

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000
1034-121

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
7 JUNE 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

**PAID BY
9TH FINANCE BN
I.Z.
APO AE 09348
DSSN 8547**

PAYEE'S NAME AND ADDRESS

[REDACTED]
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 <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT <small>(1)</small>
				COST	PER	
		FOREIGN CLAIMS NUMBER O5-ID4-152 LOSS OF LIFE/VEHICLE DAMAGE				11,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

11,000.00

PAYMENT:

- PROVISIONAL
- COMPLETE
- PARTIAL
- FINAL
- PROGRESS
- ADVANCE

APPROVED FOR

=\$ 11,000.00

EXCHANGE RATE

=\$1.00

DIFFERENCES

BY 2

[REDACTED]

Amount verified; correct for

11,000.00

TITLE

FOREIGN CLAIMS COMMISSION

(Signature or initials)

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

07 JUN 05

(Date)

[REDACTED]

(Authorized Certifying Officer) 2

FOREIGN CLAIMS COMMISSION

(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999. \$11,000.00

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

9 JUN 05

[REDACTED]

\$ 11,000.00

PER

TITLE

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.

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

AFVA-4BCT-JA

7 June 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-152

1. Claimant's Name/Residence: [REDACTED] ghdad, Iraq
2. Incident giving rise to claim occurred on 16 April 2005 in Al Shaab, Iraq.
3. The claim was filed on 29 May 2005 in the amount of \$11,000.00.
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 was driving a borrowed vehicle. A U.S. military convoy consisting of several vehicles and a tank, hit the vehicle, cutting it in half. As a result, the vehicle was totaled and the driver was killed (severed in half). The unit left the area and apologized, but did not issue a claims card. The local nationals on the scene transported the victim to the nearest facility. Several attempts were made in vain to obtain a claims card from the unit or some statement. The incident was verified through 4-64 AR (S-1 shop), that a unit of theirs on that date at that location was involved in such an incident.
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 \$11,000.00.

[REDACTED]
MAJ, JA
Foreign Claims Commission

001572

Claims Form

To: United States Army Foreign Claims Commission

From; Name:

Address:

Baghdad

I am

a. A national citizen of:

Iraqi

b. A permanent resident of:

c. Employed by:

Employee in Ministry of Oil

d. Check one () an insurer () Not an insurer

e. Check one () A subrogee () Not a Subrogee

001573

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

[REDACTED]

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.)

[REDACTED]

My claim arose at: Alshoab Adlan neighbourhood
(Town) (City) (Country)

[REDACTED]

My claim arose on: April 16 2005
Month Day Year

[REDACTED]

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.)

[REDACTED]

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

turn page
please

[REDACTED]

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 his brother	
Completely Damage of the Car	
Total:	\$ 10,000

001575

According to [REDACTED] speech, his brother was driving his Car on the Main Street near his house and Suddenly a Convoy Contains humvees and Vehicles and also a tank which was in front of them, that tank damage his brother's Car Completely, they Stopped for a moment and did not let anyone Come near the dead body (The Corp) and they did not pull the Corp from the Car and after that they just left the place and that ~~made~~ ^{why} the Civil people Carry him to the hospital and Call the Police .. He was dead when they Carry him and became 2 parts or more and his Car which belong to another man and he was just working as a driver ..

The Victim was the only Supporter for his family (father and mother) both of them are ^{very} ~~enough~~ ^{to} ~~enough~~ Support themselves and 2 brothers and 2 Sisters and he was Single .. for his family we ask for Compensation .

He also mentioned that they went several times to the U.S forces to take a claim Card from them they said that we are Sorry but they did not gave them a Clai Card.

001576

[REDACTED]

I was insured to the following extent against the damage or injury I have sustained:

[REDACTED]

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

(Name) [REDACTED] (Address) [REDACTED]

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 10,000 Local

[REDACTED]

I (have/ have not) previously filed a claim relating to the incident described above.

[REDACTED]

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

[REDACTED]

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

[REDACTED]

(Signature of Claimant)

[REDACTED]

Subscribed to me this 29 day of May, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

001578