

4th Brigade Combat Team - Claims Info. Sheet
3d Infantry Division

#20

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

Today's Date 05-15-2005

CLAIMANT NAME Miss. [REDACTED] ID NUMBER 588699
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 01-08-2005 LOCATION OF INCIDENT Baghdad - Auereej AMOUNT CLAIMING \$ 2500

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: [REDACTED] Age: 50
Marital Status: Single Married (number of wives/kids 1, 8)
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 date of 01-08-2005 The claimant husband [REDACTED] was work at real state office when he was diedly shot by US Forces who were shooting randomly after a road side IED explosion the forces transport him to CASH Hospital (TRUSIMA), he died at the same day because of intensive injury. Death reports from the hospital is attached.
Translator Estimate of damages: \$ 2500

NCOIC NOTES: IED EXPLODED AND U.S. FORCES RANDOMLY SHOT HUSBAND. RECOMMEND APPROVAL FOR \$7000.

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

[REDACTED] CPT, IA
2 and 12 Aug 05 CE SHOOTING 000709

Standard Form 1034 (EG) Revised October 1987 Department of the Treasury 1754 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 3d Finance Company Camp Falcon, Iraq APO AE 09364 DSSN: 5579			10 DATE VOUCHER PREPARED 20050721		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 05-IM6-T588699 [REDACTED] Baghdad, Iraq			CONTRACT NUMBER AND DATE 245007		PAID BY 3d Finance Company APO AE 09364	
			REQUISITION NUMBER AND DATE NONE		DSSN: 5579	
					DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
SHIPPED FROM		TO	WEIGHT	GOVERNMENT BAL 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 COST PER		AMOUNT
		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.				\$7,000.00
(Payee must NOT use the space below)					TOTAL	\$7,000.00
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	EXCHANGE RATE	DIFFERENCES		
		= \$	= \$1.00			
		BY: [REDACTED]	Amount verified, contract for		\$7,000.00	
		HQ, 4 BDE, 3 ID, (FWD)	[REDACTED]			
		TITLE: PAYING AGENT	[REDACTED]			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
4 Aug 05 <i>(Date)</i>		[REDACTED] <i>(Authorized Certifying Officer)</i>		[REDACTED], CPT, USA HQ, 4 BDE, 3 ID (FWD), FCC IM6 <i>(Title)</i>		
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	13 Aug 05				
¹ When stated in foreign currency, insert name of currency. ² 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. ³ 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

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.

000710

NSN 7540-00-9800-2234