**Public Voucher for Purchases and Services Other Than Personal**

**U.S. Department, Bureau, or Establishment and Location**

130th Finance Battalion
APO AE 09391

**Date Voucher Prepared**
17 June 2005

**Contract Number and Date**

**Requisition Number and Date**

**Payee’s Account Number**

**Governmen Bill Number**

<table>
<thead>
<tr>
<th>Number and Date of Order</th>
<th>Date of Delivery or Service</th>
<th>Articles or Services</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREIGN CLAIMS NUMBER 05-ID4-106</td>
<td>LOSS OF LIFE/VEHICLE DAMAGE</td>
<td>3,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Payment:**

- **Approve for:**
  - Provisional
  - Complete
  - Partial
  - Final
  - Progress
  - Advance

**Exchange Rate:**

- $1.00

**Total:**

3,000.00

**Certification:**

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

17 Jun 05

(viewing a date)

Foreign Claims Commission

**Accounting Classification Number:**

2152020 22-0204 P436099.22-4200 VIRQ F9203 899999. $3,000.00
MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-106

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

2. Incident giving rise to claim occurred on 22 January, 2005 on Haifa St., Iraq.

3. The claim was filed on 21 March 2005 in the amount of $6,916.00.

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, his brother [Redacted], was traveling in his car with rugs that he was taking to a rug store to sell. He was shot and killed by U.S. soldiers, and the rugs and cash on his possession were never recovered and his body left there.

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 $3,000.00.

[Signature]
Foreign Claims Commission
Iraqi Assistance Center
Compensation Section

To: United States Army Foreign Claims Commission.
From: Name: [redacted]
Address: [redacted]

I am
a. A citizen and national of: Iraq
b. A permanent resident of: 
c. Employed by: 
d. Check one ( ) an insurer ( ) Not an insurer.
e. Check one ( ) a subrogate ( ) Not a subrogate.

I hereby make a claim against the United States Government for damages or injuries caused by: (Name. Organization. Military Department. Address. 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: Haifa Street
(Town) (City) (Country)

My claim arose on: Jan. 22 2023
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.)

As my late brother was carrying carpets in his car and he was carrying amount of money about $10,000 and by chance he went through Haifa Street to cross the bridge when the Coalition shot his fatal shot and that caused death immediately to him. They left him in the car. the stuffs and the money stolen.

001458
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>Death of</td>
<td></td>
</tr>
<tr>
<td>Malibu vehicle, 1980 blue</td>
<td></td>
</tr>
<tr>
<td>4 Carpets</td>
<td></td>
</tr>
</tbody>
</table>

$10,000

The amount of money that they want only →

Total: $6,916

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

I claim as damages: (indicate amount in US. Dollars and local currency)

$: __________ Local: __________

______________________________
(Signature of Claimant)

Subscribed before me this ____ day of ____ March, 200__.

______________________________
(Print Name)

______________________________
(Signature)