

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.

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

DATE VOUCHER PREPARED
 10 DECEMBER 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE
 REQUISITION NUMBER AND DATE

PAID BY
 3RD SSB
 3153RD FIN. DET.
 APO AE 09348
 DSSN 5579

PAYEE'S NAME AND ADDRESS
 [REDACTED]
 AL QADISIYA
 N/A
 BAGHDAD, IRAQ

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM TO WEIGHT

GOVERNMENT B/L NUMBER

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-ID4-241 LOSS OF LIFE/VEHICLE DAMAGE				8,000.00
TOTAL						8,000.00

(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
	= \$ 8,000.00	= \$1.00	
	BY 2		
	TITLE FOREIGN CLAIMS COMMISSION		(Signature or initials)
			Amount verified; correct for
			8,000.00

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

10 DEC 05 (Date) [Signature] (Authorized Certifying Officer) 2 FOREIGN CLAIMS COMMISSION (Title)

ACCOUNTING CLASSIFICATION
 ACCOUNT CLASSIFICATION NUMBER 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC:9204

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	
\$ 8,000.00	Dec. 22. 2005	[Signature]	

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 001187
 TITLE

Claims Form

To: United States Army Foreign Claims Commission

From; Name:

Address: Baghdad - Al-Qadisiya

I am

a. A national citizen of: Iraq

b. A permanent resident of: /

c. Employed by: House wife

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

e. Check one () A subrogee () Not a Subrogee

001189

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

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: Baghdad - Al-Karrada
(Town) (City) (Country)

My claim arose on: June 22 2005
Month Day Year

001190

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.)

According to her speech, her son was driving his car in Al. Karamda neighbour hood and while he was turning an American Convoy Contains 3 humvees just smashed his car and it was a fatal damage to him and

to his 6 years son, he was married and have 3 kids the dead one was the elder. the convoy stopped for one hour waiting for the Iraqi policemen to handle the issue.

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

Death of her son, grandson and car smashed.

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>
1 Death of her son and grand son	
2 Car Smashed	
Total:	\$ 25,000

[REDACTED]

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

[REDACTED]

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

(Name) [REDACTED] (Address) [REDACTED]

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 25,000 Local

[REDACTED]

I (have/ have not) previously filed a claim relating to the incident described above.

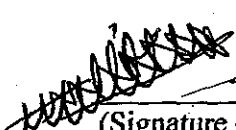
[REDACTED]

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

[REDACTED]

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

[REDACTED]


(Signature of Claimant)

Subscribed to me this _____ day of _____, 200_____.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]