PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-Nov-05</td>
<td>10-Dec-05</td>
<td>Claimant's husband was killed by patrol.</td>
<td>1</td>
<td>2,500.00</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

TOTAL: $2,500.00

For: [Signature of Claimant]

DISBURSING OFFICER

ACCOUNTING CLASSIFICATION

216020 22-0204 P436099.22-4200 VIRQ F9203 899999 APC: 9204 $2,500.00
MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IA5-121b

1. Claimants name and address: [REDACTED], Ad-Duluiyah, Iraq.

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 15 July 2005 in Ad-Duluiyah, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $7,500 on 26 November 2005.

4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for personal injury.

5. Facts:
   a. Claimant's husband was killed by a U.S. patrol.
   b. There was a death certificate and a damage report included in the submitted claim.

6. Opinion:
   a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.
   b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. 1/15th IN’s commander verifies the shooting and the death certificate verifies the cause of death.

7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim for $2,500.00 is approved.
Claims Form.

To: United States Air Force Foreign Claims Commission.
From: Name: [Redacted]
Address: [Redacted]

I am
a. A citizen and national of: [Redacted]
b. A permanent resident of: [Redacted]
c. Employed by: [Redacted]
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 US forces in Iraq

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.)

My claim arose at: Adhulyia, Iraq
(Town) Died 16 JI (City) (Country)

My claim arose on: July 15, 2005 at 11 am.
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.)

The US forces shoted my husband his name [Redacted] was when he was back to his house by his car this shooting led to killed him near of his house. And now we have not any source to cost the life and we have larger children and I am his wife. I have not job please help, help just for our family.
Describe nature and extent of property damage or personal injury sustained as a result of the above incident:

- Large damages

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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>As shown in expert report</td>
<td>$7,500</td>
</tr>
</tbody>
</table>

Total $7,500

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)

- $7,500
- local $125,000

(Signature of Claimant)

Subscribed before me this __ day of ___________ 200__

(Print Name)

(Signature)