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
10 DECEMBER 2005

SCHEDULE NO.

ARTICLES OR SERVICES

QUANTITY UNIT PRICE AMOUNT

FOREIGN CLAIMS NUMBER 05-ID-241
LOSS OF LIFE/VEHICLE DAMAGE

8,000.00

TOTAL
8,000.00

PAYMENT:

PROVISIONAL COMPLETE Partial FINAL PROGRESS ADVANCE

APPROVED FOR

= $ 8,000.00

EXCHANGE RATE

= $1.00

DIFFERENCES

Amount verified; correct for

8,000.00

ACCOUNTING CLASSIFICATION

FOREIGN CLAIMS COMMISSION

ACCOUNT CLASSIFICATION NUMBER 2162020 22-6204 P436999 22-4200 V1RQ F9203 S99999 APC:9204

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY
CHECK NUMBER ON (NAME OF BANK)

CASH

DATE

PAYEE

$ 8,000.00

DEC. 22, 2005

Paid by

001187

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 "Issued for," as the case may be.
MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-241

1. Claimant’s Name/Residence: [Redacted] / Baghdad, Iraq

2. Incident giving rise to claim occurred on 22 June 2005.

3. The claim was filed on N/A in the amount of $25,000.00.

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

5. Claimant alleges that on the above date at the above mentioned location, her son was driving his car in the Al Karrada neighborhood when it was struck by an American convoy containing three HUMMVs. The accident resulted in the deaths of her son and grandson. The damages are supported by the enclosed photos and a witness statement. The photos show U.S. troops securing the area of the accident. According to the statements, the soldiers didn’t allow any access to the scene for an hour until the IP’s arrived and then they left.

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 $8,000.00. Payment broken down as follows: $3,000 for death of son, $3,000 for death of grandson, and $2,000 for damage to vehicle.

CPT, JA
Foreign Claims Commission
To: United States Army Foreign Claims Commission

From: [Redacted]

A national citizen of: [Redacted]

A permanent resident of: [Redacted]

Employed by: [Redacted]

Check one ( ) an insurer ( ) Not an insurer

Check one ( ) A subrogee ( ) Not a Subrogee
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
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-Karama neighborhood road and while he was turning, an American convoy contained 3 humvees just smashed his car and it was a fatal damage to his and
to his 6 years son. He was married and have 2 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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of her son and grandson</td>
<td></td>
</tr>
<tr>
<td>2. Car Smashed</td>
<td>$25,000</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>
I was insured 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 U.S. dollars and local currency)

$25,000  Local

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

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

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.

(Signature of Claimant)

Subscribed to me this ___________ day of ________________, 200___

(Signature of Witness)

(Printed Name)