

Standard Form 1034 (EG)  
Revised October 1987  
Department of the Treasury  
1 TFM 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**  
HQ, 3D Infantry Division  
Office of the Staff Judge Advocate  
APO AE 09380

10 DATE VOUCHER PREPARED

30 September 2005

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

3d Finance, 3d SSB  
Camp Liberty, Iraq  
APO AE 09352  
DSSN: 5579

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

PAYEE'S  
NAME  
AND  
ADDRESS

CLAIM #: I18T0066-06

New Baghdad,  
Baghdad, Iraq

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.				\$23,000.00
<b>TOTAL</b>						\$23,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

PAYMENT:

- PROVISIONAL
- COMPLETE
- PARTIAL
- FINAL
- PROGRESS
- ADVANCE

APPROVED FOR

BY <sup>2</sup>

TITLE

EXCHANGE RATE

=\$1.00

DIFFERENCES

Amount verified, correct for  
*(Signature or initials)*

\$23,000.00

JA

Pursuant to authority vested in me, I certify that this voucher is correct and true.

1 NOV 2005

(Date)

Claims Judge Advocate

(Title)

2162020 22-0204 P436099 22-4200 VRQ F9203 S907 APC: 9204

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE <sup>3</sup>	
	\$ 23,000.00	1 NOV 2005		

<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.

NSN 7540-00-900-2234

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.

000716

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 2D BRIGADE  
3D INFANTRY DIVISION  
BAGHDAD, IRAQ  
APO AE 09380

REPLY TO  
ATTENTION OF:

AFZP-VB-JA

Date: 30 September 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T0066-06 APPROVAL AS FOLLOWS:

Claim of: [REDACTED] a

Address: New Baghdad, [REDACTED], Baghdad, Iraq

Date Filed: 11-Apr-05

Amount Claimed: \$39,000.00

Claimed Loss: C.F caused massive traffic accident with multiple fatalities and injuries. Claimant's brother ([REDACTED]) was killed when his vehicle was destroyed by C.F.

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

**Approved:** The claimant, [REDACTED], will be paid \$23,000.00 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]  
C/F, IA  
FOREIGN CLAIMS COMMISSION

000717



DEPARTMENT OF THE ARMY  
HEADQUARTERS, THIRD INFANTRY DIVISION (FWD)  
OFFICE OF THE STAFF JUDGE ADVOCATE  
APO AE 09352

REPLY TO  
ATTENTION OF:

AFZP-JAC

29 September 2005

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [REDACTED]

1. Facts. Claimant's 1997 Hino tanker truck and Ford pick-up truck were destroyed in a vehicle accident caused by U.S. forces on 12 March 2005. In addition, claimant's brother, [REDACTED] a, was killed in the accident.
2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. Claimant has produced sufficient evidence to show that U.S. forces negligently caused his loss.
3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action. The claim is approved in the amount of \$23,000. (\$4,000 for the loss of the Ford, \$9,000 for loss of the Hino and \$10,000 for the death of claimant's brother.)

[REDACTED]  
CW2, JA  
FCC 114

[REDACTED]  
CPT, JA  
FCC 114

000718

DEPARTMENT OF THE ARMY  
HEADQUARTERS AND HEADQUARTERS COMPANY  
2D BRIGADE, 3D INFANTRY DIVISION  
FOB LOYALTY, APO AE 09380

REPLY TO  
ATTENTION OF:

AFZP-VB-JA

1 June 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED]

1. **Claimant's name and address:** [REDACTED], New Baghdad, [REDACTED], Baghdad, Iraq.
2. **Date and place the incident occurred giving rise to the claim:** Incident occurred on 12 March 2005, at Al-Wehda, Baghdad, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim in the amount of \$39,000.00 on 11 April 2005.
4. **Claim considered under the Foreign Claims Act and Chapter 10, AR 27-20; claim filed for the death of the claimant's brother** [REDACTED] **and the destruction of his vehicle.**
5. **Facts:**
  - a. On 12 March 2005, a massive vehicular traffic accident occurred and resulted in multiple fatalities and injuries.
  - b. Claimant's brother was involved in the vehicular accident, resulting in his death and the destruction of his vehicle.
  - c. The traffic accident was the direct result of negligence on behalf of the United States Army.
6. **Opinion:**
  - a. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by non-combat activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claimant provided evidence that the United States Army was involved and caused in the traffic accident.
  - b. The claim is meritorious.
  - c. The evidence presented establishes negligence on behalf of the Coalition Forces.
7. **Recommended Action:** Approve and pay the claim in the amount of \$39,000.

[REDACTED]  
CPT, 2D BDE CJA  
Single Member FCC

000719

# Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

Address: New Baghdad / [REDACTED]

I am

- a. A citizen and national of: \_\_\_\_\_
- b. A permanent resident of: \_\_\_\_\_
- c. Employed by: He is just a worker
- 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 damages caused by the American forces

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.) The guy's brother ([REDACTED])

My claim arose at:  New Baghdad Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: March Saturday 2003  
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.)

[REDACTED] had a tanker and it was a broken one and it had been drawn by a crane (trailer) kind (scange) the tanker was (Hino) and there was another truck (Ford) (grey) and these two trucks had been destroyed because of the American forces and the damages was (100%) percent and the driver died because of that incident

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

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>
For the (Ford) Truck	5000 \$/
For the (Hino) Truck (8 tons)	34,000 \$/
Total: 39,000 \$/	

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)

\$ 39,000 \$/ local 58 Million Dinars

(Signature of Claimant)

Subscribed before me this <sup>April</sup> ~~1st~~ day of Thursday, 2003.

(Print Name)

(Signature)

000721