

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

AFVA-4BCT-JA

1 December 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-147

1. Claimant's Name/Residence: [REDACTED] Baghdad, Iraq
2. Incident giving rise to claim occurred on 18 January 2005.
3. The claim was filed on 22 May 2005 in the amount of \$7,000.00.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life.
5. Claimant alleges that on the above date at the above mentioned location, her husband was working as a guard at the Haifa St. parking garage, when U.S. troops shot and killed him. She has documentation in support. Also, a U.S. officer approached her at the scene after she was notified by some neighbors, and as she was sobbing, he apologized saying they accidentally shot him. The officer gave her a claims card and told her to file a claim.
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 \$4,000.00.

[REDACTED]  
CPT, JA  
Foreign Claims Commission

001579

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.

SCHEDULE NO.

PAID BY  
3RD SSB  
3153RD FIN. DET.  
APO AE 09348  
DSSN 5579

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

GOVERNMENT B/L NUMBER

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

DATE VOUCHER PREPARED  
1 DECEMBER 2005

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

[REDACTED]  
BAGHDAD, IRAQ

SHIPPED FROM

TO

WEIGHT

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 ( <sup>1</sup> )
				COST	PER	
		FOREIGN CLAIMS NUMBER 05-ID4-147 LOSS OF LIFE				4,000.00
<b>TOTAL</b>						4,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

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
	= \$ 4,000.00	=\$1.00	
	BY: [REDACTED]		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.

1 DEC 05  
(Date)

[REDACTED]

FOREIGN CLAIMS COMMISSION  
(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC:9204

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	
	\$ 4,000.00	Dec 3rd - 2005	[REDACTED]	PER
				TITLE

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> 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.  
<sup>3</sup> 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.

Previous edition usable

PRIVACY ACT STATEMENT

NSN 7540-00-800-234  
001.000

Claims Form  
طالب تظلم

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:

House wife.

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

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

001581

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.)

The dead Husband (\_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My claim arose at: Haifa St. Parking  
(Town) (City) (Country)

\_\_\_\_\_

My claim arose on: Jan. 18. 2005  
Month Day Year

\_\_\_\_\_



[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)	(Address)
[REDACTED]	[REDACTED]

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

\$ 7,000 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]

[REDACTED]

(Signature of Claimant)

[REDACTED]

Subscribed to me this 22 day of May, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]