## PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

### U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY  
350th FID/9TH FINANCE BATTALION  
FOB WARHORSE, OIF III  
APO AE 09397

### VOUCHER PREPARED
16-Jun-05

### CONTRACT NUMBER AND DATE
05-IA5-923a

### REQUISITION NUMBER AND DATE

### PAYEES NAME AND ADDRESS

### Baqubah, Iraq

### SHIPPED FROM

### TO

### ARTICLES OR SERVICES

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

### TOTAL

**$6,000.00**

### PAYMENT APPROVED FOR

<table>
<thead>
<tr>
<th>EXCHANGE RATE</th>
<th>DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACTING RATE</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

### DISBURSING OFFICER

**TC, FC**

### ACCOUNTING CLASSIFICATION

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

**$6,000.00**
MEMORANDUM OF OPINION

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

1. Claimants 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 son was riding on a bus when CF hit the vehicle.

   b. Due to accident claimant’s son 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.
AFZP-VI-JA  
SUBJECT: Claim of [redacted] 05-IA5-923a

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 brother 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.

[signature]
CPT, JA  
Claims Judge Advocate
To: United States Army Foreign Claims Commission.
From: Name: [Redacted]
Address: [Redacted]

I am
a. A citizen and national of: [Redacted]
b. A permanent resident of: [Redacted]

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: [Redacted]

My claim arose at: [Redacted] [Redacted] [Redacted]
(Town) (City) (Country)

My claim arose on: [Redacted] [Redacted] [Redacted]
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.)

[Blank space]

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>
</table>

Total: [Redacted]

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

[Signature of Claimant]

Subscribed before me this [Redacted] day of [Redacted], 2005.

[Print Name]
[Signature]