

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
 TF 421D, 1 BCT

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY
 DSSN: 8589

REQUISITION NUMBER AND DATE

[REDACTED] LTC
 40th Finance Bn
 APO, AE 09308

PAYEE'S NAME AND ADDRESS

[REDACTED]
 Balad, 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 <i>(U.S.)</i> |
|--------------------------|-----------------------------|--|-----------|------------|-----|-------------------------|
| | | | | COST | PER | |
| | | Negligent Fire | | | | 5,000.00 |
| | | | | | | TOTAL 5,000.00 |

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

PAYMENT:

- PROVISIONAL
- COMPLETE
- PARTIAL
- FINAL
- PROGRESS
- ADVANCE

APPROVED FOR

= \$ 5,000.00

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY 2

TITLE

Amount verified; correct for

(Signature or initials)

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

8 Aug 05
(Date)

[REDACTED]
(Authorized Certifying Officer)

CPT/FCC
(Title)

ACCOUNTING CLASSIFICATION

2152020 22-0204 P436099.22-4200 VIRQ F9206 S99999

PAY BY

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

PAYEE 3

\$ 5,000.00

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.

PER

TITLE

Previous edition usable

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money.

001091



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

24 June 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 05-IA3-1362

- 1. Identifying Data:** [REDACTED], Balad, Iraq
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 4 February 2005, in Balad, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$25,000 on 14 April 2005.
- 4. Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was filed in a timely manner.
- 5. Facts:** Claimant alleges that his brother was killed, when U.S. Forces shot at him from a convoy. The claimant's brother and an Iraqi army soldier were located at a gas station on the side of the road. A U.S. Forces convoy passed by and engaged the two targets with small arms fire. The claimant's brother was killed. The claimant's brother was doing nothing aggressive or criminal at the time. Neither was the Iraqi Army officer. The claimant provided corroborating witness statements, a death certificate and a police report with a scene sketch. A sigacts check verified this event. It indicated that the Iraqi Army soldier was in uniform and directing traffic at the gas station. B 17 Signal Patrol drove by the gas station and opened fire for no known reason. They killed the Iraqi Army officer and the claimant's brother. They did not report the event. It was reported by 1-4 CAV, who have initiated a Article 15-6 Investigation.
- 6. Opinion:** There is sufficient evidence to indicate that U.S. Forces negligently killed the claimant's brother.
- 7. Recommendation:** The claim should be approved for \$5,000.

[REDACTED SIGNATURE]

CPT, JA
Chief, Claims

001652

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

Address: Iraq - Mathrib - Alsuod village

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: _____
- c. Employed by: _____
- 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, Telephone Number)

The U.S forces in Mathrib

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: Alsuod Mathrib Iraq
(Town) (City) (Country)

My claim arose on: Feb 4 05 at 0900 o'clock
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.)

The U.S forces killed my brother " [REDACTED] "
[REDACTED] " when he was in the
gas station to fuel his car by gasoline with
out any reason this led to large damages
for his family -

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

Very Large damages

MC261615

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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 |
|-------------------|----------|
| Killed my brother | \$ 25000 |

Total: 25000

I was insured to the following extent against the damage or injuries 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)

\$ 25000 local 37000000.0

(Signature of Claimant)

Subscribed before me this 14 day of April, 2005

(Print Name)

_____ 2LT AD

(Signature)

001694