

05 ID4 143

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2012
~~16~~ July 05

Pages 2 through 37 redacted for the following reasons:

foreign language
foreign language, (b)(6)

Standard Form 1034
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
DEPARTMENT OF THE ARMY
130TH FINANCE BATTALION
APO AE 09391

DATE VOUCHER PREPARED
30 MAY 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY
130th FINANCE BN
LSA ANACONDA
APO AE 09391
DSSN: H(Z)

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

(g)(q)
AL SADR
H(Z)(q)
BAGHDAD, 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>	QUANTITY	UNIT PRICE		AMOUNT (¹)
				COST	PER	
		FOREIGN CLAIMS NUMBER 05-ID4-0143 LOSS OF LIFE/VEHICLE DAMAGE				4,500.00
TOTAL						4,500.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	=\$ 4,500.00	=\$1.00		
	BY:	(g)(q)(e)(q)		
	TITLE	FOREIGN CLAIMS COMMISSION	(Signature or initials)	Amount verified; correct for

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

30 MAY 05 (Date) (g)(q)(e)(q) FOREIGN CLAIMS COMMISSION (Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER H(Z)(q)

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	(g)(q)(e)(q)

\$ 4,500.00

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.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4th BRIGADE "VANGUARD"
3d INFANTRY DIVISION
APO AE 09348

AFVA-4BCT-JA

30 May 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-143

1. Claimant's Name/Residence: (g)(q) 'Al Sadr, Iraq
2. Incident giving rise to claim occurred on 4 April 2005 in Baghdad, Iraq.
3. The claim was filed on 11 May 2005 in the amount of \$17,000.00.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life and vehicle damage.
5. Claimant alleges that his father was driving his car and a U.S. convoy consisting of three vehicles passed his vehicle and the third one fired 54 rounds into the vehicle. As a result, his father was killed and the vehicle was damaged. Photos and other documents are enclosed.
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 \$4,500.00.

(g)(q)(e)(q)

MAJ, JA
Foreign Claims Commission

CENTCOM 001252

Claims Form
طلب تظلم

To: United States Army Foreign Claims Commission

الى: مفوضية التظلم لجيش الولايات المتحدة

From; Name: _____ (9)(q) _____ من: الاسم:

Address: _____ (9)(q) _____ العنوان:

I am

انا

a. A national citizen of: Iraqi _____ ا. اهل جنسية:

b. A permanent resident of: _____ ب. عنواني الدائم:

c. Employed by: _____ (9)(q) hospital ت: اعمل لدي:

d. Check one () an insurer () Not an insurer

ث: ضع علامة علي اقدم () اهل تأمين () لا اهل تأمين

e. Check one () A subrogee () Not a Subrogee

ج: ضع علامة علي اقدم () دائن "عليه دين" () ليس دائن "ليس عليه دين" ()

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

أننى أتظلم لى حكومى الولايات المتحدة للأضرار والإصابات التى نجمت من:

الاسم
المنظمة
الوحدة العسكرية
العنوان
رقم التليفون

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.)

الممتلكات المتضررة مملوكة من: (إذا كان عذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أى دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التى أصابتهم.)

The late Mr.

(9)(9)

My claim arose at: Salhiya near 28th April Apartment near Alsinak bridge
(Town) (City) (Country)

البلد أو المحافظة

المدينة

القرية

تظلمى قدم فى:

My claim arose on: April 4 2005
Month Day Year

تظلمى قدم فى: _____
السنة يوم شهر

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.)

According to his speech, The IP office Lt. (9)(a) said to him that the Late Mr. (9)(a) was driving his car when (3) GMC, black pass him, the third one shoot the car with 54 rounds that was a fatal shoot, they damage his

بإختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

car immediately. The police officer said that they couldn't recognize anything cause they were putting sunshade and shady cover on the glasses.

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

Death of his Father + Completely damage of the Car

أشرح متى وطبيعة ما حدث من أضرار سواء كانت جسدية أو لممتلكاتك والتي أصابتك جراء ما حدث بسبب الحادث المقصود .

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

Death of his Father
Completely Damage of the Car

Total: \$ ~~17,000~~ 17,000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الشبوتات والممتلكات والفواتير الضرورية لكل شئ لوحة)

تكالفته

الشئ المتضرر

إجمالي التكلفة:

I was insured to the following extent against the damage or injury I have sustained:

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

The name and address of my insurer (if any) is:

(Name)

(Address)

إذا كان لديك أي تأمين الرجاء ذكر أسم وعنوان شركة التأمين:

(العنوان)

(الأسم)

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

\$ 17,000 Local _____

أطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية

\$

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

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.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة وحاكم من قنا، السلطات

(9)(q)

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 11 day of May, 2005.

(Signature of Witness)

