

The US forces in Iraq

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: Adhulyia Iraq
(Town) died 16 Jul (City) (Country)

My claim arose on: July 15 05 at 11 am.
Month Day 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.)

The US forces shot my husband his name
"[Redacted]" when he was
back to his house by his car, this shooting
led to killed him near of his house and now
We have not any source to cost the life
and we have large children and I am his
wife I have not job, please help help
help just for our family

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

Large damages

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

As shown in expert report \$ 7,500

Total \$ 7,500

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)

\$ 7,500

local 11,250,000 ₪

(Signature of Claimant)

Subscribed before me this ___ day of ___, 200__

(Print Name)

(Signature)

000776