

DEPARTMENT OF THE ARMY

HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
BAGHDAD, IRAQ
APO AE 09380

REPLY TO
ATTENTION OF:

AFZP-VB-JA

Date: 28 September 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T0065-06 APPROVAL AS FOLLOWS:

Claim of: [REDACTED]

Address: [REDACTED] y, Baghdad, Iraq

Date Filed: 19-Sep-05

Amount Claimed: \$40,000.00

Claimed Loss: The claimant father was crossing the street and a Coalition Forces convoy ran him over and killed him

1. Your above-mentioned claim is approved, and will be paid as follows:

Approved: The claimant, [REDACTED], will be paid \$10,000.00 in compensation for property damaged, lost, destroyed, captured, or abandoned in service.

2. In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant, for property damaged, lost, destroyed, captured, or abandoned in service.

3. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.

4. POC for this memorandum is [REDACTED] y, Camp Loyalty, @ VOIP 242-7063.



000713

Standard Form 1034 (EG)
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 HQ, 3D Infantry Division Office of the Staff Judge Advocate APO AE 09380		10 DATE VOUCHER PREPARED 28 September 2005 CONTRACT NUMBER AND DATE REQUISITION NUMBER AND DATE	SCHEDULE NO. PAID BY 3d Finance, 3d SSB Camp Liberty, Iraq APO AE 09352 DSSN: 5579		
PAYEE'S NAME [REDACTED] [REDACTED] Army, [REDACTED], Iraq		DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM		TO	WEIGHT		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN-TITY	UNIT PRICE	AMOUNT
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.			\$10,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL	\$10,000.00
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	
	=\$		=\$1.00		
	BY				
	TITLE			Amount verified: correct for (Signature or initials)	
Pursuant to authority vested in me, I certify that this voucher is valid.					
OCT 22 2005 (Date)		CPT, JA Claims Judge Advocate (Title)		4	
ACCOUNTING CLASSIFICATION 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204					
SFC, USA Foreign Claims Pay Agent					
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)	
	CASH	DATE OCT 22 2005	PAYEE	PER	TITLE
\$10,000.00					

¹When 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 received 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

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, 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.

000714

Claims form
Us foreign commission

Claim# 2-058-5

Claimant name

Address

Sec/ St/ H/

Relationship the victim's son Age 42 Dob d/m/y 1, Jan, 1963

A citizen and national of Iraq
A permanent resident of Baghdad

Type claim (circle which applied)

1-Vehicle

2-Personal property

3-Real estate

4-Personal injury

5-Death

Have you filed a claim before (circle which applied) YES OR NO

Date incident occurred :/D/ 21 /M/ July /Y/ 2005

Place incident occurred: Al- Uleify

SITUATION the victim was trying cross the street
An American Convoy hit him and killed him
in 2005.

List in detail amount of property damage and itemized expense resulting from the property damage personal injury: (attach bills and receipts, if applicable).

Item _____ Amount _____

He asks the compensation for the death

TOTAL AMOUNT: US DOLLAR 40,000.00 \$\$

IRAQI DINAR _____ ID _____

Forty thousand
Dollar -

Today date: D/ 24 M/ Aug Y/ 2005

Translator name _____

Signature _____

000715