

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 3d Finance Company Camp Falcon, Iraq APO AE 09364 DSSN: 5579</b>			10 DATE VOUCHER PREPARED <b>20050721</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS  <b>CLAIM #: 05-IM6- T989051</b>  [REDACTED] <b>Baghdad, Iraq</b>			CONTRACT NUMBER AND DATE <b>.245007</b>		PAID BY <b>3d Finance Company APO AE 09364</b>	
			REQUISITION NUMBER AND DATE <b>NONE</b>		DSSN: 5579	
					DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
SHIPPED FROM			TO		WEIGHT	
					GOVERNMENT B/L NUMBER	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above-named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				<b>\$7,000.00</b>
<b>(Payee must NOT use the space below)</b>						<b>TOTAL \$7,000.00</b>
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR  BY: <b>SSG [REDACTED]</b> HQ, 4 BDE, 3 ID, (FWD) TITLE: <b>PAYING AGENT</b>	EXCHANGE RATE  =\$	DIFFERENCES		
			=\$1.00			<b>\$7,000.00</b>
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
				<b>[REDACTED], CPT, USA</b> HQ, 4 BDE, 3 ID (FWD), FCC IM6		
				(Date) (Authorized Certifying Officer) <sup>2</sup> (Title)		
ACCOUNTING CLASSIFICATION						
2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999 \$7,000.00						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE	[REDACTED]	
	\$ 7,000.00					
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.				PER		
				TITLE		

Previous edition usable

**PRIVACY ACT STATEMENT**

NSN 7540-00-900-2234

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.

**000703**

## 4<sup>th</sup> Brigade Combat Team – Claims Info. Sheet 3d Infantry Division

**ATTORNEY**  
 Shatha  Yasen  Salah  Zamil  Kassim  Hussein  Wael  Alyaa  Amal  Adel  Ali  Enam  None

**Today's Date** 05-11-2005

**CLAIMANT NAME** \_\_\_\_\_ **ID NUMBER** 989051  
**PHONE NUMBER** \_\_\_\_\_  
**DISTRICT ADDRESS** Section: \_\_\_\_\_ Street: \_\_\_\_\_ House: \_\_\_\_\_ Other: \_\_\_\_\_

**CLAIM INFORMATION**

Injury  Death  FCA Damage  
 Confiscation ( Car;  Weapon;  Other)  
 FCA/Solatia  Real Estate  Other \_\_\_\_\_  
 Reconsideration  
 Shooting  Bombing  Raid  Vehicle Accident  Arrest  UXO/IED  Other

**DATE OF INCIDENT** 01-20-2005 **LOCATION OF INCIDENT** The highway (8) near Alwa AlRashed **AMOUNT CLAIMING** \$ 17000

**FCA CLAIMS SUPPORTING DOCUMENTS**

Proof of Ownership  Receipts  Diagram  Police Report  Statements  Pictures  
 US Note  Hospital Report  Judicial Decision  
 Other: \_\_\_\_\_  
 Death Certificate  Medical Reports ( Iraqi  US)  US Note  Division of Property Form from the court  
**Name of Deceased:** \_\_\_\_\_ **Age:** 15  
**Marital Status:**  Single  Married (number of wives/kids \_\_\_\_\_, \_\_\_\_\_)  
**Nature of injury:** \_\_\_\_\_  
 Is it permanent? \_\_\_\_\_  
 Will injury require follow up surgeries? \_\_\_\_\_  
 Does this injury affect the individual's ability to earn a living? \_\_\_\_\_

**GENERAL INFORMATION**

Are there any discrepancies in the evidence? /  
 Do the medical records confirm the "story"? Yes  
 Do the pictures confirm the "story"? /  
 Other notes regarding evidence: /  
 Is this related to any other claims? /

**TRANSLATOR NOTES:** In 01-20-2005 the claimant son ( ) was with his uncle, they was going to Almahmodya at 9:00 am. there was military convey in the adverse side. The convey shot the car without reason by random shooting. the boy ( ) hurted and died before arriving to hospital.

Translator Estimate of damages: \$ \_\_\_\_\_

**NCOIC NOTES** DOCUMENTS CONFIRM STORY! RECOMMEND APPROVAL FOR \$7000.

**ATTORNEY NOTES**  Approved \$7,000.00  Denied (Circle) Evidence Combat Ops Other

\_\_\_\_\_  
CPT, USA