

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
 TF 101st ABN, 1BCT

DATE VOUCHER PREPARED

22 NOV 05

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY
 DSSN: 8589
 Adam Butler, MAJ
 101st FMC
 APO AE 09393

PAYEE'S
 NAME
 AND
 ADDRESS

[REDACTED]
 Tikrit, Iraq

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

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 (1)
				COST	PER	
		Property Damage				2,400.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

2,400.00

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$ 2,400.00	= \$ 1.00	
	BY 2		Amount verified; correct for
	TITLE		(Signature or Initials)

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

21 NOV 05
 (Date)

[REDACTED] IAN
 (Authorized Certifying Officer)

CPT, FCC
 (Title)

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC 9204

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	
	\$ 2,400.00	22 NOV 05	[REDACTED]	

1 When stated in foreign currency, insert name of currency.	PER	000836
2 If the ability to certify and authority to approve are combined in one person, one signature of the approving officer will sign in the space provided, over his official title.	TITLE	
3 When a voucher is recaptured in the name of a company or corporation, the name of the person making 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.		

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.

NSN 7540-00-900-2234

USAPA 04 00

SMALL CLAIMS CERTIFICATE

For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.

SUBMIT IN TRIPLICATE

ORGANIZATION OF INVESTIGATOR TF 101st ABN, 1BCT	FILE NUMBER 6-IA3-026	DATE 22 Nov 05
NAME OF CLAIMANT [REDACTED]	ADDRESS (Include ZIP Code) Tikrit, Iraq	

SECTION I - ACTION TAKEN BY INVESTIGATOR

I have investigated the incident described in the claim as follows:

ITEM	YES	NO	ITEM	YES	NO
PROPERTY DAMAGE EXAMINED		X	DOCUMENTARY EVIDENCE EXAMINED	X	
SCENE OF INCIDENT VISITED		X	CLAIMANT INTERVIEWED	X	

WITNESSES INTERVIEWED

NAME	METHOD OF INTERVIEW <i>(Personal, telephone, or correspondence)</i>	NAME	METHOD OF INTERVIEW <i>(Personal, telephone, or correspondence)</i>

COMMENTS OF INVESTIGATOR:

I find that the evidence substantiates the claim and that the amount claimed or agreed upon constitutes fair compensation for the damage incurred by claimant. I recommend payment of \$ 2,400.00 under Chapter 3 , 4 , 5 , 6 , 7 , 10 , 12 , AR 27-20.

TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR
 [REDACTED], CPT, FCC

SIGNATURE OF INVESTIGATOR
 [REDACTED]

SECTION II - ADJUDICATION OF CLAIM

After due consideration, I have determined that this claim is meritorious and is cognizable under Chapter 10, AR 27-20; the claimant is a proper claimant; and an award of \$2,400.00 is reasonably substantiated.

TYPED NAME, GRADE AND CAPACITY OF OFFICER
 [REDACTED], CPT, FCC

SIGNATURE OF APPROVING OR SETTLEMENT AUTHORITY
 [REDACTED]

000837

Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved: YES

Decedents: [REDACTED]

Hometown: _____ Iraqi Resident: _____

My claim arose at: _____ Tikrit _____

(Town) (City) (Country)

My claim arose on: 09 15 05

Month Day Year

Proof of Ownership: _____

Interpreter Approved: N/A

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Yes - US DCS - good

Interpreter Approved: _____

Legal Expert Opinion: _____

Interpreter Approved: N/A

Witness Statement (Consistent?): None necessary - SIOACTs cover this

Interpreter Approved: _____

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.)

Bradley hit a wall of house while maneuvering and caused the wall to collapse - child was in the room and was crushed under the wall - I was taken to US hospital where he died

Evidence: Pics, US documents 000838

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.)

Item	Amount
Wrongful death	\$5000.00

Total: \$5000.00

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)
\$ _____ local _____



(Signature of Claimant)

Subscribed before me this 8 day of NOV, 2005.

CPT 
(Print Name)


(Signature)