

Standard Form 1034 Revised October 1987 Department of the Treasury		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 350th FD/9TH FINANCE BATTALION FOB WARHORSE, OIF III APO AE 09397				DATE VOUCHER PREPARED 16-Jun-05		SCHEDULE NO.	
				CONTRACT NUMBER AND DATE 05-IA5-923b		PAID BY 350th FD/9TH FB FOB Warhorse, OIF III APO AE 09397 DSSN 8547 DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCT. NUMBER	
				REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS <div style="text-align: center; margin-top: 20px;"> Al Muqdadiyah, Baqubah, Iraq </div>							
SHIPPED FROM		TO		WEIGHT		GOVERNMENT B/L NO.	
NUMBER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT	
				COST	PER		
14-Jan-05	08-Jun-05	filed for wrongful death	1	6,000.00		\$6,000.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
TOTAL						\$6,000.00	
(LINE CONTINUATION SHEET IF NECESSARY)							
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR <div style="text-align: center; margin-top: 20px;"> Foreign Claims Commissioner </div>		EXCHANGE RATE CONTRACTING RATE = \$ 6,000.00		DIFFERENCES Amount verified, correct for (Signature or initials)	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
16-Jun-05 <small>(Date)</small>		for: ETC. SC <small>(Authorized Certifying Officer)</small>		DISBURSING OFFICER <small>(Title)</small>			
ACCOUNTING CLASSIFICATION							
2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999						\$6,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NO.	ON (Name of bank)		
	CASH	DATE		PAYEE			
	\$6,000.00						

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. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

001630



DEPARTMENT OF THE ARMY
Headquarters, 3rd Brigade Combat Team
3rd Infantry Division
FOB Warhorse, Iraq
APO AE 09397

REPLY TO
ATTENTION OF:

AFZP-VI-JA

16 June 2005

MEMORANDUM OF OPINION

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

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-Muqdadiah, 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.

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AFZP-VI-JA

SUBJECT: [REDACTED], 05-IA5-923b

- 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.

[REDACTED]
[REDACTED]
[REDACTED]
CPT, JA
Claims Judge Advocate

001632

CLAIMS FORM

United States Army Foreign Claims Commission

m: Name: [REDACTED]

Address: Al Myrdodjeh, Iraq

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: Al Myrdodjeh
(Town) (City) (Country)

My claim arose on: Dec 14th 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.)

have accident with MI Tank.
related to other claims

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
<u>Death of [REDACTED]</u>	

Total: 7,000

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

\$ 7,000 local _____

[REDACTED]
(Signature of Claimant)

Subscribed before me this 8 day of June, 2005.

[REDACTED]
(Print Name)

[REDACTED]
(Signature)

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