**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**
6 APRIL 2005

**REQUISITION NUMBER AND DATE**

**PAYEES ACCOUNT NUMBER**

**PAYEE'S NAME AND ADDRESS**

BAGHDAD, IRAQ

**SHIPPED FROM TO**

**WEIGHT**

**GOVERNMENT BILL NUMBER**

<table>
<thead>
<tr>
<th>NUMBER AND DATE OF ORDER</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>FOREIGN CLAIMS NUMBER 05-1D4-0081</td>
<td>LOSS OF LIFE</td>
<td></td>
<td></td>
<td></td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

(Payee must NOT use the space below)

**TOTAL** $5,000.00

**PAYMENT:**

- COMPLETE

**APPROVED FOR** $5,000.00

**EXCHANGE RATE** 1.00

**DIFFERENCES**

Amount verified; correct for $5,000.00

**FOREIGN CLAIMS COMMISSION**

**ACCOUNT CLASSIFICATION NUMBER** 2152020 22-0204 P436099 22-4200 VIRQ F9203 S99999. $5,000.00

**CHECK NUMBER**

**ON ACCOUNT OF U.S. TREASURY**

**CHECK NUMBER**

**ON (Name of bank)**

**CASH**

$5,000.00

**DATE** 12 MAY 05

**PAYEE**

**PER**

**TITLE**

$5,000.00

**(Name of bank)**

**AUTHORIZED (Position, Title)**

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

6 APR 05

FOREIGN CLAIMS COMMISSION

ACCOUNTING CLASSIFICATION

RSN 7540-03-002-2294
MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-0081

1. Claimant’s Name/Residence: [Blank], Haifa St., Iraq

2. Incident giving rise to claim occurred on 28 January 2005 at Hamady Shihab Square, Iraq.

3. The claim was filed on 6 March 2005 in the amount of $5,000.00.

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 two brothers were returning home with groceries from their business, when U.S. troops shot and killed them, thinking they were insurgents with bombs in the bags. The claimant has a claims card.

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 $5,000.00.

MAJ, JA
Foreign Claims Commission
Iraqi Assistance Center
Compensation Section

To: United State Army Foreign Claims Commission. 
From: Name: ____________________________

Address: ________________________________

I am 

a. A citizen and national of:                      ____________________________ 
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: Hamaody shihab Square 
(Town)  __________ (City)  __________ (Country)  __________

My claim arose on: Jan. 28 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.)

As she said that while her brothers went back home from their business the Coalition shot both of them cause they suspect that they were carrying bombs but actually they found that they were carrying nylon bags and they the grocery.
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>Killed of her two brothers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: $5,000

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 

(Signature of Claimant)

Subscribed before me this 6 day of March, 2005.

(Print Name)

(Signature)