**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION:**
TF 101st ABN, 1BCT

**PAYEE'S NAME AND ADDRESS:**
Kurt, Iraq

**DATE VOUCHER PREPARED:** 22 Nov 05

**PAYEE'S ACCOUNT NUMBER:**

**NUMBER AND DATE OF ORDER** | **DATE OF DELIVERY OR SERVICE** | **ARTICLES OR SERVICES** | **QUANTITY** | **UNIT PRICE** | **AMOUNT** |
--- | --- | --- | --- | --- | --- |
 | | | Property Damage | | 2,400.00 | |

**PAYMENT:**
- [ ] PROVISIONAL
- [ ] COMPLETE
- [ ] PARTIAL
- [ ] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

**APPROVED FOR:** $2,400.00

**EXCHANGE RATE:** $1.00

**Differences:**

Amount verified; correct for

**ACCOUNTING CLASSIFICATION:**
2162020 22-0204 P436099 22-4200 VIRQ F9203 S99999 APC 9204

**ACCOUNTING NUMBER:**

**Check number:**

**Check number on account of U.S. Treasury:**

**Cash paid by:** $2,400.00

**Date:** 22 Nov 05

**Payee:**

**Title:** CPT, FCC

**Accounting Classification:**

**Check number on account of bank:**

**Check number:** 000836

**Title:**

---

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 name or combination of names must be inserted; otherwise the approving officer will sign in the space provided, over his official title.
3 If a voucher is received in the name of a company or corporation, the name of the person holding 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.
SMALL CLAIMS CERTIFICATE
For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.

ORGANIZATION OF INVESTIGATOR
TF 101st ABN, 1BCT

FILE NUMBER
6-IA3-026

DATE
22 Nov 05

NAME OF CLAIMANT

ADDRESS (Include ZIP Code)
Tikrit, Iraq

SECTION I - ACTION TAKEN BY INVESTIGATOR
I have investigated the incident described in the claim as follows:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>YES</th>
<th>NO</th>
<th>ITEM</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY DAMAGE EXAMINED</td>
<td>X</td>
<td></td>
<td>DOCUMENTARY EVIDENCE EXAMINED</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>SCENE OF INCIDENT VISITED</td>
<td>X</td>
<td></td>
<td>CLAIMANT INTERVIEWED</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

WITNESSES INTERVIEWED

<table>
<thead>
<tr>
<th>NAME</th>
<th>METHOD OF INTERVIEW (Personal, telephone, or correspondence)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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 [X], 12 [ ], AR 27-20.

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.

SIGNATURE OF INVESTIGATOR

SIGNATURE OF APPROVING OFFICER

00837
Claims Form

To: United States Army Foreign Claims Commission
From: [Name]
POA/ATT: [POA/ATT]

Power of Attorney provided and interpreter approved: [Yes/No]

Decedents: [Decedents]

Hometown: [Hometown] □ Iraqi Resident: [Yes/No]

My claim arose at: Tikrit

My claim arose on: 05 15 05

Month Day Year

Proof of Ownership: [Proof of Ownership] □ Interpreter Approved: [Interpreter Approved]

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): [Death Certificates]

□ Interpreter Approved: [Interpreter Approved]

Legal Expert Opinion: [Legal Expert Opinion] □ Interpreter Approved: [Interpreter Approved]

Witness Statement (Consistent?): [Witness Statement] □ Interpreter Approved: [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 at home while maneuvering and caused the wall to collapse. Child was in the room and was crushed under the wall, was taken to US hospital where he died.

Evidence: [Evidence] 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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrongful death</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

Total: $5,000.00

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)

$ [Redacted]

(Signature of Claimant)

Subscribed before me this 8 day of Nov, 2005.

(Print Name) [Redacted]

(Signature)