

**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

REQUISITION NUMBER AND DATE

PAYEE'S
 NAME
 AND
 ADDRESS

Al Dholoiya, 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 (1) |
|--------------------------------|-----------------------------------|--|---------------|------------|-----|---------------|
| | | | | COST | PER | |
| | | Vehicle damage | | | | 2,500.00 |

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

2,500.00

PAYMENT:

- PROVISIONAL
- COMPLETE
- PARTIAL
- FINAL
- PROGRESS
- ADVANCE

APPROVED FOR

= \$ 2,500.00

EXCHANGE RATE

= \$1.00

DIFFERENCES

/

BY 2

TITLE

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this is correct for payment.

29 May 05
 (Date)

[Redacted 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

PAYEE 3

\$ 2,500.00

[Redacted Payee Name]

PER

TITLE

000161

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 receipted 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.

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-IA3-1157

DATE

NAME OF CLAIMANT



ADDRESS (Include ZIP Code)
Al Dholoiya, 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:

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



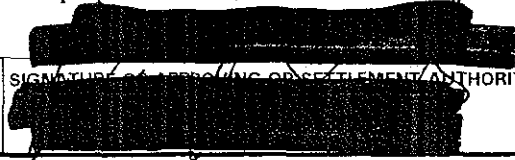
SECTION II - ADJUDICATION OF CLAIM

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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 APPROVING OR SETTLEMENT AUTHORITY



SPL 1158

Claims Form

To: United States Army Foreign Claims Commission
From: Name: [Redacted]

POA/ATT: [Redacted]
 Power of Attorney provided and interpreter approved:

Decedents: [Redacted]

Hometown: _____ Iraqi Resident: _____

My claim arose at: Abayala Bala Iraq
(Town) (City) (Country)

My claim arose on: May 5 2005 1370
Month Day Year

Proof of Ownership:
 Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Decedent's name, chest & head wounds, 6 May 05

Interpreter Approved: [Signature]

Legal Expert Opinion:
 Interpreter Approved: _____

Witness Statement (Consistent?): W1 (stranger) - C hit by US convoy at IING CP.
 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.)

Claimant's son driving his brother's ~~car~~ mini bus, ~~1993~~ 1993 Fiat ~~minibus~~ minibus. No passengers on bus. Driving from Samarra to Baghdad. US Convoy renders him pushing him across road where US Convoy coming other direction strikes front of Claimant's son causing it to flip over. Claimant's son injured very bad taken to hospital. Died next day.

Evidence: Photos - autopsy - death cert 0001 63

Bala Hop

