

**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 WARTHORSE APO AE 09	DATE VOUCHER PREPARED 14-Feb-06	SCHEDULE NO.
	CONTRACT NUMBER AND DATE 06-3/4-217	PAID BY B-DET FD/8TH FB FOB Warhorse, OIF III APO AE 09397
	REQUISITION NUMBER AND DATE	

PAYEE'S NAME AND ADDRESS	Kanaan, 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	
7 May 05	11 Feb 06	personal injury	1	\$4,000.00	1	\$4,000.00

(Use continuation sheet if necessary) (Payee must NOT use the space below) **TOTAL \$4,000.00**

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 \$4,000.00	EXCHANGE RATE CONTRACTING RATE	DIFFERENCES
			Amount verified, correct for (Signature or initials)
			\$4,000.00

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

5 Mar 06

(Authorized Certifying Officer)

FCC

(Title)

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099 22-4200 VIRQ F9203 S99999 APC: 9204 **\$4,000.00**

Paid By	Check Number 800653	On Account of U.S. Treasury	Check Number	On Name of Bank
Cash		Date 5 Mar 06	Payee	

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 828 and 828c, 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 of the payment obligation.

000653

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

AFZC-FC-JA

14 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] ID: 06-3/4-217

1. Claimants name and address: [REDACTED] Kanaan, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 7 May 05, at Kanaan, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$4,000 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 personal injury.
5. Facts: Claimant and his brother were shot by US forces. Brother died, claimant sustained significant damage to right arm.
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 \$4,000.

[REDACTED]
CPT, JA
Foreign Claims Commission

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____ Sex: M
Address: _____

I am a citizen and national of: Iraq

Name of Unit or US Personnel involved in incident: UNK

Owner of property that was damaged:

My claim arose at: Kansas (Town) (City) (Country)

My claim arose on: Mar 7 2005 0900

Give a brief statement explaining how the claim arose and the nature of the damages.

Brother of man killed, this guy was shot.

Companion claim # 216

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

\$ 4,000 local

(Signature of Claimant)

Subscribed before me this 11th day of Feb, 2006.

(Print Name)

(Signature)

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