PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
130TH FINANCE BATTALION
APO AE 09391

DATE VOUCHER PREPARED
8 APRIL 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY
130th FINANCE BN
LSA ANACONDA
APO AE 09391
DSSN 8550

REQUISITION NUMBER AND DATE

PAYEE'S ACCOUNT NUMBER

PAYEE'S NAME AND ADDRESS

SHIPPED FROM

TO

WEIGHT

GOVERNMENT BL NUMBER

ARTICLES OR SERVICES
(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)

FOREIGN CLAIMS NUMBER 05-ID4-0088
LOSS OF LIFE

QUANTITY

UNIT PRICE

AMOUNT

2,500.00

PAYMENT:

APPROVED FOR

EXCHANGE RATE

DIFFERENCES

Fighting the war in Iraq

TOTAL

2,500.00

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

FOREIGN CLAIMS COMMISSION

ACCOUNT CLASSIFICATION NUMBER 2152020 22-0204 P436099 22-4200 VIRQ F9203 S99999. $2,500.00

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

PAYEE

PER

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 signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
3. When a voucher is received 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 "Treasure," as the case may be.
MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-0088

1. Claimant's Name/Residence: / Baghdad, Iraq

2. Incident giving rise to claim occurred on 6 January 2005 on the 17 July Bridge, Iraq.

3. The claim was filed on (N/A) in the amount of $2,500.00.

4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life.

5. Claimant alleges that her husband, who was working as a journalist, was walking across the bridge when he was shot and killed by U.S. troops. She has documentation from CA confirming that U.S. troops were in the area at that time. Also, a medical report is attached stating that the round that killed the victim was a 5.56mm round.

6. 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 or negligent or wrongful acts of the United States Armed Forces. The claimant has submitted sufficient evidence.

7. I recommend approving this claim in the amount of $2,500.00.

MAJ, JA
Foreign Claims Commission
To: United State Army Foreign Claims Commission.

From: Name: [Redacted]

Address: Baghdad near Al-Karama hospital

I am:

a. A citizen and national of: Iraq

b. A permanent resident of:

c. Employed by:

d. Check one ( ) an insurer ( ) Not an insurer.

e. Check one ( ) a subrogate ( ) Not a subrogate.

I hereby make a claim against the United State Government for damages or injuries caused by: (Name. Organization. Military Department. Address. Telephone Number)

M.D.

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: 17 July Bridge

(Town) (City) (Country)

My claim arose on: Jan. 6 2005

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.)

She said that her husband [Redacted] who worked as a journalist in one of the independence newspapers, and while he was crossing 17 July Bridge, the Coalition whom occupied Hafiz st. Shoot him and he was died immediately.

He was a father of 4 children.
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>Death of her husband</td>
<td></td>
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</tbody>
</table>

Total: $5,000

I was injured to the following extent against the damage or injury I have sustained:

The name and address of my insurer (if any) is:

(Name)  
(Address)

I claim as damages: (indicate amount in US. Dollars and local currency)

$5,000  
Local: 7,230,000  

(Signature of Claimant)

Subscribed before me this _____ day of __________, 2000.

(Print Name)

(Signature)