

Standard Form 1041
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
3-Jun-06

SCHEDULE NO.

CONTRACT NUMBER AND DATE
06-3/4-~~725~~ 742

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

REQUISITION NUMBER AND DATE

DSSN 8547

DATE INVOICE RECEIVED

PAYEE'S
NAME

AND
ADDRESS

Hib Hib, Iraq

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

SHIPPED FROM

TO

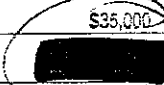

WEIGHT

GOVERNMENT B/L NO

NUMBER	DATE OF DELIVERY OF SERVICE	ARTICLES OR SERVICES (Enter description, item no. of contract or Federal supply schedule and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
	June 2006	death of daughter	1	\$11,000	1	\$11,000
	June 2006	death of daughter	1	\$11,000	1	\$11,000
	June 2006	death of son	1	\$11,000	1	\$11,000
	June 2006	damage to house	1	\$2,000	1	\$2,000
TOTAL						\$35,000

SEE INSTRUCTIONS SHEET IF NECESSARY


(Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR = \$35,000 Foreign Claims Commission	EXCHANGE RATE CONTRACTING RATE=	DIFFERENCES Amount verified; correct for (Signature or initials)	\$35,000 
	Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.			FCC (Title)
7 Jun 06 (Date)	 (Authorized Certifying Officer)			

ACCOUNTING CLASSIFICATION

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

\$35,000

PAID BY CHECK NUMBER CASH \$35,000	ON ACCOUNT OF U.S. TREASURY DATE 7 Jun 06	CHECK NUMBER PAYEE 	ON (Name of Bank)
	(Authorized Certifying Officer)		

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 32b 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 recipient obligation.

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DEPARTMENT OF THE ARMY
 OFFICE OF THE STAFF JUDGE ADVOCATE
 HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
 OPERATION IRAQI FREEDOM, COB SPEICHER
 TIKRIT, IRAQ APO AE 09396

5 June 2006

TO: [REDACTED]

FROM: [REDACTED]

1. Claimant's name and address: Husein Juhdi, Village of Hib Hib, Iraq

2. Location and date of the incident: Hib Hib, Diyala Province, Iraq. Incident occurred on 2 June 2006.

3. Description of the incident: Claimant filed a claim for SPS on 2 June 2006.

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; claimant filed for compensation for the death of three children from an accidental discharge of a 155mm mortar round in Hib Hib, Diyala Province, Iraq.

5. Summary of the incident: The unit was conducting dry training mission with a M109 mortar. The mortar round was accidentally discharged and hit a 155mm mortar round which caused an explosion in Hib Hib, near FOB Warhorse. The explosion resulted in the death of the claimant's three children, [REDACTED], [REDACTED], and [REDACTED], ages 18 and 5 years, respectively. Two of the individuals died in Hib Hib. The family home was also damaged by fragmentation. The unit reports that a preliminary investigation has been conducted and that it has verified that the incident occurred during training and was unintentional.

6. Summary of the unit's investigation: Liability under the Foreign Claims Act may be established if the claimant's children were killed or injured by a negligent or wrongful act or omission of a member of the United States Armed Forces because there was negligence attributable to the United States Armed Forces because there was a negligent or wrongful act or omission of a member of the United States Armed Forces which caused the claimant's children to be killed or injured by a negligent or wrongful act or omission of a member of the United States Armed Forces.

7. Summary of the unit's investigation: Paragraph 1-10.1 in determining damages for claims under the Foreign Claims Act, the unit's investigation of the incident is as follows: In the area of operations, the

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W/18 11 11
S. B. [redacted] 4-3 11-702

Estimated amount claimed for wrongful death ranges from \$3,000-\$15,000 depending on the circumstances and age of the victims. Here, the death of two young adults and a child, combined with the extensive activities of one daughter prior to her death justify payment to the family in the amount of \$10,000 per child. Returns to the family home are estimated at \$2,000.

Recommendation: The amount compensation under the Foreign Claims Act for the above three cases and should be approved for \$35,000.00.

The point of contact for this information is CPT [redacted] at DSN 318-845-1022 or [redacted] as appropriate.

[redacted]
CPT, JA
Chief of Client Services

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted] (Father and the Older Son of the
Address: Hib Hib, Iraq Family)

I am a citizen and national of: Iraq

Name of Unit or US Personnel involved in incident: 3/4 ID

Owner of property that was damaged: claimant is father & owner

My claim arose at: Hib Hib Iraq
(Town) (City) (Country)

My claim arose on: June 2 2006
Month Day Year

Give a brief statement explaining how the claim arose and the nature of the damages.

Negligent discharge of a US Paladin 1x 155 mm HE round
landed in Hib Hib killing 3 children and damaging multiple
houses. Haleem's 3 children were killed & house damaged.
3 member FCC @ 101st approved this.
3 x deaths \$ 11,000 each
house damage \$ 2,000

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

\$ 35,000 local

[Redacted Signature] (Signature of Claimant)

Subscribed before me this 2nd day of June, 2006.

[Redacted Name] (Print Name)
[Redacted Signature] (Signature)

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