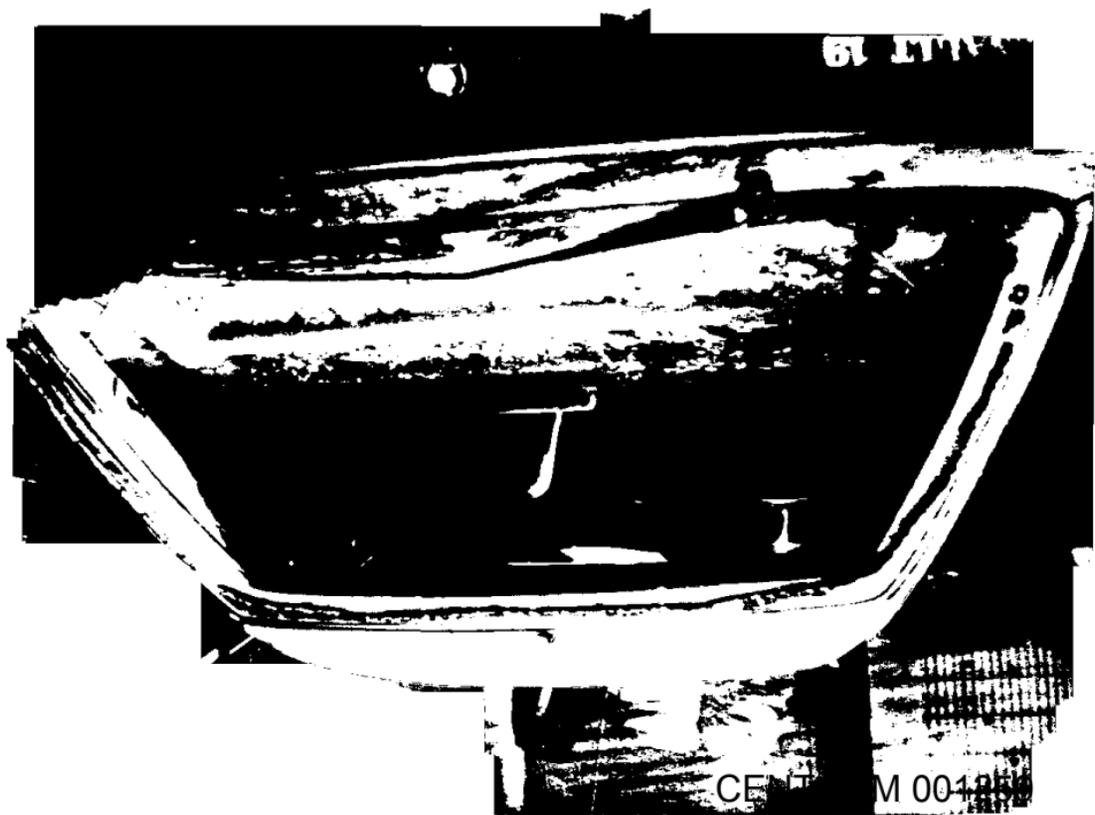
(Printed Name)

عُيِّنَ في يوم _____ الموافق _____ من عام _____

(توقيع الشاهد)

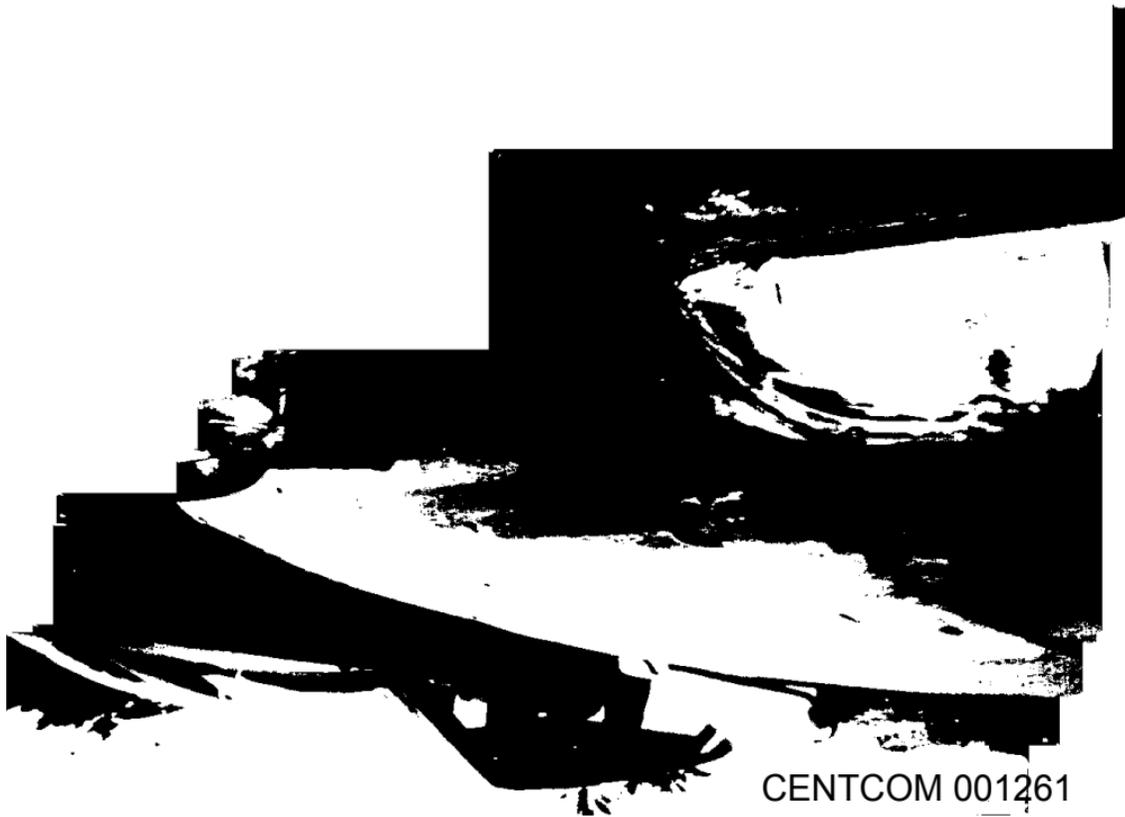
(اسم الشاهد بالكامل)





Page 47 redacted for the following reason:

(b)(5)



CENTCOM 001261



CENTCOM 001262