

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION TF 42 ID, 1 BCT	DATE VOUCHER PREPARED	SCHEDULE NO.
	CONTRACT NUMBER AND DATE	
	REQUISITION NUMBER AND DATE	
PAYEE'S NAME AND ADDRESS [Redacted] Tikrit, Iraq	PAID BY DSSN: 8589 Arthur F Turnier, LTC 40th Finance Bn APO AE 09308	
	DATE INVOICE RECEIVED	
	DISCOUNT TERMS	
	PAYEE'S ACCOUNT NUMBER	

SHIPPED FROM	TO	WEIGHT	GOVERNMENT B/L NUMBER
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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-TITY	UNIT PRICE		AMOUNT <i>(1)</i>
				COST	PER	
		Wrongful Death and Vehicle Damage				4,300.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 4,300.00

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$ 4,300.00	= \$1.00	
	BY ²	Amount verified; correct for	
TITLE	(Signature or initials)		

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

5 Sept 05 [Redacted Signature] CPT/ECC [Redacted Title]
(Date) *(Authorized Certifying Officer)* *(Title)*

ACCOUNTING CLASSIFICATION
 2152020 22-0204 P436099.22-4200 VIRQ F9206 S99999 APC 9204

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
	\$ 4,300.00		[Redacted]	

¹ When stated in foreign currency, insert name of currency.
² 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.
³ 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

000777



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

30 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 05-IA3-1710

- 1. Identifying Data:** [REDACTED] Tikrit, Iraq
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 26 July 2005, in Tikrit, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$4,300 on 27 August 2005.
- 4. Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was filed in a timely manner.
- 5. Facts:** Claimant alleges that her husband was wrongfully killed by U.S. Forces. The claimant was driving his Nissan hatchback back onto the highway from the fuel station in Tikrit, when he was engaged by a U.S. Forces patrol. The claimant's husband was killed and his passenger was injured. The passenger's claim is 05-IA3-1738. The patrol did not stop. The claimant provided a corroborating witness statement, from the injured passenger in the vehicle. The claimant also provided a forensic report, a death certificate and a police report. A legal expert estimated the damages to the vehicle at \$1,800. Division Records reported that the patrol was the 3-133rd F.A. They reported that the vehicle attempted to enter their convoy, so they fired a warning shot and then engaged the vehicle twice in the lower part of the vehicle. The photographs show that the vehicle was shot in the through the rear window, not the lower part of the vehicle. The rear window shot killed the claimant's husband.
- 6. Opinion:** There is sufficient evidence that U.S. Forces wrongfully killed the claimant's husband and damaged his vehicle.
- 7. Recommendation:** The claim is approved for \$4,300.

[REDACTED]
CPT, JA
Chief, Claims

000778

CMAS45 # JN1000K10V07/2222

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted] (wife)

POA/ATT: [Redacted]

Power of Attorney provided and interpreter approved: ak

Decedents: [Redacted] (Husband)

Hometown: Tikret Iraqi Resident: iraqi

My claim arose at: Tikret (Town) iraqi (Country)

My claim arose on: July 26 2005
Month Day Year

Proof of Ownership: Govt OWNERS CARD IN Decedent's Name

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death) Consistent with Claimant allegations: [Redacted] GSW to head, DTW 26 JUL 05
TIKRET HOSPITAL,

Interpreter Approved:

Legal Expert Opinion: Glass, Dash, Seats, Engine Damages A1800

Interpreter Approved:

Witness Statement (Consistent?): Injured passenger in vehicle

Interpreter Approved:

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.)

CLAIMANT MORGING back ON to HIGHWAY from fuel station - CONVOY ON Roadway shot at vehicle - CLAIMANT'S husband was killed & 1 PERSON IN vehicle - CONVOY DIDN'T stop kept going

Evidence: Forensic Rpt - CF Bullet

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.)

<u>Item</u>	<u>Amount</u>
Vehicle Damage	\$1800
Wrongful Death	\$2500

Total: \$4300

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)
\$ 4300 local _____

(Signature of Claimant)

Subscribed before me this 27th day of August, 2005.

SGT _____
(Print Name)

(Signature)