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

**U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION**
- DEPARTMENT OF THE ARMY
- B-DT/FD FINANCE BATTALION
- FOB WARRIOR
- APO AE 03

**DATE VOUCHER PREPARED**: 14-Feb-06

**CONTRACT NUMBER AND DATE**: 06-3/4-216

**REQUISITION NUMBER AND DATE**

**PAID BY**
- B-DT/FD FINANCE BATTALION
- FOB WARRIOR, OIF III
- APO AE 09337

**PAYEE'S NAME AND ADDRESS**
- [Redacted]
  - Kanaan, Iraq

**SHIPED FROM TO**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>DATE OF DELIVERY OF SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>WEIGHT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Mar 06</td>
<td>11 Feb 05</td>
<td>compensation for loss of husband/relative</td>
<td></td>
<td>$6,000.00</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

**PAYMENT**
- PROVISIONAL
- COMPLETE
- PARTIAL
- FINAL
- PROGRESS
- ADVANCE

**APPROVED FOR**
- [Redacted]

**EXCHANGE RATE**
- (Enter exchange rate used)

**CONTRACTING RATE**
- [Redacted]

**DIFFERENCES**
- [Redacted]

**ACCOUNTING CLASSIFICATION**
- 2132020 22-0204 P436999.22-4200 VIRQ F9203 S99999 APC: 9204

**CHECK NUMBER**: 200417

**CHECK NUMBER**: [Redacted]

**PAYEE**
- [Redacted]

**DATE**: 20-Mar-06

**CASH**: $6,000.00

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 710 and 710a, for the purpose of disbursing Federal money. The information requested is to identify the particular service or the amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.
MEMORANDUM FOR RECORD

SUBJECT: Claim of [Redacted]: 06-3-4-216

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

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 7 Mar 05, at Kanaan, 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 loss of husband/father.

5. Facts: Claimants husband and his brothers were in heated argument, fired weapons into the air, and the US Forces in the immediate area returned fire killing the husband and injuring one brother.

6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either non-combat activities of the Unites 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.

CPT, JA
Foreign Claims Commission
To: United States Army Foreign Claims Commission.

From: Name: _______________________________ Sex: F

Address: _______________________________

I am a citizen and national of: Iran.

Name of Unit or US Personnel involved in incident: UNK

Owner of property that was damaged: wife of man killed

My claim arose at: Kanaan (Town) Kanaan (City) Kanaan (Country)

My claim arose on: Mar 7, 2005 0900 

Month Day Year Time

Give a brief statement explaining how the claim arose and the nature of the damages.

Man and brothers were arguing with police in area. US forces in area returned fire killing man, injuring brothers. It appears a condonable payment was made.

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

$6,000 local ____________________________

(Signature of Claimant)

Subscribed before me this 11th day of Feb, 2006.

(Print Name)

(Signature)