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

**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**
TF 421D, 1 BCT

**PAYEE'S NAME AND ADDRESS**
Al Dhuluiya, Iraq

**SHIPPED FROM**

<table>
<thead>
<tr>
<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Vehicle damage</td>
<td>2,500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYMENT:**

- [ ] Provisional
- [ ] Complete
- [ ] Partial
- [ ] Final
- [ ] Progress
- [ ] Advance

**APPROVED FOR**

- [ ] Payment

**EXCHANGE RATE**

- [ ] $2,500.00

**CASH**

- [ ] $2,500.00

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

**PAYEE'S ACCOUNT NUMBER**

**DATE VOUCHER PREPaRED**

**SCHEDULE NO.**

**CONTRACT NUMBER AND DATE**

**PAID BY**

**REQUISITION NUMBER AND DATE**

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

**PAYEE'S ACCOUNT NUMBER**

**WEIGHT**

**GOVERNMENT B/L NUMBER**

<table>
<thead>
<tr>
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<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
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<td></td>
<td></td>
<td>Vehicle damage</td>
<td>2,500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

2,500.00

**Pursuant to authority vested in me, I certify that the above voucher is true and correct for payment.**

(Signature or Initials)

**ACCIDENT CLASSIFICATION**

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

**CASH DATE PAYEE**

**PAYMENT:**

- [ ] Provisional
- [ ] Complete
- [ ] Partial
- [ ] Final
- [ ] Progress
- [ ] Advance

**APPROVED FOR**

- [ ] Payment

**EXCHANGE RATE**

- [ ] $2,500.00

**CASH**

- [ ] $2,500.00

**DATE**

**PAYEE**

**PER 000161**
SMALL CLAIMS CERTIFICATE
For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.

ORGANIZATION OF INVESTIGATOR
TF 42ID, 1 BCT

FILE NUMBER
5 IA3-1157

DATE

NAME OF CLAIMANT

ADDRESS (Include ZIP Code)
Al Dholo, Iraq

SECTION I - ACTION TAKEN BY INVESTIGATOR
I have investigated the incident described in the claim as follows:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY DAMAGE EXAMINED</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DOCUMENTARY EVIDENCE EXAMINED</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>SCENE OF INCIDENT VISITED</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>CLAIMANT INTERVIEWED</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

WITNESSES INTERVIEWED

<table>
<thead>
<tr>
<th>NAME</th>
<th>METHOD OF INTERVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Personal, telephone, or correspondence)</td>
</tr>
</tbody>
</table>

COMMENTS OF INVESTIGATOR:
Vehicle damage

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
Robert H Surles, CPT/FCC

SIGNATURE OF INVESTIGATOR

SECTION II - ADJUDICATION OF CLAIM
21520-22-0204 P436099-22-4200 VIRQ F9206 S99999

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
Robert H Surles, CPT/FCC

SIGNATURE OF OFFICER OR REPRESENTATIVE AUTHORITY

DA FORM 1668, JUN 71 • REPLACES DA FORM 1668, 1 MAY 66, WHICH IS OBSOLETE
To: United States Army Foreign Claims Commission
From: Name:

PO/ATT: □ Power of Attorney provided and interpreter approved:
Decedents: __________________________

Hometown: __________________________ □ Iraqi Resident:

My claim arose at: __________________________
(Town) __________________________ (City) __________________________ (Country) __________________________

My claim arose on: __________________________
Month ______________ Day ______________ Year ______________

Proof of Ownership: __________________________
□ Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):
Name __________________________ Age __________________________ Time of Death __________________________
Interpreter Approved: X

Legal Expert Opinion: __________________________
□ Interpreter Approved:

Witness Statement (Consistent?): __________________________
□ 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.)

Claimants son driving his brother's mini bus, 99-95 Kia, West side munibus. No passengers on bus. Arriving from someone to Boboded. Us convoy orders him pushing him across road where us convoy coming after driver strikes front. Claimants son injured very badly taken to hospital. Died next day.

Evidence: Photos - Autopsy - Death Cert
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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious death</td>
<td>$2500</td>
</tr>
</tbody>
</table>

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

(Signature of Claimant)

Subscribed before me this 29 day of May, 2005.

(Print Name)

(Signature)