

Standard Form 1034
 Revised October 1987
 Department of the Treasury
 1 TFM 4-2000
 1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.
 SCHEDULE NO.
 PAID BY
 130th FINANCE BN
 LSA ANACONDA
 APO AE 09391
 DSSN 8550
 DATE INVOICE RECEIVED
 DISCOUNT TERMS
 PAYEE'S ACCOUNT NUMBER
 GOVERNMENT B/L NUMBER

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

DATE VOUCHER PREPARED
 6 APRIL 2005

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

[REDACTED]
 BAGHDAD, IRAQ

SHIPPED FROM TO WEIGHT

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	
		FOREIGN CLAIMS NUMBER 05-ID4-0081 LOSS OF LIFE				5,000.00
TOTAL						5,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$ 5,000.00	= \$1.00	
	BY 2 [REDACTED]		Amount verified; correct for
TITLE FOREIGN CLAIMS COMMISSION		(Signature or initials)	

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

6 APR 05
 (Date)

[REDACTED]
 (Authorized Certifying Officer)

FOREIGN CLAIMS COMMISSION
 (Title)

ACCOUNTING CLASSIFICATION

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

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	
	\$ 5,000.00	12 MAY 05	[REDACTED]	

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 receipted 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 "Treasurer," as the case may be.

PER
 001008
 TITLE

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4th BRIGADE "VANGUARD"
3d INFANTRY DIVISION
APO AE 09348

AFVA-4BCT-JA

6 April 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-0081

1. Claimant's Name/Residence: [REDACTED], 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.

[REDACTED]
MAJ, JA
Foreign Claims Commission

001009

Iraqi Assistance Center Compensation Section

To: United State Army Foreign Claims Commission.

From: Name: _____

Address: _____

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: Hamady 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.

001010

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.)

<u>Item</u>	<u>Amount</u>
Killed of	
her two brothers.	

Total: \$ 5,000

I was injured to the following extent against the damage or injure 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: _____



(Signature of Claimant)

Subscribed before me this 6 day of March, 2005.

(Print Name)

(Signature)

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