

(b)(6)

Death \$2,500
Injury - ? \$500
Approved

PD - Injury \$500
PD - Death \$2,500

PAID

JCC-0330

RTN

4/22/07
Payment

09/19/07

26 MV CHG

MI/01/8

(b)(6)

CENTCOM 013945



**DEPARTMENT OF THE ARMY
B COMPANY, 486th CIVIL AFFAIRS BATTALION
CIVIL - MILITARY OPERATIONS CENTER
JOINT COORDINATION CENTER - RAMADI
APO AE 09396**



CLAIMS INTAKE WORKSHEET

Claim number: JCC -0330

INITIAL / FOLLOW -UP

NAME:

(b)(6)

Death

Date of claim: 05APR07

Name of representative:

Relationship to claimant:

Date of incident: 261500NOV06

Location of incident: Soufia

Type of claim (i.e., property damage, injury, death): Death and Injury

Nature of incident (i.e., detention, IED, vehicle collision, etc.):

Claim caused by: IA IP US (Unit:) AIF Other:

Brief description: Claimant states CF on 26NOV06 CF dropped bombs in the area of Soufia that killed her son and injured her other son. (b)(6) Claimants requests compensation for their losses.

Documentation provided:

Proof of death/injury/ownership:	<u>YES</u> / NO / NA	Comments: _____
Bill of sale for property:	YES / <u>NO</u> / NA	Comments: _____
Photographs:	YES / <u>NO</u> / NA	Comments: _____
Claims card:	YES / <u>NO</u> / NA	Comments: _____
SIGACT of incident:	YES / NO / NA	Comments: _____
Other:	YES / NO / NA	Comments: _____

Amount Claimed: \$ USD

Claimant signature certifying above statement: _____

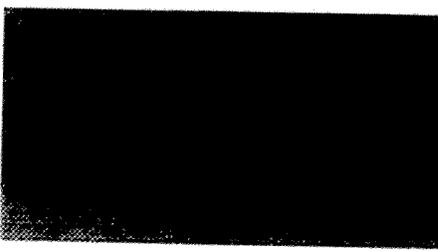
Recommendation: PAY / DENY / TBD Amount recommended: _____ USD

Remarks: Injury 500 Same Sig Act
Death 2500 on 11/20/06.

(b)(6)

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 395th Finance Battalion Zone 6, Arifjan Kuwait APO AE 09366 DSSN: 8748				DATE VOUCHER PREPARED DATE 4/23/07		SCHEDULE NO.	
				CONTRACT NUMBER AND DATE		PAID BY C DET, 3D FM Company Camp Ar Ramadi, Iraq APO AE 09398	
				REQUISITION NUMBER AND DATE (b)(2)High		DSSN: 8748	
PAYEE'S NAME AND ADDRESS PAYEE'S FULL NAME: (b)(6) CITY: Ramadi GOVERNATE: Anbar				DATE INVOICE/PCO		DISCOUNT TERMS	
						PAYEE'S ACCOUNT NO.	
SHIPPED FROM		TO		WEIGHT		GOVERNMENT BL. NO.	
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> Claimant's son, (b)(6) was killed during COF EOF.			QUANTITY	UNIT PRICE COST PER	AMOUNT
							
(Use continuation sheets if necessary)		(Payee must NOT use the space below)			TOTAL		
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 BY (U) (b)(6)(b)(3) MSG, USAR TITLE PROJECT PURCHASING OFFICER B Co 486th Civil Affairs BN		EXCHANGE RATE *\$1.00	DIFFERENCES		
						(b)(3), (b)(6)	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
DATE 4/23/07		(b)(3), (b)(6) 1LT, USAR		(b)(3), (b)(6)		UNIT PAY AGENT	
APPROPRIATION		SUB HEAD		AMOUNT			
				(b)(2)High			
CHECK NUMBER		DATE		PAYEE (X) (b)(6), (b)(3)		X	
CASH \$2,000.00		DATE 4/23/07					
1. When stated in foreign currency, insert name of currency. 2. If the ability to certify and authority to approve are contained 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 check, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasury", as the case may be. Previous edition obsolete.							
NSN 7540-09-800-2206							

CENTCOM 013947

Standard Form 1024 Revised October 1937 Department of the Treasury 1 774 4-2000 913		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 395th Finance Battalion Zone 6, Arifjan Kuwait APO AE 09366 DSSN: 8748				DATE VOUCHER PREPARED DATE		SCHEDULE NO.	
				CONTRACT NUMBER AND DATE		PAID BY C DET, 3D FM Company Camp Ar Ramadi, Iraq APO AE 09396	
				REQUISITION NUMBER AND DATE (b)(2)High		DSSN: 8748	
PAYEE'S NAME AND ADDRESS PAYEE'S FULL NAME: (b)(6) CITY: Ramadi GOVERNATE: Anbar				DATE INVOICE REC'D		DISCOUNT TERMS	
				PAYEE'S ACCOUNT NO.		GOVERNMENT BK. NO.	
SHIPPED FROM		TO		WEIGHT		GOVERNMENT BK. NO.	
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> Claimant injured during CF EOF.			QUAN- TITY	UNIT PRICE COST PER	AMOUNT
							
(Use continuation sheets if necessary)		APPROVED FOR BY (S) MSG (b)(3), (b)(6) TITLE PROJECT PURCHASING OFFICER B Co 486th Civil Affairs BN		PAYEE MUST NOT USE THE SPACE BELOW EXCHANGE RATE - \$1.00		TOTAL	
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		DIFFERENCES					
Pursuant to authority vested in me, I certify that this voucher is correct and accurate for payment. DATE 4/22/07		(b)(3), (b)(6)		UNIT PAY AGENT TITLE (b)(3), (b)(6)			
A	ACCOUNTING CLASSIFICATION (b)(2)High	AMOUNT					
CHECK NUMBER 92	DATE 4/22/07	PAYEE (S)	X	(b)(6)	X	TITLE	
1. When stated in foreign country, insert name of currency. 2. If the ability to certify and authority to approve are contained 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. Previous edition obsolete							

Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Ramidi - Syria

I am

- a. A citizen and national of: _____
- b. A permanent resident of: _____
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () Not a subrogee

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

USA Forces

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.)

My claim arose at: AL Anbar Ramidi
(Town) (City) (Country)

My claim arose on: 2 25 2007
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.)

In the data of 26/11/2007 and the time is 3:00 after noon and when me and my brother

(b)(6) stay behind our home American forces shooting many bombing to our region behind

the Electric Power Station cased to hi damage in my boudy and kill my brother (b)(6) and below the

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

the death report so that I need connection

CENTCOM 013949

Property damage and

Personal injury

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
kill my brother	(b)(6)	2500 \$
my injury		1500 \$

Total: 4000 \$

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

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

(Name) _____ (Address) _____

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

\$ 4000 local 6000 000 ID IRAQ

(Signature of Claimant)

Subscribed before me this 25 day of 2, 200 7

(Print Name)

(b)(6)

(Signature)

Pages 8 through 14 redacted for the following reasons:

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