

Standard Form 1034 Revised January 1980 Department of the Treasury FORM 4-2000		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION 155 BCT Disbursing Office FOB Duke, Najaf, Iraq			DATE VOUCHER PREPARED 25 Sept 05		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY	
			REQUIREMENT NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS L Najaf, Iraq			DATE INVOICE RECEIVED		DISCOUNT TERMS	
			PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER	
			SHIPPED FROM TO WEIGHT			
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	
		Foreign Claims Act Payment for death of her husband in vehicle accident caused US convoy on 6 April 2005	1			\$2,500.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)					TOTAL	\$2,500.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		BY <sup>2</sup>	Amount verified; correct for			
<input type="checkbox"/> PARTIAL						
<input checked="" type="checkbox"/> FINAL		LTC, JA, 155 BCT, FCC	<i>(Signature or initials)</i>			
<input type="checkbox"/> PROGRESS		TITLE				
<input type="checkbox"/> ADVANCE		Foreign Claims Commission 102				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
20050926 <i>(Date)</i>		[Redacted] <i>(Authorized Certifying Officer)<sup>2</sup></i>			DDO <i>(Title)</i>	
ACCOUNTING CLASSIFICATION						
2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON <i>(Name of bank)</i>	
				CASH		
CASH	DATE	PAID BY		PER		
\$ 2,500	2005 09 26	X [Redacted]		TITLE 000334		
<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 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.						

Previous edition usable

1034-119-06

NSN 7540-00-900-2234

## PRIVACY ACT STATEMENT

The information request 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.



REPLY TO

DEPARTMENT OF THE ARMY  
155TH BRIGADE COMBAT TEAM  
APO-AE 09329

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.** \$ 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.

4. **Claimant's Address.** Al-Haideriya, Najaf, Iraq.

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.

6. **Brief of Applicable Law.**

a. **Foreign Claims Act (FCA).**

i. **Existing Agreements.** There are no applicable claims agreements between the U.S. and Iraq.


000335

Claim of Ms. Jawaher Abid Milkat  
Claim Number: 05-IF5-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 155<sup>th</sup> 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.

 JR.  
LTC, JA, National Guard of the United States  
Assistant Staff Judge Advocate

000336

Standard Form 1034 Revised January 1980 Department of the Treasury FORM 4-2000		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>155 BCT Disbursing Office FOB Duke, Najaf, Iraq</b>			DATE VOUCHER PREPARED <b>25 Sept 05</b>		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY	
			REQUIREMENT NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS <b>Al-Haideriya Neighborhood Najaf, Iraq</b>			DATE INVOICE RECEIVED		DISCOUNT TERMS	
SHIPPED FROM TO WEIGHT			GOVERNMENT B/L NUMBER		PAYEE'S ACCOUNT 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>	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
		Foreign Claims Act Payment for damages his vehicle and injuries to his young son by CF in car wreck on 6 April 2005	1			\$2,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						\$2,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		BY <sup>2</sup>	Amount verified; correct for			
<input type="checkbox"/> PARTIAL			(Signature or initials)			
<input checked="" type="checkbox"/> FINAL		<b>LTC, JA, 155 BCT, FCC</b>				
<input type="checkbox"/> PROGRESS		TITLE				
<input type="checkbox"/> ADVANCE		<b>Foreign Claims Commission IO2</b>				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
<b>20050926</b> (Date)		<b>[Signature]</b> (Authorized Certifying Officer)		<b>[Signature]</b> (Title)		
ACCOUNTING CLASSIFICATION						
<b>2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999</b>						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
			<b>CASH</b>			
CASH	DATE		PAYEE			
\$ <b>2,000</b>	<b>20050926</b>		<b>[Signature]</b>			
<sup>1</sup> When stated in foreign currency, insert name of currency.				PER		
<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.				TITLE		
<sup>3</sup> 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.				<b>000337</b>		



REPLY TO

DEPARTMENT OF THE ARMY  
155TH BRIGADE COMBAT TEAM  
APO-AE 09329

## MEMORANDUM

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

SUBJECT: Seven-Point Memorandum and Determination: Claim of [REDACTED]  
[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.

4. **Claimant's Address.** Al-Haideriya, Najaf, Iraq.

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.

6. **Brief of Applicable Law.**

a. **Foreign Claims Act (FCA).**

i. **Existing Agreements.** There are no applicable claims agreements between the U.S. and Iraq.

000338

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 155<sup>th</sup> 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.

[REDACTED]  
[REDACTED]  
LTC, JA, National Guard of the United States  
Assistant Staff Judge Advocate

000339

## Claims Form

To: United States Army Foreign Claims Commission.

From: Name: \_\_\_\_\_

Address: \_\_\_\_\_

I am

- a. A citizen and national of: Iraq.
- b. A permanent resident of: Al Najaf
- c. Employed by: \_\_\_\_\_
- d. Check one ( ) An insurer (X) 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 Hai-daya 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 salon, 3595 Najaf, Model 1980, Taxi)

000740

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.)

Item	Amount
1- Vehicle Amount :	3 000 \$
2- Personal injuries :	12 000 \$

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 I.D.

(Signature of Claimant)

Subscribed before me this April, 2005.

(Print Name)

(Signature)

000341