

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
15 August 05

SCHEDULE NO.

CONTRACT NUMBER AND DATE

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

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

**[REDACTED]
MOSUL, 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-ID4-135 LOSS OF LIFE/PERS. INJURY/VEH. DAMAGE				6,500.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

6,500.00

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
	= \$ 6,500.00	= \$1.00	
	BY: [REDACTED]		Amount verified; correct for
	TITLE FOREIGN CLAIMS COMMISSION	(Signature or initials)	6,500.00

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

15 AUGUST 05

(Date)

[REDACTED SIGNATURE]

(Authorized Certifying Officer)

FOREIGN CLAIMS COMMISSION

(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999. \$6,500.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	
	\$ 6,500.00	18 AUG 05	[REDACTED]	
			PER	
			TITLE	

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.

Previous edition usable

PRIVACY ACT STATEMENT

NSN 7540-00-900-2234

001444

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

AFVA-4BCT-JA

15 August 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-135

1. Claimant's Name/Residence: [REDACTED] Mosul, Iraq
2. Incident giving rise to claim occurred on 7 January 2005, at Check Point 1, Iraq.
3. The claim was filed on 18 May 2005, in the amount of \$14,500.00.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life, personal injuries, and vehicle damage.
5. Claimant alleges that he, his son, and a cousin, [REDACTED] (who was driving), were driving towards the Aljumhariya Bridge and prior to reaching Checkpoint 1, there was another temporary checkpoint set up. The U.S. soldiers at that checkpoint redirected their vehicle. After they were redirected, a U.S. convoy approached from the opposite direction in the wrong lane. The convoy opened fire on the vehicle. As a result, [REDACTED] was killed, [REDACTED] and his son were injured, and the vehicle damaged.
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 \$6,500.00.

[REDACTED]
[REDACTED]
CPT, JA
Foreign Claims Commission

001445

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:

Farmer

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

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

001446

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.)

_____ and his son _____

My claim arose at: Aljumburiya bridge near checkpoint (4)
(Town) (City) (Country)

My claim arose on: Jan 7 2005
Month Day Year

001447

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, his brother and his nephew with the late [redacted] were driving their car from checkpoint 2 towards Aljumburiya bridge and there was a temporary checkpoint in the middle of the street near checkpoint (1)

[redacted]
[redacted]
they told them to go to other way, to the way lead to Iranian Embassy when they start moving a convoy came towards them started shooting and damage the car both of them and the late [redacted] hurted. So much [redacted] had injuries in his head and his son in his backbone and shoulders.

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

Damages of the Car injuries

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>
* Damage in * Datsu, vehicle, 1980 white	
* Injuries	
Total:	\$ 4,500

001448

[REDACTED]

[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]

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

\$ 4,500 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 18 day of May, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]

Claims Form
طلب تعظيم

To: United States Army Foreign Claims Commission

From; Name:

Address:

I am

a. A national citizen of:

Iraqi

b. A permanent resident of:

c. Employed by:

Farmer

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

e. 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)

[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.)

The late ([REDACTED])
[REDACTED]

My claim arose at: Near Aljumburiya bridge Checkpoint (1)
(Town) (City) (Country)

[REDACTED]

My claim arose on: Jan. 7 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 that the Late [redacted] (his cousin), he was driving his car in the way lead to Aljazeera bridge near checkpoint (1) at 7:00 at evening they found that there was a temporary checkpoint near checkpoint (1) they

[redacted] tell him to go to the way lead to Iranian Embassy at that time as Coalition Convoy was coming from the wrong side shoot them then damage the car bullets shoot his arm, hand and shoulder when he reached the hospital they cut his hand and after that want to cut his arm from the shoulder but he was dead at that time.

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

Damages of the car and dead of [redacted]

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

Total: \$ 10,000

001453

[REDACTED]

4465

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:

<p>(Name)</p>	<p>(Address)</p>
_____	_____
_____	_____

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

\$ 10,600 Local _____

001454

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 18 day of May, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]

001455