

U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED	VOUCHER NO.			
DEPARTMENT OF THE ARMY 350th FD/9TH FINANCE BATTALION FOB WARHORSE, OIF III APO AE 09397		16-Aug-05	755			
		CONTRACT NUMBER AND DATE	PAID BY 350th FD/9TH FB FOB Warhorse, OIF III APO AE 09397			
		05-IA5-1275				
PAYEE'S NAME AND ADDRESS <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Baqubah, Iraq</div>		REQUISITION NUMBER AND DATE	DATE INVOICE RECEIVED	DISCOUNT TERMS		
SHIPPED FROM		TO	WEIGHT	PAYEE'S ACCT. NUMBER		
GOVERNMENT B/L NO.						
NUMBER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
10-Aug-05	28-Feb-04	claim filed for confiscation of land	1	5,000.00		\$5,000.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
TOTAL						\$5,000.00
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 ROBERT A. RODRIGUES Foreign Claims Commissioner	EXCHANGE RATE CONTRACTING RATE = \$ 5,000.00	DIFFERENCES	Amount verified; correct for (Signature or initials)	\$5,000.00
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
16-Aug-05 <small>(Date)</small>		for: [REDACTED] ETC, FC <small>(Authorized Certifying Officer)</small>		DISBURSING OFFICER <small>(Title)</small>		
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 <small>(Name of bank)</small>	
	CASH	DATE		PAYEE		
	\$5,000.00					

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C 82b and 82c. for the purpose of disbursing Federal money. 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.

000669



DEPARTMENT OF THE ARMY
Headquarters, 3rd Brigade Combat Team
3rd Infantry Division
FOB Warhorse, Iraq
APO AE 09397

REPLY TO
ATTENTION OF:

AFZP-VI-JA

16 August 2005

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 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. 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.

[REDACTED]
[REDACTED]
CPT, JA
Claims Judge Advocate

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____

Address: _____

I am

- a. A citizen and national of: Iraq
- 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)

CF

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) Baghdad (City) Iraq (Country)

My claim arose on: Feb 28 2004
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.)

claimant's husband was shot by CF. ~~(CF)~~
2nd Lt, 4th ID commander, _____ had
agreed to give land to claimant as compensation,
since she didn't want money with ID left
and never gave her the land. Now she would
like compensation.

000671

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.)

<u>Item</u>	<u>Amount</u>
<u>Death of husband</u>	

Total: \$,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 _____

~~_____~~
X
(Signature of Claimant)

Subscribed before me this 10 day of Aug, 2005.

~~_____~~
(Print Name) _____
~~_____~~
(Signature)