

Foreign Language Text

*PAID*  
9 JUN 05  
Pic. N/A  
Camera down

05 ID4 152

Pages 2 through 6 redacted for the following reasons:

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(b)(6)

foreign language

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.  
  
SCHEDULE NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
**DEPARTMENT OF THE ARMY  
130TH FINANCE BATTALION  
APO AE 09391**

DATE VOUCHER PREPARED  
**7 JUNE 2005**

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY  
**9TH FINANCE BN  
I.Z.  
APO AE 09348  
DSSN)(2)Hic**

PAYEE'S NAME AND ADDRESS  
**(b)(6)  
BAGHDAD  
(b)(6)  
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>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)	
				COST	PER		
		<b>FOREIGN CLAIMS NUMBER 05-ID4-152 LOSS OF LIFE/VEHICLE DAMAGE</b>				<b>11,000.00</b>	
<b>(Payee must NOT use the space below)</b>						<b>TOTAL</b>	<b>11,000.00</b>

(Use continuation sheet(s) if necessary)

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
	<b>= \$ 11,000.00</b>	<b>= \$1.00</b>	
	BY:		
	<b>(b)(3)(b)(6)</b>		
	TITLE	(Signature or initials)	
	<b>FOREIGN CLAIMS COMMISSION</b>		
		Amount verified; correct for	<b>11,000.00</b>

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

07 JUN 05 (Date)      (b)(3)(b)(6)      FOREIGN CLAIMS COMMISSION (Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER      (b)(2)High

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	<u>(b)(6)</u>	
	<b>\$ 11,000.00</b>	<b>9 JUN 05</b>		

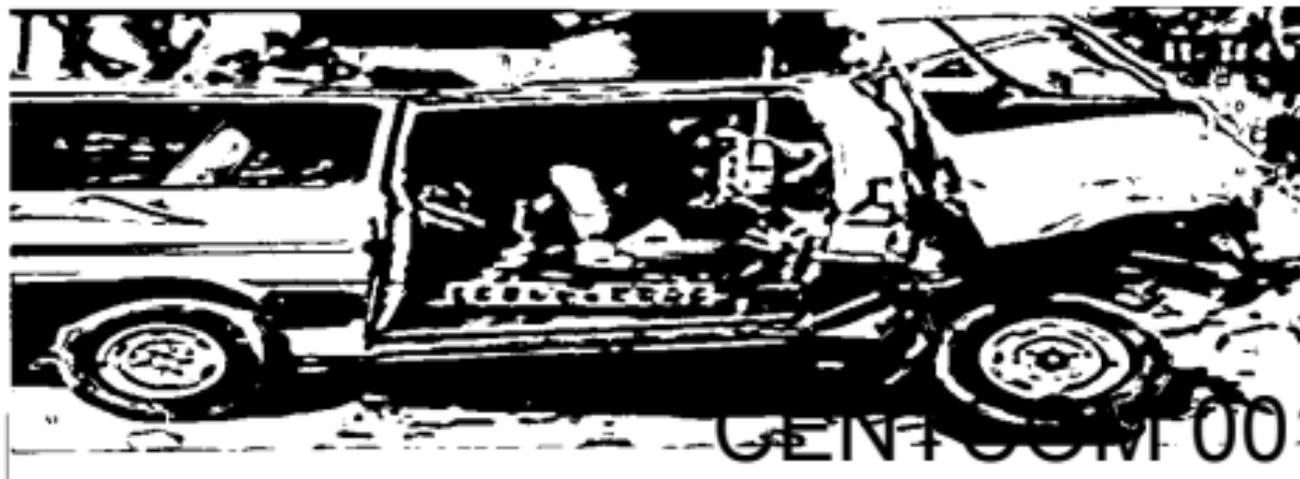
1 When stated in foreign currency, insert name of currency.  
 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  
 3 When a voucher is received in 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





GEN-1339



GENFORM 001340

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

AFVA-4BCT-JA

7 June 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-152

1. Claimant's Name/Residence: (9)(q) /Baghdad, Iraq
2. Incident giving rise to claim occurred on 16 April 2005 in Al Shaab, Iraq.
3. The claim was filed on 29 May 2005 in the amount of \$11,000.00.
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 on the above date at the above mentioned location, his brother was driving a borrowed vehicle. A U.S. military convoy consisting of several vehicles and a tank, hit the vehicle, cutting it in half. As a result, the vehicle was totaled and the driver was killed (severed in half). The unit left the area and apologized, but did not issue a claims card. The local nationals on the scene transported the victim to the nearest facility. Several attempts were made in vain to obtain a claims card from the unit or some statement. The incident was verified through 4-64 AR (S-1 shop), that a unit of theirs on that date at that location was involved in such an incident.
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 \$11,000.00.

(9)(q)(8)(q)

MAJ, JA  
Foreign Claims Commission

CENTCOM 001341

Claims Form  
طلب تظلم

To: United States Army Foreign Claims Commission

الى: مفوضية التظلم لجيش الولايات المتحدة

From; Name: \_\_\_\_\_ (9)(q) \_\_\_\_\_ من: الأسم:

Address: \_\_\_\_\_ (9)(q) \_\_\_\_\_ العنوان:

I am

أنا

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

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

c. Employed by: \_\_\_\_\_ (9)(q) \_\_\_\_\_ ت: أعمل لدي:

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

ث: ضع علامة علي أحدهم ( ) أحمل تأمين ( ) لا أحمل تأمين

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

ج: ضع علامة علي أحدهم ( ) دانن "عليه دين" ( ) ليس دانن "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 لادى 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.)

\_\_\_\_\_

My claim arose at: Al shaab Aclan neighbourhood  
(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلدا أو المحافظة

My claim arose on: April 16 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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Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

→  
turn page  
Please

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

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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.)

<u>Item</u>	<u>Amount</u>
Death of his brother	
Completely Damage of the Car	
Total:	\$ 10,000

According to Mr. (9)(a) speech, his brother was driving his Car on the Main Street (9)(a) and Suddenly a Convoy Contains humvees and Vehicles and also a tank which was in front of them, that tank damage his brother's Car Completely, they Stopped for a moment and did not let anyone Come near the dead body (The Corp) and they did not pull the Corp from the Car and after that they just left the place and that ~~made~~ <sup>why</sup> the civil people Carry him to the hospital and Call the Police .. He was dead when they Carry him and became 2 parts or more and his Car which belong to another man and he was just working as a driver ..

The Victim was the only Supporter for his family (father and mother) both of them (9)(a) ~~enough~~ <sup>to</sup> ~~never~~ Support themselves and (9)(a) brothers and (9)(a) Sisters and he was (9)(a) .. for his family we ask for Compensation .

He also mentioned that they went several times to the U.S forces to take a Claim Card from them they said that we are Sorry but they did not gave them a Claim Card.

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر

تكلفته

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إجمالي التكلفة:

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

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لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

(Name)

(Address)

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

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(العنوان)

(الأسم)

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

\$ 10,000 Local

أطالب بتعويض للأضرار يوازي (أكتب 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 متكرر، أو التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه ع

(9)(q)

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

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 29 day of May, 2005.

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

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

عُينت في يوم \_\_\_\_\_ الموافق \_\_\_\_\_ من عام \_\_\_\_\_

\_\_\_\_\_  
(توقيع الشاهد)

\_\_\_\_\_  
(إسم الشاهد بالكامل)

Pages 19 through 26 redacted for the following reasons:

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foreign language

foreign language, (b)(6)