

Standard Form 1034 A  
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  
**30 MAY 2005**

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

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

PAYEE'S NAME AND ADDRESS

**[REDACTED]  
[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 <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
		FOREIGN CLAIMS NUMBER 05-ID4-0146 LOSS OF LIFE				9,000.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL 9,000.00

- PAYMENT:
- PROVISIONAL
  - COMPLETE
  - PARTIAL
  - FINAL
  - PROGRESS
  - ADVANCE

9,000.00  
**[REDACTED]**  
FOREIGN CLAIMS COMMISSION

DIFFERENCES \_\_\_\_\_  
Amount verified; correct for 9,000.00  
*(Signature or initials)*

**MEMORANDUM**

30 MAY 05 **[REDACTED]** FOREIGN CLAIMS COMMISSION

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999. \$9,000.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	<b>25 JUN 05</b>	<b>[REDACTED]</b>
	\$ 9,000.00			

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

AFVA-4BCT-JA

30 May 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-146

1. Claimant's Name/Residence: [REDACTED] Iraq
2. Incident giving rise to claim occurred on 6 February 2005 at Al Talae Square, Iraq.
3. The claim was filed on 25 May 2005 in the amount of \$15,000.00.
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 her father and brother (who are her whole supporters) were on their way to work and were shot and killed by U.S. troops. They apologized to the people there and said it was a mistake. The troops gave a shop owner there a claims card to give the family.
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 \$9,000.00.

[REDACTED]  
MAJ, JA  
Foreign Claims Commission

001587

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:

House wife

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

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

001588

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.)

The dead father ( [REDACTED] )  
and dead mother ( [REDACTED] )

[REDACTED]

My claim arose at: Al. Talae' Square - Haifa Street.  
(Town) (City) (Country)

[REDACTED]

My claim arose on: Feb 6 2005  
Month Day Year

[REDACTED]

001589

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.)

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[REDACTED]

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

→ See  
~~page~~  
behind

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[REDACTED]

Death of her father and brother

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.)

Item

Amount

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Total: \$ 15,000

001590

[REDACTED]

4115

[REDACTED]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [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)

\$ 15,000

Local

\_\_\_\_\_ [REDACTED]  
\_\_\_\_\_ [REDACTED] \$

001591

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 25 day of May, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]

001592