

Standard Form 1034 (EG) 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			DATE VOUCHER PREPARED		SCHEDULE NO.	
DEPARTMENT OF THE ARMY HEADQUARTERS AND HEADQUARTERS COMPANY TIGER BRIGADE COMBAT TEAM 256TH INFANTRY BRIGADE (MECHANIZED) CAMP LIBERTY, IRAQ APO AE 09303			30 Mar 05		PAID BY 50 th Finance Battalion LSA Anaconda DSSN: 8550 APO AE 09391	
			CONTRACT NUMBER AND DATE			
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;">32-4</div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Baghdad, Iraq			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
			PAYEE'S ACCOUNT NUMBER			
			GOVERNMENT B/L NUMBER			
			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>	QUANTITY	UNIT PRICE COST PER	AMOUNT	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.			\$7,500.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)					TOTAL \$7,500.00	
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 BY: <div style="background-color: black; width: 80px; height: 15px; display: inline-block;"></div> SSG TITLE: Pay Agent	EXCHANGE RATE = \$1.00	DIFFERENCES Amount verified; correct for (Signature or initials) 7500.00		
Pursuant to authority vested in me, I certify that this voucher is correct and that the payment is for the purpose stated.						
30 Mar 05 (Date)		<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> (Authorized Certifying Officer) ²		<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> JA (Title)		
ACCOUNTING CLASSIFICATION 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC 9609 \$7,500.00						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE		
	\$ 7,500.00	30 Mar 05		<div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div>		
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 "Treasurer", as the case may be.					PER TITLE	



DEPARTMENT OF THE ARMY

HEADQUARTERS, 256 BRIGADE COMBAT TEAM
CAMP AL-TAHRER
APO AE 09344

FIVA-BDZ-SJA

30 March 2005

MEMORANDUM FOR RECORD

SUBJECT: Claim of - [REDACTED]
Address - Al Mahmudiyah
Date Filed - 30 Mar 05
Date Received - 30 Mar 05
Amount Claimed - \$7,500.00
Claimed Loss - Other

1. Facts - The claimant alleges that, on or about 19 Jan 05, the claimant's father was driving his car when he was crushed by a Coalition Forces tank and killed.

2. Your above mentioned claimed is denied based on the following reasons:

- () Disapproved based on the combat activities bar to compensation;
- () Disapproved based on improper claimant;
- () Disapproved based on lack of evidence showing negligence of US personnel;
- () Disapproved based on failure to show a loss;
- (X) Approved

(X) Adjudication Explanation: Approved for \$7,500.00. The claimant has provided sufficient evidence to show that Coalition Forces are responsible for this incident.

3. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for each request. However, it should describe the legal and/or factual basis for relief. Claimants may also provide new and additional evidence to support their claim. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.

4. POC for this memorandum is [REDACTED] 256th BCT.

Claim# 32-4

[REDACTED]
MAJ, JA
Claims Certifying Officer

001029



UNITED STATES MARINE CORPS
 I MARINE EXPEDITIONARY FORCE
 UIC 42540
 FPO AP 96426-2540

REPLY TO

32-4

MEMORANDUM

FROM: FCC IC3, I MEF, FOB Mahmudiyah, Iraq

SUBJECT: Seven-Point Memorandum and Determination: Claim of
 [REDACTED]

Introduction. Pursuant to AR 27-20, I have investigated the claim of

1. Amount of Claim and Date and Place of Filing.

- a. Amount. \$ 7,500 (USD) \$5000 (car) (2,500) death
- b. Date and Place of Filing. The claim was filed on 23 MAR 05

2. Type of Claim. The claim is cognizable under the provisions of the Foreign Claims Act (FCA), 10 U.S.C. § 2734, as implemented by AR 27-20.

3. Date and Place of Incident.

- a. Date. The incident giving rise to this claim occurred on or about 19 JAN 05
- b. Place. Highway in Al Rasheed

4. Claimant's Address. Al Rasheed

5. Facts of Incident.

- a. Claimant's Background. The claimant is not represented by counsel.
- b. The Incident.

Paid
\$7,500

Claimant ID # 195841
 Agent → [Signature]
 ID → 19885

(1) Claimant's father & car were crushed by Coalition tank. Car was in line for fuel on highway in Al Rasheed. Vehicle is 2001 Nissan sedan.