

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

AFZC-FC-JA

24 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] 06-3/4-292

1. Claimants name and address: [REDACTED] Isahki, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 1 Jan 06, at Isahki, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$10,000 on 23 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 compensation for death of son.
5. Facts: Claimant states that US Forces shot and killed her son while conducting a raid at a neighbors home.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either non-combat activities of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. This claim has been verified and an investigation was conducted. Her son was shot whle standing in a window over 200 meters away from the house being raided.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$6,000.

[REDACTED]
[REDACTED]
[REDACTED]
CPT, JA
Foreign Claims Commission

000342

Standard Form 1143
Revised October 1987
Department of the Treasury

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 WARHORSE
APO AE 09

DATE VOUCHER PREPARED
24-Feb-06

CONTRACT NUMBER AND DATE
06-374-292

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
B-DET FD/8TH FB
FOB Warhorse, OIF III
APO AE 09397

PAYEE'S NAME AND ADDRESS

[REDACTED]
Isahki, 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 <small>(Enter description, item no. of contract or Federal supply schedule and other information deemed necessary.)</small>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
1 Jan 06	23 Feb 06	compensation for death of son	1	\$6,000.00	1	\$6,000.00
TOTAL						\$6,000.00

ONE COPY IN EACH SHEET IF NECESSARY (Payee must NOT use the space below)

PAYMENT:
 PROVISIONAL
 COMPLETE
 PARTIAL
 FINAL
 PROGRESS
 ADVANCE

APPROVED FOR: STEPHEN D. BENSON
Foreign Claims Commission

EXCHANGE RATE FOR: = \$6,000.00

CONTRACTING RATE =

DIFFERENCES

Amount verified, correct for (Signature or initials) [REDACTED]

\$6,000.00

Please print or typewrite in me. I certify that this voucher is correct and proper for payment.

24 Mar 06 (Date)

[REDACTED] PT, JA (Authorized Certifying Officer)

FCC (Title)

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204

\$6,000.00

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER

CASH DATE PAYEE

\$6,000.00 24 Mar 06 [REDACTED]

ON (Name of Bank)

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of U.S.C. 526 and 528, 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 government obligation.

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