

Standard Form 1034 Revised October 1987 Department of the Treasury	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPT., BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY B-DET/8th FINANCE BATTALION FOB WARHORSE APO AE 09		DATE VOUCHER PREPARED 14-Feb-06		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE 06-3/4-033		PAID BY B-DET FD/8TH FB FOB Warhorse, OIF III APO AE 09397		
		REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS	Muqdadia, Iraq				DSSN 8547 DATE INVOICE RECEIVED	
						DISCOUNT TERMS
						PAYEE'S ACCT. NUMBER
SHIPPED FROM		TO	WEIGHT		GOVERNMENT B/L NO.	
NUMBER	DATE OF DELIVERY OF SERVICE	ARTICLES OR SERVICES (Enter description, item no. of contract or Federal supply schedule and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
14 Oct 05	11 Feb 06	compensation for death of son	1	\$6,000.00	1	\$6,000.00
						TOTAL \$6,000.00
NOTE: CONTINUATION SHEET IF NECESSARY (Payee must NOT use the space below)						
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR [REDACTED] \$6,000.00	EXCHANGE RATE CONTRACTING RATE [REDACTED]	DIFFERENCES [REDACTED]			
			Amount verified; correct for (Signature or Initials) \$6,000.00			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment						
20 Mar 06 (Date)		(Authorized Certifying Officer)			FCC	(Title)
ACCOUNTING CLASSIFICATION						
2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204 \$6,000.00						
CHECK NUMBER 800435 ON ACCOUNT OF U.S. TREASURY			CHECK NUMBER		ON (Name of Bank)	
CASH		DATE 20 Mar 06	PAYEE [REDACTED]		00000000	
\$6,000.00						

## PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. §836 and §824, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge with amendment application.

DEPARTMENT OF THE ARMY  
3d Heavy Brigade Combat Team  
4<sup>th</sup> Infantry Division (Mechanized)  
FOB Warhorse, Iraq  
APO AE 09397

AFZC-FC-JA

14 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] ID: 06-3/4-033

1. Claimants name and address: [REDACTED], Muqadia, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 14 Oct 05, at Muqadia, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$6,000 on 11 Feb 06.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for death of son.
5. Facts: US forces allegedly opened fire on claimant's son who was in a police car, killing him.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. Evidence is sufficient to substantiate claim.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$6,000.

[REDACTED]  
CPT, JA  
Foreign Claims Commission

000637

# CLAIMS FORM

To: United States Army Foreign Claims Commission.

From: Name: ██████████ D

Address: ██████████ E

I am

- a. A citizen and national of: IRAQ
- b. A permanent resident of: IRAQ

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

U.S. SOLDIERS FROM FOB NORMANDY

The property damaged is owned by: N/A

My claim arose at: ██████████ (NEAR NORMANDY) IRAQ  
(Town) (City) (Country)

My claim arose on: OCT 14 2005 1600  
Month Day Year Time of Day

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.)

U.S. FORCES ALLEGEDLY OPENED FIRE ON CLAIMANT'S SON  
WHO WAS IN A POLICE CAR, KILLING HIM.  
THE S-5 SHOULD BE ABLE TO VERIFY THE INCIDENT ACCORDING  
TO CLAIMANT. THE DECEASED HAD 4 CHILDREN 1, 2, 3 AND 4.

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
<u>SON</u>	<u>\$ 6 000 00</u>

Total: 6 000 00

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

\$ 6 000 00 local ██████████

██████████  
(Signature of Claimant)

Subscribed before me this 7<sup>th</sup> day of JANUARY, 2006.

██████████  
(Print Name)

██████████  
(Signature)

000638