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

| PAYEE’S NAME | Kanaan, Iraq |
| PAYEE’S ACCT. NUMBER | |

| SHIPPED FROM | TO |
| | |

| DATE OF DELIVERY OF SERVICE | 7 May 05 |
| ARTICLE(S) OR SERVICES | personal injury |

| NUMBER | 1 |
| DATE OF DELIVERY OF SERVICE | 11 Feb 06 |
| TYPE | 1 |
| COST | $4,000.00 |
| UNIT PRICE | $4,000.00 |

| AMOUNT | $4,000.00 |

**PAYMENT:**
- [ ] PROVISIONAL
- [ ] COMPLETE
- [ ] PARTIAL
- [x] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

**ACCOUNTING CLASSIFICATION**
2162020 22-0204 P438977-4200 VIRQ F9203 S99999 APC: 9204

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 19 U.S.C. 2263 and 32 C.F.R. for the purpose of disbursing Federal money. The information requested is to identify the particular voucher and the amount to be paid. Failure to furnish this information will hinder the exchange of the payment obligation.
MEMORANDUM FOR RECORD

SUBJECT: Claim on: 06-3/4-217

1. Claimants name and address: Kanaan, Iraq

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 7 May 05, at Kanaan, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $4,000 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 personal injury.

5. Facts: Claimant and his brother were shot by US forces. Brother died, claimant sustained significant damage to right arm.

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 $4,000.

CPT, JA
Foreign Claims Commission
Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted] Sex: M

Address: [Redacted]

I am a citizen and national of: Iraq

Name of Unit or US Personnel involved in incident: UNK

Owner of property that was damaged:

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

My claim arose on: Mar 7 2005 09:00

Month Day Year Time

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

Brother of man killed, this guy was shot. Companion claim #2/6

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

$ 4,000 local

(Signature of Claimant)

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

(Print Name)

(Signature)