

~~146~~ 146

05 ID4 ~~146~~ 146

DF 977655 01 A  
590

ser.#15

25 JUN 05  
\$9,000  
A: d

Pages 2 through 15 redacted for the following reasons:

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foreign language  
foreign language, (b)(6)



Page 17 redacted for the following reason:

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foreign language



Page 19 redacted for the following reason:

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foreign language



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foreign language

Standard Form 1034 A  
 Revised October 1987  
 Department of the Treasury  
 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(2)Hi

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS  
 (b)(6), (b)(2)High  
 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
				COST	PER	
		FOREIGN CLAIMS NUMBER 05-ID4-0146 LOSS OF LIFE				9,000.00
TOTAL						9,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

- PAYMENT:
- PROVISIONAL
  - COMPLETE
  - PARTIAL
  - FINAL
  - PROGRESS
  - ADVANCE

9,000.00  
 (b)(3)(b)(6)  
 FOREIGN CLAIMS COMMISSION

DIFFERENCES  
 Amount verified; correct for 9,000.00  
 (Signature or initials)

**MEMORANDUM**

30 MAY 05

(b)(3)(b)(6)

FOREIGN CLAIMS COMMISSION

ACCOUNT CLASSIFICATION NUMBER  
 (b)(2)High

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY  
 PAID BY CASH DATE 25 JUN 05  
 \$ 9,000.00

CHECK NUMBER ON (Name of bank)  
 (b)(3)(b)(6)

PRIVACY ACT STATEMENT

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-ID4-146

1. Claimant's Name/Residence: (b)(6), Iraq
2. Incident giving rise to claim occurred on 6 February 2005 at Al Talace Square, Iraq.
3. The claim was filed on 25 May 2005 in the amount of \$15,000.00.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life.
5. Claimant alleges that her father and brother (who are her whole supporters) were on their way to work and were shot and killed by U.S. troops. They apologized to the people there and said it was a mistake. The troops gave a shop owner there a claims card to give the family.
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 \$9,000.00.

(b)(3)(b)(6)

MAJ, JA  
Foreign Claims Commission

CENTCOM 001287

Claims Form

طلب تظلم

To: United States Army Foreign Claims Commission

الى: مفوضية التظلم لجيش الولايات المتحدة

From; Name: \_\_\_\_\_ (b)(6) \_\_\_\_\_ من: الاسم:

Address: \_\_\_\_\_ (b)(6) \_\_\_\_\_ العنوان:

I am \_\_\_\_\_ أنا

a. A national citizen of: Iraqi ا. احملى جنسية:

b. A permanent resident of: \_\_\_\_\_ ب. عنوانى الدائم:

c. Employed by: \_\_\_\_\_ (b)(6) \_\_\_\_\_ ت: اعمل لى:

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

ث: ضع علامة على احدى ( ) احملى تأمين ( ) لا احملى تأمين

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

ج: ضع علامة على احدى ( ) 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)

اننى أتظلم لدي 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.)

The dead father ( (b)(6) )  
and dead brother ( (b)(6) )

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 أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التى أصابتهم.)

My claim arose at: Al. Talaeé Square - (b)(6) .  
(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلد أو المحافظة

My claim arose on: Feb 6 2005  
Month Day Year

تظلمى قدم فى: شهر يوم السنة

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.)

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

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→ See  
~~behind~~  
behind

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

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

Death of her father and brother

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.)

<u>Item</u>	<u>Amount</u>

Total: \$ 15,000

She said ~~he~~ that her father and brother they  
were going to their work in Al. Rahmaniya - (b)(6)  
at 9:00 ~~am~~ in the morning they were shot by U.S forces  
in head, shoulder and chest they apologize after that  
because it was a mistake and gave to the owner of the shop  
next door a claim card to give it to their family

she is a widow ( (b)(6) ) with no supporter  
and both her father and brother were here supporters.  
she lives in a rent house and she cant pay for the  
house any more



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 مختلطة، أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات.

(b)(6)

\_\_\_\_\_  
(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 25 day of May, 2005.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed Name)

عُيِّنَتْ فِي يَوْمِ \_\_\_\_\_ الْمَوْافِقِ \_\_\_\_\_ مِنْ عَامِ \_\_\_\_\_

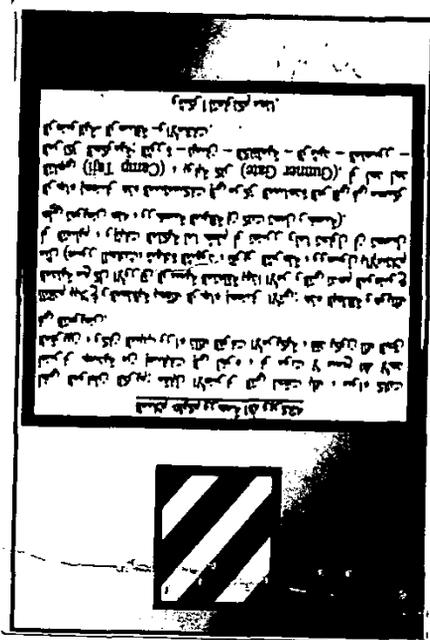
\_\_\_\_\_  
(توقيع الشاهد)

\_\_\_\_\_  
(إسم الشاهد بالكامل)

Page 32 redacted for the following reason:

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(b)(5)



Pages 34 through 36 redacted for the following reasons:

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Foreign Language Text  
Foreign Language Text, (b)(6)  
foreign language, (b)(6)

CENTCOM 001299