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

### VOUCHER NO

- **774**

### U.S. DEPT. BUREAU, OR ESTABLISHMENT AND LOCATION

- **DEPARTMENT OF THE ARMY**
- **B-DT/STH FINANCE BATTALION**
- **FOB WARHORSE, OIF III**
- **APO AE 09357**

### DATE VOUCHER ISSUED

- **20-Dec-05**

### CONTRACT NUMBER AND DATE

- **06-IA5-184**

### REQUISITION NUMBER AND DATE

- **F0B Warhorse, OIF III**
- **APO AE 09357**

### PAYEE

- **Baqubah, Iraq**

### DATE GOODS RECEIVED

- **21-Nov-05**

### ARTICLES OR SERVICES

- **Filed for compensation for death of brother.**

### QUANTITY

- **1**

### UNIT PRICE

- **$6,000.00**

### AMOUNT

- **$6,000.00**

### PAYMENT

- **FINAL**

### APPROVED FOR

- **Foreign Claims Commissioner**

### EXCHANGE RATE

- **= $ 6,000.00**

### CONTRACTING OFFICER

- **DISBURSING OFFICER**

### ACCOUNTING CLASSIFICATION

- **2162020 22-0204 P436099.02-4200 VIRQ F9203 S99999 APC: 9204**

### CHECK NUMBER

- **00645**

### PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 32 U.S.C. 503 and 448. For the purpose of disbursing federal money.

The information is required to identify the particular vendor and the amount to be paid. Failure to furnish this information will block discharge of the payment obligation.

**00645**
MEMORANDUM OF OPINION

SUBJECT: Claim of [Redacted], 06-IA5-184a

1. Claimants name and address: [Redacted], Baqubah, Iraq

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 21 November 2005 in Baqubah, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $6,000 on 17 December 2005.

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; filed for compensation for death of brother.

5. Facts: Claimant’s brother was killed when elements of 3d BCT, 3d ID and 3rd BN, 3d BDE, 5 DIV IA shot vehicle when they were leaving the gate.

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. TF Badger’s S-5 Officer verifies the occurrence of this raid and the facts and circumstances surrounding this incident.

7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for $6,000.

CPT, JA
Claims Judge Advocate
Claims Form CF-1

1. To: United States Army Foreign Claims Commission
   From: Name: [redacted]
   Address: ________________________________

   I am
   a. A citizen and national of: ________ Iraq
   b. A permanent resident of: ________________________________
   c. Employed by: ________________________________________

2. I hereby make a claim against the United States Government for damages or injuries caused by: (Unit Name or Individual)

   ________________________________

3. The property damaged is owned by: ________________________________

4. My claim arose at: Baghdad ________ Iraq
   (Town) (City) (Country)

5. My claim arose on: Nov 21 2008
   Month Day Year

6. 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 was riding in multiple shepherd
   as they were along the gate of

7. 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
   ________________________________

   Total: $1,000

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

9. Subscribed before me this 17 day of Dec 2005.
   ________________________________
   Name: ________________________________
   Rank:

000647