**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**U.S. DEPT., BUREAU, OR ESTABLISHMENT AND LOCATION**
DEPARTMENT OF THE ARMY
350th FDO/6TH FINANCE BATTALION
FOB WARHORSE, OIF III
APO AE 09397

**DATE VOUCHER PREPARED**
16-Jun-05

**PAYEE'S**

**NAME**

**ADDRESS**

Al Muqadiyah, Baqubah, Iraq

**PAID TO**

**ADDRESS**

**PAYEE'S ACCT. NO.**

**ISSN** 8547

**PAID BY**

**ADDRESS**

551st FDO/6TH FB
FOB Warhorse, OIF III
APO AE 09397

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

**VENDOR NAME**

**VENDOR ADDRESS**

**VENDOR NUMBER**

**RECEPTION NUMBER AND DATE**

**CONTRACT NUMBER AND DATE**

05-LA5-923b

**AMOUNT**

$6,000.00

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>14-Jan-05</td>
<td>08-Jun-05</td>
<td>filed for wrongful death</td>
<td>1</td>
<td>6,000.00</td>
<td>$6,000.00</td>
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**PAYMENT APPROVED FOR**

- $6,000.00

**DISBURSING OFFICER**

- 16-Jun-05

**ACCOUNTING CLASSIFICATION**

2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999

**CASH**

- $6,000.00

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 21 U.S.C. 820 and 821 for the purposes of disbursing Federal money. The information requested is to identify the particular creditor and the amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.
MEMORANDUM OF OPINION

SUBJECT: Claim of [Redacted] 05-IA5-923b

1. Claimant's name and address: [Redacted] Baqubah, Iraq.

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 14 January 2005 in Al-Muqdadiyah, Baqubah, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $7,000.00 on 9 June 2005.

4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for damages sustained to claimant's personal injuries.

5. Claimant's Allegations:
   a. Claimant states that her husband was riding on a bus when CF hit the vehicle.
   b. Due to accident claimant's husband was killed.
   c. There were witness statements, pictures, and death certificate submitted in the claim.

6. Investigator's Opinion:
   a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.
b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces.

c. Based on the investigation and research, there was a report that verified that the accident occurred. Death of claimant's husband is estimated at $6,000.00.

7. **Recommended Action:** This claim is payable under the FCA for the above mentioned reasons. Consequently this claim for $6,000.00 is approved.

CPT, JA
Claims Judge Advocate
I am
a. A citizen and national of:

b. A permanent resident of:

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:

My claim arose at:
(Town) (City) (Country)

My claim arose on: [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.)

Accident with M1 Tank. Related to attack claim.

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: $[Amount]

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

$ [U.S. Amount] [Local Amount]

(Signature of Claimant)

Subscribed before me this [Day] day of [Month], 2005.

(Print Name)

(Signature)