### Public Voucher for Purchases and Services Other Than Personal

**U.S. Department, Bureau, or Establishment and Location:**
155 BCT Disbursing Office
FOB Duke, Najaf, Iraq

**Address:**
Al-Haideriya Neighborhood, Najaf, Iraq

**Payee's Name and Address:**

**Shipped From**

**To**

**Weight**

**Government B/L Number**

<table>
<thead>
<tr>
<th>Number and Date of Order</th>
<th>Date of Delivery or Service</th>
<th>Articles or Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005.09.26</td>
<td></td>
<td>Foreign Claims Act Payment for death of her husband in vehicle accident caused US convoy on 6 April 2005</td>
</tr>
</tbody>
</table>

**Quantity**

1

**Unit Price**

$2,500.00

**Amount**

$2,500.00

**Differences**

$2,500.00

**Accounting Classification**

2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999

**Date Voucher Prepared**

25 Sept 05

**Contract Number and Date**

**Requirement Number and Date**

**Payee's Account Number**

**Paid By**

**Date Invoice Received**

**Discount Terms**

**Payee's Account Number**

**Voucher No.**

**Schedule No.**

**Accepted by**

**Receipted by**

**Approved For**

**Exchange Rate**

$1.00

**Foreign Claims Commission**

02

**Certifying Officer**

**Signature or Initials**

**Date**

2005.09.26

**Check Number**

**On Account of U.S. Treasury**

**Check Number**

**On (Name of Bank)**

**Cash**

$2,500

**Date**

2005.09.26

**Cash**

**Paid By**

**Per**

**Title**

0003.34

**Privacy Act Statement**

The information requested on this form is required under the provisions of 31 U.S.C. 82b 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 result in the cancellation of the payment obligation.

Previous Edition Usable
MEMORANDUM

FROM: FCC IF5, 155 BCT, Camp Duke, Iraq

SUBJECT: Seven-Point Memorandum and Determination: Claim of claim number 05-IF5-T0049.

Introduction. Pursuant to AR 27-20, I have investigated this claim.

1. Amount of Claim and Date and Place of Filing.
   a. Amount. $12,000 (USD)
   b. Date and Place of Filing. The claim was filed on April 2005, at FOB Duke.

2. Type of Claim. The claim is cognizable under the provisions of the Foreign Claims Act (FCA), 10 U.S.C. § 2734, as implemented by AR 27-20.

3. Date and Place of Incident.
   a. Date. The incident giving rise to this claim occurred on 6 April 2005.
   b. Place. Rte Miami MA 279806.


5. Facts of Incident
   a. Claimant’s Background. The claimant is not represented by counsel.
   b. The Incident. Claimant’s vehicle was pulled over partially in the ROW when a US convoy passed. The first vehicle in the convoy, a humvee passed without any problem. The second vehicle, a PLS, hit the claimant’s car and destroyed it, killed the driver and injured a young passenger (drivers nephew).
   c. Evidence. The accident and damages were verified by photos, statements from CF and witnesses, estimates, death certificate.

   a. Foreign Claims Act (FCA).
      i. Existing Agreements. There are no applicable claims agreements between the U.S. and Iraq.
ii. Single-Service Claims Responsibility. The Department of the Army is assigned Single-Service claims responsibility for claims involving, or generated in Iraq.

iii. Governing Instruction. AR 27-20 implements DoDD 5515.8 and the FCA.

iv. Jurisdiction. The claimant is a proper claimant pursuant to AR 27-20.

v. Statute of Limitations. The claim was presented within 2 years of the date of the incident. 10 U.S.C. § 2734(b)(1).

b. Claim’s Authority. The Judge Advocate for the 155th Brigade Combat team as FCC may deny claims of $15,000 or less or pay claims when the amount of payment is $15,000 or less.

7. Opinion and Determination.

a. Opinion. The claimant is credible and substantiated.

b. Determination – I have determined that this claim is payable under the FCA in the amount of $2,500.00.

