

Standard Form 1034  
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  
**3 APRIL 2005**

SCHEDULE NO.

CONTRACT NUMBER AND DATE

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

REQUISITION NUMBER AND DATE

PAYEE'S  
NAME  
AND  
ADDRESS

**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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT ( <sup>1</sup> )
				COST	PER	
		<b>FOREIGN CLAIMS NUMBER 05-ID4-0078 LOSS OF LIFE Pers. Injury</b>				<b>2,000.00</b>

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

**TOTAL**

**2,000.00**

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 =\$ 2,000.00	EXCHANGE RATE =\$1.00	DIFFERENCES	
			BY 2	Amount verified; correct for (Signature or initials)
				<b>2,000.00</b>

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

**3 APR 05**

(Date)

**FOREIGN CLAIMS COMMISSION**

(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999. \$2,000.00

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
<b>CASH</b> \$ 2,000.00	<b>DATE</b> 19 MAY 05	<b>PAYEE</b> X	<b>PER</b> <b>001012</b>

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> 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.

<sup>3</sup> 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.

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

AFVA-4BCT-JA

3 April 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-0078

1. Claimant's Name/Residence: [REDACTED], Al Shurtta, Iraq
2. Incident giving rise to claim occurred on 11 February 2005 on Al Muthana Airport Street, Iraq.
3. The claim was filed on 6 March 2005 in the amount of \$ 2,000.00.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life.  
Pers. Injury.
5. Claimant alleges that her husband was with four other coworkers at the time of the incident. All five were IPs and on duty. Their vehicle was hit by a U.S. HUMMVEE. As a result of the accident, her husband was killed. There is a claims card enclosed and other documentation.
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 \$2,000.00.



MAJ, JA  
Foreign Claims Commission

001013

# Iraqi Assistance Center Compensation Section

To: United State Army Foreign Claims Commission.

From: Name: \_\_\_\_\_

Address: \_\_\_\_\_

I am \_\_\_\_\_

- a. A citizen and national of: Iraq
- b. A permanent resident of: \_\_\_\_\_
- c. Employed by: \_\_\_\_\_
- d. Check one ( ) an insurer ( ) Not an insurer.
- e. Check one ( ) a subrogate ( ) Not a subrogate.

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

M. D

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 injures.) \_\_\_\_\_

My claim arose at: Al Methana Airport Street  
(Town)  (City)  (Country)

My claim arose on: Feb 11 2005  
Month Day Year,

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.)

According to his speech the late  
Haider was driving his car when the Humvee  
cross the road  
from unoffical turn, that cause  
Sever injuries to him

001014

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.)

Total: ~~\$ 2000~~

I was injured to the following extent against the damage or injure I have sustained:

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

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(Name) (Address)

I claim as damages: (indicate amount in US. Dollars and local currency)

\$: 2,000 Local: 2,900,000 F.D.

(Signature of Claimant)

Subscribed before me this 6 day of March, 2005.

(Print Name)

(Signature)

001045