Standard Form 1034 Revised October 1987 Department of the Treas 1 TFM 4-2000 1034-121	пу		JCHER FOR PURCHAS S OTHER THAN PERS			Į V	OUCHER NO.
		TABLISHMENT AND LOCATION	DATE VOUCHER PE	REPARED JUNE 200	5	S	CHEDULE NO.
130TH FINANC APO AE 09391	E BATTALIO	ON	CONTRACT NUMBE	R AND DATE		9	AID BY TH FINANCE BN
			REQUISITION NUME	BER AND DATE	<b>:</b>	Ā	Z. PO AE 09348 SSN 8547
PAYEE'S NAME	PSYSTEM NATIONAL PROPERTY OF THE PROPERTY OF T			一		D.	ATE INVOICE RECEIVED
AND ADDRESS	andrivale,	TIKAŲ		1		D	SCOUNT TERMS
	_	·	·			P/	AYEE'S ACCOUNT NUMBER
SHIPPED FROM		то		٧	VEIGHT	G	OVERNMENT B/L NUMBER
NUMBER	DATE OF		S OR SERVICES umber of contract or Federal supply	QUAN-	UNIT	PRICE	AMOUNT
AND DATE OF ORDER	DELIVERY OR SERVICE	schedule, and other i	information deemed necessary)	TITY	COST	PER	(')
-		LOSS OF LIFE/VEH	CLE DAWAGE				3,000.0
(Use continuation sheet	(s) if necessary)	(Payee)	must NOT use the space	below)	<u>.</u>	TOTAL.	3,000.0
PAYMENT:	APPROVED F		EXCHANGE RATE	T I	RENCES_		
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COMPLETE	BY.2						<del> </del>
☐ PARTIAL ☐ FINAL			•	Amount	verified; cor	rect for	3,000.0
☐ PROGRESS ☐ ADVANCE	TITLE FOREIGN	CLAIMS COMMISSIO	ON .		e or initials)		
	rested in me, I ce	rtify that this voucher is correct a	and proper for payment.				
17 JUN (	05			FOREIG		MS COI	MMISSION
(Date)		(Authorized Certifying C	CCOUNTING CLASSIFICATION		<u>`</u>		
ACCOUNT CLA	SSIFICATIO		22-0204 P436099.22-4200	VIRQ F92	03 S9999	99. \$3,00	00.00
CHECK NUMBER	₹ .	ON ACCOUNT OF U.S.	TREASURY CHECK NUMBER	ER		ON (Name	e of bank)
₹cash		DATE	paver 3	<del></del>			
\$ 3,000.00		30 JUN	05 X	· · · · · · · · · · · · · · · · · · ·	1		· .
When stated in foreign If the ability to certify a officer will sign in the s When a voucher is re	and authority to apparage or	rove are combined in one person, or his official title.	ne signature only is necessary; otherwi		PER		

## DEPARTMENT OF THE ARMY \*FEADOUARTERS. 4th BRIGADE "VANGUARD" 3d INFANTRY DIVISION APO AF 19348

AFVA-4BCT-JA

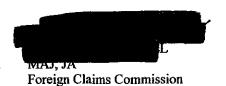
17 June 2005

## MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-106

1. Claimant's Name/Residence: Iraq

- 2. Incident giving rise to claim occurred on 22 January, 2005 on Haifa St., Iraq.
- 3. The claim was filed on 21 March 2005 in the amount of \$6,916.00.
- 4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life and vehicle damage.
- 5. Claimant alleges that on the above date at the above mentioned location, his brother (1), was traveling in his car with rugs that he was taking to a rug store to sell. He was shot and killed by U.S. soldiers, and the rugs and cash on his possession were never recovered and his body left there.
- 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 \$3,000.00.



## Iraqi Assistance Center Compensation Section

To: United State Arr	ny Foreign Clai	ms Commission	n.		
From: Name:					
			·		<u> </u>
Address:	Jaghdad -				
I am					
•	A citizen and	national of:	· · · · ·	~ a	
a. b.	A permanent		71	<u> </u>	
о. С.	Employed by:			,	<del></del>
d.	1 7 -	an insurer ( )	Not an insur	er.	
e.	` '	a subrogate (			
			_		
I hereby make a cl					
caused by: (Name. C	organization. Mi	-	ent. Address	. Telephone Numbe	er)
		M.D			<del></del>
					<del></del> -
The property damage	ed is owned by:	(if the claim is	made as an	agent. Parent. or gu	ardian.
Attach a power of a					
party sustaining the	damage or injure	es.)			
My claim arose at: _	Henta S	treet.	4.00.0		
	(Town)		(City)	(Countr	y)
My claim arose on:	Jan.		22	2005	5
, •	Month		Day	Year	
Give a brief stateme	ent of the accid	lent or incident	•	the claim for dama	ages to
property or for perso					_
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to Cross the				lition Shot	
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and the m	id new Sta	alen.			
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<u>[tem</u>	Amount
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4 Carpel	chicle, 1980 blue
10.000	
	The amount of Total: \$ 6,916 money that they want only ->
I was injured to the	following extent against the damage or injure I have sustained:
<u> </u>	ess of my insurer (if any) is:
	ess of my insurer (if any) is:  (Address)
(Name) I claim as damages:	(Address)  (indicate amount in US. Dollars and local currency)
(Name) I claim as damages:	(Address)
(Name) I claim as damages:	(Address)  (indicate amount in US. Dollars and local currency)
(Name) I claim as damages: \$: <u></u> らっのよう	(Address)  (indicate amount in US. Dollars and local currency)  . Local:
(Name) I claim as damages: \$: <u>ら</u> , の)6	(Address)  (indicate amount in US. Dollars and local currency)  Local:  (Signature of Claimant)