LTC, JA, National Guard of the United States
Assistant Staff Judge Advocate
**Public Voucher for Purchases and Services Other Than Personal**

**U.S. Department, Bureau, or Establishment and Location**
155 BCT Disbursing Office
FOB Duke, Najaf, Iraq

**Date Voucher Prepared**
25 Sept 05

**Contract Number and Date**

**Requirement Number and Date**

**Payee's Name and Address**
Al-Haideriya Neighborhood
Najaf, Iraq

**Number and Date of Order**

**Date of Delivery or Service**

**Articles or Services**
Foreign Claims Act Payment for damages his vehicle and injuries to his young son by CF in car wreck on 6 April 2005

**Quantity**
1

**Unit Price**

**Total Cost**

**Amount**

**Discount Terms**

**Payee's Account Number**

**Government B/L Number**

**Schedule No.**

**Voucher No.**

**Payment**

**Approved For**

**Exchange Rate**

**Differences**

**Accounting Classification**

2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999

**Check Number On Account of U.S. Treasury**

**Check Number On (Name of Bank)**

**Cash**

$2,000

**Date**
20050926

**Payment**

**Cash**

**Issued By**

**Authorized Certifying Officer**

**(Date)**
20050926

**(Title)**

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b 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 payment obligation.
MEMORANDUM

FROM: FCC IF5, 155 BCT, Camp Duke, Iraq

SUBJECT: Seven-Point Memorandum and Determination: Claim of [redacted] claim number 05-IF5-T0049.

Introduction. Pursuant to AR 27-20, I have investigated this claim.

1. Amount of Claim and Date and Place of Filing.
   a. Amount. $3,000 (USD)
   b. Date and Place of Filing. The claim was filed on April 2005, at FOB Duke.

2. Type of Claim. The claim is cognizable under the provisions of the Foreign Claims Act (FCA), 10 U.S.C. § 2734, as implemented by AR 27-20.

3. Date and Place of Incident.
   a. Date. The incident giving rise to this claim occurred on between 6 April 2005.
   b. Place. Rte Miami MA 279806.


5. Facts of Incident
   a. Claimant’s Background. The claimant is not represented by counsel.
   b. The Incident. The vehicle owned by the claimant was pulled over partially in the ROW when a US convoy passed. The first vehicle in the convoy, a humvee passed without any problem. The second vehicle, a PLS, hit the claimant’s car and destroyed it, and injured the owner’s young son who was a passenger.
   c. Evidence. The accident and damages were verified by photos, statements from CF and witnesses, and estimates.

   a. Foreign Claims Act (FCA).
      i. Existing Agreements. There are no applicable claims agreements between the U.S. and Iraq.
Claim of Mr. Sami Ferhoud Serbout
Claim Number: 05-FF5-T0049

ii. Single-Service Claims Responsibility. The Department of the Army is assigned Single-Service claims responsibility for claims involving, or generated in Iraq.

iii. Governing Instruction. AR 27-20 implements DoDD 5515.8 and the FCA.

iv. Jurisdiction. The claimant is a proper claimant pursuant to AR 27-20.

v. Statute of Limitations. The claim was presented within 2 years of the date of the incident. 10 U.S.C. § 2734(b)(1).

b. Claim's Authority. The Judge Advocate for the 155th Brigade Combat team as FCC may deny claims of $15,000 or less or pay claims when the amount of payment is $15,000 or less.

7. Opinion and Determination.

a. Opinion. The claimant is credible and the claim is substantiated.

b. Determination –I have determined that this claim is payable under the FCA in the amount of $2,000.

LTC, JA, National Guard of the United States
Assistant Staff Judge Advocate
Claims Form

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

I am

a. A citizen and national of: Iraq.
b. A permanent resident of: Al Najaf
c. Employed by:
d. Check one ( ) An insurer ( ) Not an insurer
e. Check one ( ) A subrogee ( ) Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

American Military

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) Brother of

My claim arose at: Al Hadiya Najaf Iraq.
(Town) (City) (Country)

My claim arose on: April 6 2005
Month Day Year

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.)

1. My brother was killed immediately and my son had minor injuries in his head. (Nose, and small injuries in head)
2. His vehicle was destroyed completely (Datsun Salia, 3595 Najaf, Model 1980, Tokyo)
Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

The driver (my brother) was killed and my son had small injuries. So his car was destroyed completely.

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>1- Vehicle</td>
<td>$3,000</td>
</tr>
<tr>
<td>2- Personal injuries</td>
<td>$12,000</td>
</tr>
</tbody>
</table>

Total: $15,000

I was insured to the following extent against the damage or injuries I have sustained:

Not an insured

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)

$15,000  local 22 500 000,00

(Signature of Claimant)

Subscribed before me this ___ day of ___ , 200__.

(Print Name)

(Signature)