

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

REPLY TO
ATTENTION OF:

AFZP-VB-JA

Date: 12 October 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T06-0089 APPROVAL AS FOLLOWS:

Claim of: [REDACTED]

Address: [REDACTED] Iraq

Date Filed: 11-May-05

Amount Claimed: \$13,793.00

Claimed Loss: Claimant's husband died and vehicle damaged in a vehicular accident involving C.F.

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]y, Camp Loyalty, @ VOIP 242-7063.

[REDACTED]
CPT, JA

FOREIGN CLAIMS COMMISSION

000729

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

12 October 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

GOVERNMENT B/L NUMBER

CLAIM #: 118T06-0089

PAYEE'S NAME
AND ADDRESS

[Redacted] b
[Redacted] AI-
Baghdad, Iraq

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>	QUANTITY	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.				\$10,000.00
TOTAL						\$10,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

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
	BY:	=\$	=\$1.00
	TITLE	Amount verified; correct for (Signature or initials)	

\$10,000.00

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

19 NOV 05 (Date) [Redacted Signature] (Authorized Certifying Officer) [Redacted Signature] CPT, JA (Title)
Claims Judge Advocate

ACCOUNTING CLASSIFICATION
2162020 22-0204 P436099 22-4200 VIRQ F9203 S99999 ABC 9204
[Redacted Signature]
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	

\$ 10,000.00 19 NOV 05 [Redacted Signature] 000730

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.

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 1# 015 # 8 # 2

CLAIMANT NAME --- [REDACTED]
ADDRESS --- [REDACTED]
SEC/ [REDACTED] - ST/ [REDACTED] H/ [REDACTED]
PHONE ([REDACTED])

- IAM
A - A Citizen and National Of (Iraq)
B - A Permanent Resident Of (Baghdad)
C - Employed By
D - Check one () an insure () Not an insurer
E - Check one () A subrogate () Not a subrogate

HAVE YOU FILED A CLAIM BEFORE (circle one) YES OR NO

TYPE OF CLAIM (circle which applied)

INJURY DEATH

PROPERTY DAMAGE : VEHICLE , BUILDING , FIELD , ANIMAL , OR OTHER

NAME --- [REDACTED]
RELATIONSHIP My husband AGE: 51 DOB D/M/Y 1/7/1953

DATE INCIDENT OCCURRED : /D/ 7 /M/ 3 /YYYY/ 2005

PLACE INCIDENT OCCURRED Diyala Bridge
SEC/ [REDACTED] ST/ [REDACTED] H/ [REDACTED]

SITUATION Civilian, truck destroyed and Iraqi killed

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

Item	Amount

TOTAL AMOUNT: Up to the compensation committee US DOLLAR OR DINAR 20,000,000 D

Signature --- [REDACTED]
Today date 19/ April / 2005
000731