

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
30 MAY 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE

**PAID BY
130th FINANCE BN
LSA ANACONDA
APO AE 09391
DSSN 8550**

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

[REDACTED]
[REDACTED]
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>	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
		FOREIGN CLAIMS NUMBER 05-ID4-0143 LOSS OF LIFE/VEHICLE DAMAGE				4,500.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL **4,500.00**

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	EXCHANGE RATE	DIFFERENCES
	= \$ 4,500.00	= \$1.00	
	BY [REDACTED]		
	TITLE FOREIGN CLAIMS COMMISSION	Amount verified; correct for 4,500.00 <i>(Signature or initials)</i>	

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

30 MAY 05
(Date)

[REDACTED]
(Authorized Certifying Officer)

FOREIGN CLAIMS COMMISSION
(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER **2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999. \$4,500.00**

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE [REDACTED]	
	\$ 4,500.00			

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
TITLE

Previous edition usable

PRIVACY ACT STATEMENT

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001437

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

AFVA-4BCT-JA

30 May 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-143

1. Claimant's Name/Residence: [REDACTED] Al Sadr, Iraq
2. Incident giving rise to claim occurred on 4 April 2005 in Baghdad, Iraq.
3. The claim was filed on 11 May 2005 in the amount of \$17,000.00.
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 his father was driving his car and a U.S. convoy consisting of three vehicles passed his vehicle and the third one fired 54 rounds into the vehicle. As a result, his father was killed and the vehicle was damaged. Photos and other documents are enclosed.
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 \$4,500.00.

[REDACTED]
MAJ, JA
Foreign Claims Commission

001438

Claims Form

To: United States Army Foreign Claims Commission

From; Name:

Address:

I am

a. A national citizen of:

Iraq

b. A permanent resident of:

c. Employed by:

Optical Examiner in Alkadk Hospital

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

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

001439

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

[REDACTED]

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.)

[REDACTED]

The late

My claim arose at: Salhiya near 28th April Apartment near Alsinak bridge
(Town) (City) (Country)

[REDACTED]

My claim arose on: April 4 2005
Month Day Year

[REDACTED]

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 his speech, The IP office [redacted] said to him that the late [redacted] was driving his car when (3) GMC, black pass by, the third one shoot the car with 54 rounds that was a fatal shoot, they damage his

[redacted]
car immediately. The police officer said that they couldn't recognize anything cause they were putting sunshade and shady cover on the glasses.

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

Death of his father + completely damage of the car

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.)

Item

Amount

Death of his father
Completely Damage of the car

Total: \$ ~~17,000~~ 17,000

001441

[REDACTED]

تكاليفه

[REDACTED]

[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) (Address)

[REDACTED]

(العنوان) [REDACTED]

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

\$ 17,000 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]

[REDACTED]

(Signature of Claimant)

[REDACTED]

Subscribed to me this 11 day of May, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]