**Public Voucher for Purchases and Services Other Than Personal**

**U.S. Dept., Bureau, or Establishment and Location**
Department of the Army
350th Fd/9th Finance Battalion
FOB Warhorse, OIF III
APO AE 09397

**Date Voucher Prepared**
16-Aug-05

**Schedule No.**

**Contract Number and Date**
05-IA5-1275

**Requisition Number and Date**

**Payee**

*Baqubah, Iraq*

**Ship From**

**To**

**Weight**

**Government Bld. No.**

**Number**
<table>
<thead>
<tr>
<th>Date of Delivery or Service</th>
<th>Articles or Services (Enter description, item no. of government or Federal Supply Schedule, and other information deemed necessary)</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Aug-05</td>
<td>claim filed for confiscation of land</td>
<td>1</td>
<td>5,000.00</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

**Payment**

- **Approved For**
  - ROBERT A. RODRIGUES
  - Foreign Claims Commissioner

**Exchange Rate**

- $ 5,000.00

**Disbursing Officer**

- 16-Aug-05
- (Authorized Certifying Officer)

**Accounting Classification**

- 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999 $5,000.00

**Paid By**

- Check Number
- On Account of U.S. Treasury
- Check Number
- QN (Name of book)

- Cash $5,000.00
- Date
- Payee

**Privacy Act Statement**

The information requested on this form is required under the provisions of 21 U.S.C. 842 and 847 for the purpose of disbursing Federal money. The information is collected to identify the particular contour and the amount to be paid. Failure or failure to furnish this information will hinder discharge of the payment obligation.

000669
MEMORANDUM OF OPINION

SUBJECT: Claim of [Redacted], 05-IA5-1275

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

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 28 February 2005 in Baqubah, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $5,000 on 10 August 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; claim filed for death of claimant’s husband.

5. Facts: Cdr, 2d Bde, 4th ID, agreed to give claimant land instead of money for the death of her husband. The 4th ID redeployed prior to giving her the land, therefore she is willing to accept money for compensation. The claimant submitted witness statements to support the claim.

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. Based on the statement from the Cdr of 4th ID this claim is substantiated.

7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for $5,000.

CPT, JA
Claims Judge Advocate
Claims Form

To: United States Army Foreign Claims Commission.
From: Name: ______________________

Address: ______________________

I am
a. A citizen and national of: ______________________
b. A permanent resident of: ______________________
c. Employed by: ______________________
d. Check one ( ) An insurer ( ) 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)

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.) ______________________

My claim arose at: ______________________
(Town) ______________________
(City) ______________________

My claim arose on: ______________________
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.)

Claimants husband was shot by CP. 2nd platoon 4th ID commander had agreed to give land to claimants as compensation.
She didn't want money with her feet and never gave her the land. Now she wants like compensation.

008671
Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

Death of husband

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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Death of husband

Total: $5,000

I was insured to the following extent against the damage or injuries I have sustained:

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)

$5,000 local

(Signature of Claimant)

Subscribed before me this 10 day of Aug, 2005.

(Print Name) (Signature)