

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED	SCHEDULE NO.
DEPARTMENT OF THE ARMY HEADQUARTERS AND HEADQUARTERS COMPANY TIGER BRIGADE COMBAT TEAM 256TH INFANTRY BRIGADE (MECHANIZED) CAMP LIBERTY, IRAQ APO AE 09303		30 Mar 05	PAID BY
		CONTRACT NUMBER AND DATE	50 TH Finance Battalion LSA Anaconda DSSN: 8550 APO AE 09391
		REQUISITION NUMBER AND DATE	
PAYEE'S NAME AND ADDRESS	32-4 [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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		\$7,500.00
				COST	PER	
		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.				

(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL	\$7,500.00
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:				
	SSG			Amount verified: correct for (Signature or initials)	
	TITLE			7500.00	
Pay Agent					

Pursuant to authority vested in me, I certify that this voucher is a true statement.

30 Mar 05
(Date)

(Authorized Certifying Officer)²

JA
256 BCT Claims Officer

(Title)

ACCOUNTING CLASSIFICATION

2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC 9609 \$7,500.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYER	PER
	\$ 7,500.00	30 Mar 05		

¹ When 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.

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.

001120

NSM 750000-900-2234



DEPARTMENT OF THE ARMY

HEADQUARTERS, 256 BRIGADE COMBAT TEAM
CAMP AL-TAHREER
APO AE 09344

FIVA-BDZ-SJA

30 March 2005

MEMORANDUM FOR RECORD

SUBJECT: Claim of - [REDACTED]

Address - Al Mahmudiyah

Date Filed - 30 Mar 05

Date Received - 30 Mar 05

Amount Claimed - \$7,500.00

Claimed Loss - Other

1. Facts - The claimant alleges that, on or about 19 Jan 05, the claimant's father was driving his car when he was crushed by a Coalition Forces tank and killed.

2. Your above mentioned claimed is denied based on the following reasons:

() Disapproved based on the combat activities bar to compensation;
() Disapproved based on improper claimant;
() Disapproved based on lack of evidence showing negligence of US personnel;
() Disapproved based on failure to show a loss;

(X) Approved

(X) Adjudication Explanation: Approved for \$7,500.00. The claimant has provided sufficient evidence to show that Coalition Forces are responsible for this incident.

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 each request. However, it should describe the legal and/or factual basis for relief. Claimants may also provide new and additional evidence to support their claim. 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] 256th BCT.



A
MAJ, JA
Claims Certifying Officer

Claim# 32-4

001029



UNITED STATES MARINE CORPS

I MARINE EXPEDITIONARY FORCE
UIC 42540
FPO AP 96426-2540

REPLY TO

32-4

MEMORANDUM

FROM: FCC IC3, I MEF, FOB Mahmudiyah, Iraq

SUBJECT: Seven-Point Memorandum and Determination: Claim of [REDACTED]

Introduction. Pursuant to AR 27-20, I have investigated the claim of

1. **Amount of Claim and Date and Place of Filing.**

a. **Amount.** \$ 7500 (USD) \$5000 (car) (2,500) death
b. **Date and Place of Filing.** The claim was filed on 23 March 2003

2. **Type of Claim.** The claim is cognizable under the provisions of the *Foreign Claims Act* (FCA), 10 U.S.C. § 2734, as implemented by AR 27-20.

3. **Date and Place of Incident.**

a. **Date.** The incident giving rise to this claim occurred on or about 15 Jan 03
b. **Place.** Highway in Al Rasheed

4. **Claimant's Address.** Al Rasheed

5. **Facts of Incident.**

a. **Claimant's Background.** The claimant is not represented by counsel.

b. **The Incident.**

Claimant ID # 195841 (1) Claimant's father & Car were crushed by Coalition tank. Car was in line for fuel on highway in Al Rasheed. Vehicle is 2001 Nissan sedan.

Paid
\$7,500

Agent S

ID → 19885

001030