

Foreign Language

CENTCOM 001943

CENTCOM 001944

Foreign Language

Paul
B Aug
05

Foreign Language

CENTCOM 001946

onresponsiv

#020

1
may 05

Foreign Language

10
05

CENTCOM 001948

Pages 7 through 14 redacted for the following reasons:

Foreign Language, (b)(6)

CENTCOM 001957

Page 16 redacted for the following reason:

Foreign Language, (b)(6)

CENTCOM 001959

Foreign Language

(b)(6)

Foreign Language

(b)(6)

~~Pat~~
Police report
Sustain the story

CENTCOM 001961

Page 20 redacted for the following reason:

Foreign Language, (b)(6)

CENTCOM 001963

Page 22 redacted for the following reason:

Foreign Language

CENTCOM 001965

Page 24 redacted for the following reason:

Foreign Language, (b)(6)

CENTCOM 001967

Page 26 redacted for the following reason:

Foreign Language, (b)(6)

CENTCOM 001969

Page 28 redacted for the following reason:

Foreign Language, (b)(6)

CENTCOM 001971

CENTCOM 001973

Page 32 redacted for the following reason:

Foreign Language, (b)(6)

CENTCOM 001975

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

10 DATE VOUCHER PREPARED

SCHEDULE NO.

DEPARTMENT OF THE ARMY
3d Finance Company
Camp Falcon, Iraq
APO AE 09364
DSSN: 5579

20050721

CONTRACT NUMBER AND DATE

(b)(2)High

REQUISITION NUMBER AND DATE

NONE

PAID BY

3d Finance Company
APO AE 09364

DSSN: 5579

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

PAYEE'S

CLAIM #: 05-IM6- T989051

NAME

(b)(6)

AND Baghdad, Iraq

ADDRESS

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
				COST	PER	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$7,000.00
TOTAL						\$7,000.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

\$7,000.00

PAYMENT:

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

APPROVED FOR

EXCHANGE RATE

DIFFERENCES

= \$
BY :
SSG (b)(3),(b)(6)
HQ, 4 BDE, 3 ID, (FWD)

=\$1.00

Amount verified; correct for
(Signature or initials)

\$7,000.00

TITLE:
PAYING AGENT

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

(Date)

(Authorized Certifying Officer)²

(b)(3),(b)(6) CPT, USA
HQ, 4 BDE, 3 ID (FWD), FCC IM6

(Title)

(b)(2)High

ACCOUNTING CLASSIFICATION

\$7,000.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	(b)(6)	
	\$ 7,000.00			

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

NSN 7540-00-900-2234

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.

**4th Brigade Combat Team – Claims Info. Sheet
3d Infantry Division**

ATTORNEY _____ (b)(3)(b)(6)

Today's Date 05-11-2005

CLAIMANT NAME _____ (b)(6) ID NUMBER _____ (b)(6)
 PHONE NUMBER _____
 DISTRICT _____ (b)(6)
 ADDRESS _____ St _____ her: _____

CLAIM INFORMATION
 Injury Death FCA Damage
 Confiscation Car; Weapon; Other
 FCA/Solatia Real Estate Other _____
 Reconsideration
 Shooting Bombing Raid Vehicle Accident Arrest UXO/IED Other

DATE OF INCIDENT 01-20-2005 LOCATION The highway (8) near _____ (b)(6) AMOUNT CLAIMING \$ 17000

FCA CLAIMS SUPPORTING DOCUMENTS
 Proof of Ownership Receipts Diagram Police Report Statements Pictures
 US Note Hospital Report Judicial Decision
 Other : _____
 Death Certificate Medical Reports (Iraqi US) US Note Division of Property Form from the _____
 Name of Deceased: _____ (b)(6) Age: 15
 Marital Status: Single married (number of wives/kids _____, _____)
 Nature of injury:
 Is it permanent? _____
 Will injury require follow up surgeries? _____
 Does this injury affect the individual's ability to earn a living? _____

GENERAL INFORMATION
 Are there any discrepancies in the evidence? /
 Do the medical records confirm the "story"? Yes
 Do the pictures confirm the "story"? /
 Other notes regarding evidence: /
 Is this related to any other claims? /

TRANSLATOR NOTES:
In 01-20-2005 the claimant son (b)(6) was with his uncle, they was going to Almahmadya at 9:00 am, there was military convey in the adverse side. The convey shot the car without reason by random shooting, the boy (b)(6) hurted and died before arriving to hospital.
 Translator Estimate of damages: \$ _____

NCOIC NOTES
DOCUMENTS CONFIRM STORY. RECOMMEND APPROVAL FOR \$7000.

ATTORNEY NOTES
 Approved \$ 7,000.00 Denied (Circle) Evidence Combat Ops Other
 _____ (b)(3), (b)(6) _____

CENTCOM 001977

CF S HASTING.