

**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 TRIPLICATE

ORGANIZATION OF INVESTIGATOR  
TF 42ID, 1 BCT

FILE NUMBER  
5-IA3-1498

DATE

NAME OF CLAIMANT

ADDRESS (Include ZIP Code)  
Tikrit, Iraq

**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)

COMMENTS OF INVESTIGATOR:  
Negligent Fire

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 \$ 2,500.00 under Chapter 3 , 4 , 5 , 6 , 7 , 10 , 12 , AR 27-20.

TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR  
[Redacted], CPT/FCC

SIGNATURE OF INVESTIGATOR  
[Redacted Signature]

**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 \$2,500.00 is reasonably substantiated.

TYPED NAME, GRADE AND CAPACITY OF OFFICER  
[Redacted] CPT/FCC

SIGNATURE OF APPROVING OR SETTLEMENT AUTHORITY  
[Redacted Signature]

Claims Form

To: United States Army Foreign Claims Commission. <sup>wife of deceased</sup> and <sup>father of deceased</sup>  
From: Name: [redacted]

POA/ATT: [redacted]  
 Power of Attorney provided and interpreter approved: VER. FICD by [redacted]  
Decedents: [redacted]

Hometown: TIKRIT  Iraqi Resident:

My claim arose at: Tikrit Tikrit Iraq  
(Town) (City) (Country)  
My claim arose on: MAY 27 05  
Month Day Year

Proof of Ownership:  
 Interpreter Approved: N/A

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Deceased - Bleeding from head due to shooting - 27 May 05 Dtd - No time - Tikrit hospital  
 Interpreter Approved:

Legal Expert Opinion: N/A  
 Interpreter Approved:

Witness Statement (Consistent?): No witnesses - Stmt from wife & father  
 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.)  
Deceased driving ambulance - came to scene of IED - Soldiers closed roadway - ambulance going to scene - Driver shot by soldier

Evidence: Medical Reports, Autopsy

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
Wrongful Death	\$ 2500

Total: \$ 2500

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:

\_\_\_\_\_  
(Name) (Address)

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

\$ 2500 local \_\_\_\_\_

\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this 23 day of JUL, 2005.

SGT \_\_\_\_\_

(Print Name)

\_\_\_\_\_  
(Signature)

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

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
 TF 42ID, 1 BCT

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY  
 DSSN: 8589  
 Arthur F. Turner, LTC  
 40th Finance Bn  
 APO, AE 09308

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

Tikrit, 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 <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT ( <sup>1</sup> )
				COST	PER	
		Negligent Fire				2,500.00
						TOTAL 2,500.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$ 2,500.00	= \$ 1.00	
	BY <sup>2</sup>		Amount verified; correct for
	TITLE		(Signature or initials)

Pursuant to authority vested in me, I certify that the above is a true and correct statement of the amount due and payable for payment.

8 Aug 05  
 (Date)

*[Signature]*  
 (Authorized Certifying Officer)

CPT/FCC  
 (Title)

ACCOUNTING CLASSIFICATION

2152020 22-0204 P436099.22-4200 VIRQ F9206 S99999

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAY	
	\$ 2,500.00			

<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 recaptured 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.

PER  
 000892  
 TITLE