**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**
30 MAY 2005

**SCHEDULE NO.**

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

**PAYEE'S NAME AND ADDRESS**

BAGHDAD, IRAQ

**SHIPPED FROM TO**

**WEIGHT**

**GOVERNMENT B/L NUMBER**

<table>
<thead>
<tr>
<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tr>
<td></td>
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<td>FOREIGN CLAIMS NUMBER 05-ID4-0146 LOSS OF LIFE</td>
<td></td>
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<td>9,000.00</td>
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**PAYMENT:**

☐ PROVISIONAL
☐ COMPLETE
☑ PARTIAL
☐ FINAL
☐ PROGRESS
☐ ADVANCE

FOREIGN CLAIMS COMMISSION

**TOTAL**

9,000.00

30 MAY 05

FOREIGN CLAIMS COMMISSION

ACCOUNT CLASSIFICATION NUMBER 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999. $9,000.00

**CHECK NUMBER ON ACCOUNT OF U.S. TREASURY**

**CHECK NUMBER ON (Name of bank)**

**PAID BY**

CASH

$ 9,000.00

DATE

25 JUN 05

001586
MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-146

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

2. Incident giving rise to claim occurred on 6 February 2005 at Al Talae Square, Iraq.

3. The claim was filed on 25 May 2005 in the amount of $15,000.00.

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

5. Claimant alleges that her father and brother (who are her whole supporters) were on their way to work and were shot and killed by U.S. troops. They apologized to the people there and said it was a mistake. The troops gave a shop owner there a claims card to give the family.

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 $9,000.00.

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

From; Name: [Redacted]

Address: [Redacted]

I am

a. A national citizen of: [Redacted]

b. A permanent resident of: [Redacted]

c. Employed by: [Redacted]

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)

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: At Talaee Square - Haifa Street. (Town) (City) (Country)

My claim arose on: Feb 6 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.)

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

Death of her father and brother.

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.)

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<tr>
<th>Item</th>
<th>Amount</th>
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Total: $15,000
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)

$ 15,000

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 25 day of May, 2005.

(Signature of Witness)

(Printed Name)