

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

יְהוָה־בָּנָה אֶת־

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION TF 101st ABN, 1BCT		DATE VOUCHER PREPARED <i>22 Nov 05</i>	SCHEDULE NO.			
		CONTRACT NUMBER AND DATE	PAID BY DSSN:8589 Adam Butler, MAJ 101st FMC APO AE 09393			
		REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS [REDACTED] Tikrit, Iraq [REDACTED]		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 (¹)
				COST	PER	
		Property Damage				2,400.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

2,400.00

PAYMENT:	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
<input type="checkbox"/> PROVISIONAL	=\$ 2,400.00	= \$1.00	
<input type="checkbox"/> COMPLETE	BY ²		
<input type="checkbox"/> PARTIAL			
<input type="checkbox"/> FINAL			
<input type="checkbox"/> PROGRESS			Amount verified; correct for
<input type="checkbox"/> ADVANCE	TITLE		(Signature or Initials)

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

24 NOV 05
(Date)

IAN
(Authorized Signing Officer)

CPT, FCC

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRO F9203 S99999 APC 9204

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE ³	
	\$ 2,400.00	22 Nov 05		

¹ When stated in foreign currency, insert name of currency.

2 If the authority to certify and authority to approve are combined in one person, one signature of the officer will be 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.

SMALL CLAIMS CERTIFICATE

For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.

SUBMIT IN TRIPPLICATE

ORGANIZATION OF INVESTIGATOR TF 101st ABN, 1BCT	FILE NUMBER 6-IA3-026	DATE 22 Nov 65
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NAME OF CLAIMANT [REDACTED]	ADDRESS (Include ZIP Code) Tikrit, Iraq
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SECTION I - ACTION TAKEN BY INVESTIGATOR

I have investigated the incident described in the claim as follows:

ITEM	YES	NO	ITEM	YES	NO
PROPERTY DAMAGE EXAMINED		X	DOCUMENTARY EVIDENCE EXAMINED		X
SCENE OF INCIDENT VISITED		X	CLAIMANT INTERVIEWED		X

WITNESSES INTERVIEWED

NAME	METHOD OF INTERVIEW (Personal, telephone, or correspondence)	NAME	METHOD OF INTERVIEW (Personal, telephone, or correspondence)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

COMMENTS OF INVESTIGATOR:

I find that the evidence substantiates the claim and that the amount claimed or agreed upon constitutes fair compensation for the damage incurred by claimant. I recommend payment of \$ 2,400.00 under Chapter 3 , 4 , 5 , 6 , 7 , 10 , 12 , AR 27-20.

TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR
[REDACTED], CPT, FCCSIGNATURE OF INVESTIGATOR
[REDACTED]**SECTION II - ADJUDICATION OF CLAIM**

After due consideration, I have determined that this claim is meritorious and is cognizable under Chapter 10 , AR 27-20; the claimant is a proper claimant; and an award of \$ 2,400.00 is reasonably substantiated.

TYPED NAME, GRADE AND CAPACITY OF OFFICER
[REDACTED], CPT, FCCSIGNATURE OF APPROVING OR SETTLEMENT AUTHORITY
[REDACTED]

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Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED] NY

POA/ATT:

Power of Attorney provided and interpreter approved: YES

Decedents: [REDACTED]

Hometown: _____ Iraqi Resident: _____

My claim arose at: Tikrit

(Town)

(City)

(Country)

My claim arose on: OCT 15 05

Month

Day

Year

Proof of Ownership: N/A

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Yes - US DCS - dead

Interpreter Approved: _____

Legal Expert Opinion: N/A

Interpreter Approved: _____

Witness Statement (Consistent?): None necessary - SIGACTs cover this

Interpreter Approved: _____

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.)

Bradley hit a wall of house while running
and caused the wall to collapse - child was in
the room and was crushed under the wall - was
taken to US hospital where he died

Evidence: Pics, US documents

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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

\$5000.00

Total: \$ 5000.00

I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Address)

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

local

(Signature of Claimant)

Subscribed before me this 8 day of Nov, 2005.

Cap

(Print Name)

(Signature)

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