

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
**DEPARTMENT OF THE ARMY
 130TH FINANCE BATTALION
 APO AE 09391**


DATE VOUCHER PREPARED
8 APRIL 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE

**PAID BY
 130th FINANCE BN
 LSA ANACONDA
 APO AE 09391
 DSSN 8550**

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

BAGHDAD, IRAQ

DATE INVOICE RECEIVED

DISCOUNT TERMS


PAYEE'S ACCOUNT NUMBER

SHIPPED FROM TO WEIGHT

GOVERNMENT B/L NUMBER

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		AMOUNT (¹)
				COST	PER	
		FOREIGN CLAIMS NUMBER 05-ID4-0088 LOSS OF LIFE				2,500.00


(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 2,500.00

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	
	= \$ 2,500.00	= \$ 1.00		
	BY 2 			Amount verified; correct for
	TITLE	(Signature or initials)		
	FOREIGN CLAIMS COMMISSION			

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

8 APR 05  FOREIGN CLAIMS COMMISSION
 (Date) (Title)

ACCOUNTING CLASSIFICATION
 ACCOUNT CLASSIFICATION NUMBER 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999. \$2,500.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	
	\$ 2,500.00	14 MAY 05	X 	

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 001004

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4th BRIGADE "VANGUARD"
3d INFANTRY DIVISION
APO AE 09348

AFVA-4BCT-JA

8 April 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-0088

1. Claimant's Name/Residence: [REDACTED] / Baghdad, Iraq
2. Incident giving rise to claim occurred on 6 January 2005 on the 17 July Bridge, Iraq.
3. The claim was filed on (N/A) in the amount of \$ 2,500.00.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life.
5. Claimant alleges that her husband, who was working as a journalist, was walking across the bridge when he was shot and killed by U.S. troops. She has documentation from CA confirming that U.S. troops were in the area at that time. Also, a medical report is attached stating that the round that killed the victim was a 5.56mm round.
6. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by non-combat activities or negligent or wrongful acts of the United States Armed Forces. The claimant has submitted sufficient evidence.
7. I recommend approving this claim in the amount of \$2,500.00.

[REDACTED]
MAJ, JA
Foreign Claims Commission

001005

Iraqi Assistance Center Compensation Section

To: United State Army Foreign Claims Commission.

From: Name: [REDACTED]

Address:

Baghdad

[REDACTED] near Al-Karama hospital

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: _____
- c. Employed by: _____
- d. Check one () an insurer () Not an insurer.
- e. Check one () a subrogate () Not a subrogate.

I hereby make a claim against the United State Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

M.D

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 injures.)

My claim arose at: 17 July Bridge
(Town) (City) (Country)

My claim arose on: Jan. 6 2005
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.)

She said that her husband ([REDACTED])
who worked as a journalist in one of the
independence news paper, and while he was
crossing 17 July Bridge the coalition whom
occupied Haifa st. shoot him and he was
died immediately.
He was ex father of 4 children.

001006

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>
Death of her husband	

Total: \$ 5,000

I was injured to the following extent against the damage or injure I have sustained:

The name and address of my insurer (if any) is:

(Name) _____ (Address) _____

I claim as damages: (indicate amount in US. Dollars and local currency)

\$: 5,000 . Local: 7,230,000 I.D



(Signature of Claimant)

Subscribed before me this _____ day of _____, 200 _____.

(Print Name)

(Signature)

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