

DEPARTMENT OF THE ARMY

HEADQUARTERS, 2D BRIGADE  
3D INFANTRY DIVISION  
BAGHDAD, IRAQ  
APO AE 09380

REPLY TO  
ATTENTION OF:

AFZP-VB-JA

Date: 28 September 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T0065-06 APPROVAL AS FOLLOWS:

Claim of: [REDACTED]

Address: [REDACTED], Baghdad, Iraq

Date Filed: 19-Sep-05

Amount Claimed: \$40,000.00

Claimed Loss: The claimant father was crossing the street and a Coalition Forces convoy ran him over and killed him

1. Your above-mentioned claim is approved, and will be paid as follows:

[X] **Approved:** The claimant, [REDACTED], will be paid \$10,000.00 in compensation for property damaged, lost, destroyed, captured, or abandoned in service.

2. 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.

3. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.

4. POC for this memorandum is [REDACTED], Camp Loyalty, @ VOIP 242-7063.

[REDACTED]  
CPT, JA

FOREIGN CLAIMS COMMISSION

000713

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 HQ, 3D Infantry Division Office of the Staff Judge Advocate APO AE 09380</b>			10 DATE VOUCHER PREPARED <b>28 September 2005</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS  <b>CLAIM #: I18T0065-06</b>  [REDACTED] <b>dy,</b> <b>ignad, Iraq</b>			CONTRACT NUMBER AND DATE		PAID BY <b>3d Finance, 3d SSB Camp Liberty, Iraq APO AE 09352 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER		SHIPPED FROM TO WEIGHT		
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>\$10,000.00</b>
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) <b>TOTAL</b>						<b>\$10,000.00</b>
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		BY 1				
<input type="checkbox"/> PARTIAL		TITLE		Amount verified; correct for (Signature or initials) <b>4A</b>		<b>\$10,000.00</b>
<input type="checkbox"/> FINAL		Pursuant to authority vested in me, I certify that this voucher is correct.				
<input type="checkbox"/> PROGRESS		<b>OCT 22 2005</b> (Date) [REDACTED] (Authorized Certifying Officer) [REDACTED] CPT, JA (Title) Claims Judge Advocate				
<input type="checkbox"/> ADVANCE		ACCOUNTING CLASSIFICATION 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204 [REDACTED] S SFC, USA Foreign Claims Pay Agent				
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE 3	[REDACTED]		
	\$ <b>\$10,000.00</b>	<b>OCT 22 2005</b>				
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		

Claims form  
Us foreign commission

Claim# 2-058-5

Claimant name [REDACTED]

Address [REDACTED]

Sec- [REDACTED] St/ [REDACTED] H/ [REDACTED]

Relation ship the victim's son Age 42 Dob d/m/y 1, Jan, 1963

A citizen and national of / Iraq  
A permanent resident / Baghdad

Type claim (circle which applied)

- 1-Vehicle
- 2-Personal property
- 3-Real estate
- 4-Personal injury

5-Death

Have you filed acclaim before (circle which applied) YES OR  NO

Date incident occurred :/D/ 27 /M/ July /Y/ 2005

Place incident occurred: / Al- Uleidy

SITUATION The victim was trying cross the street  
An American Convoy hit him and killed him  
at once.

List in detail amount of property damage and itemized expense resulting from the property damage personal injury: (attach bills and receipts, if applicable).

Item	Amount
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He asks the compensation for the death

TOTAL AMOUNT: US DOLLAR 40,000.00 \$

IRAQI DINAR \_\_\_\_\_ ID Forty thousand Dollar

Today date: D/ 24th M/ Aug Y/ 2005

Translator name \_\_\_\_\_  
Signature [REDACTED]