

**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
 14-Feb-06

SCHEDULE NO.

CONTRACT NUMBER AND DATE
 06-3/4-033

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

REQUISITION NUMBER AND DATE

PAYEE'S NAME
 AND ADDRESS
 Muqdadia, Iraq

DSSN 8547
 DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

SHIPPED FROM TO WEIGHT GOVERNMENT B/L NO.

NUMBER	DATE OF DELIVERY OF SERVICE	ARTICLES OR SERVICES <small>(Enter description, item no. of contract or Federal supply schedule and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
14 Oct 05	11 Feb 06	compensation for death of son	1	\$6,000.00	1	\$6,000.00
TOTAL						\$6,000.00

USE CONTINUATION 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	EXCHANGE RATE	DIFFERENCES
	- \$6,000.00 Foreign Claims Commission	CONTRACTING RATE=	Amount verified; correct for (Signature or initials)

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

20 Mar 06 (Date) _____ (Authorized Certifying Officer) FCC (Title)

ACCOUNTING CLASSIFICATION
 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204 \$6,000.00

PAID BY	CHECK NUMBER 800435 ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of Bank)
	CASH \$6,000.00 DATE 20 Mar 06	PAYEE	

PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 51 U.S.C 82b and 82c, for the purpose of disbursing Federal monies. 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.

000636

DEPARTMENT OF THE ARMY
3d Heavy Brigade Combat Team
4th Infantry Division (Mechanized)
FOB Warhorse, Iraq
APO AE 09397

AFZC-FC-JA

14 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] D: 06-3/4-033

1. Claimants name and address: [REDACTED], Muqdadia, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 14 Oct 05, at Muqdadia, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$6,000 on 11 Feb 06.
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; claim filed for compensation for death of son.
5. Facts: US forces allegedly opened fire on claimant's son who was in a police car, killing him.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. Evidence is sufficient to substantiate claim.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$6,000.

[REDACTED]
CPT, JA
Foreign Claims Commission

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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: IRAQ

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

U.S. SOLDIERS FROM FOB NORMANDY

The property damaged is owned by: N/A

My claim arose at: ALMURAIYAH (Town) (NEAR NORMANDY) (City) IRAQ (Country)

My claim arose on: OCT Month 14 Day 2005 Year 1608 Time of Day

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.)

U.S. FORCES ALLEGEDLY OPENED FIRE ON CLAIMANT'S SON WHO WAS IN A POLICE CAR, KILLING HIM. [REDACTED], THE S-S SHOULD BE ABLE TO VERIFY THE INCIDENT ACCORDING TO CLAIMANT. THE DECEASED HAD 4 CHILDREN 1, 2, 3 AND 4.

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
<u>SON</u>	<u>\$6000.00</u>

Total: 6000.00

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

\$ 6000.00 local

[REDACTED]
(Signature of Claimant)

Subscribed before me this 7TH day of JANUARY, 2006.

[REDACTED]
(Print Name)

[REDACTED]
(Signature)

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