

HEADQUARTERS MULTI-NATIONAL CORPS – IRAQ BAGHDAD, IRAQ APO AE 09342

REPLY TO ATTENTION OF:

FCC IV6

23 January 2006

CLAIM OF: CLAIM NUMBER: 06-IV6-T0013

Dear Sir or Ma'am:

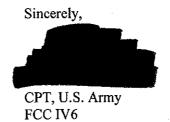
This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) IV6 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC IV6 offers you \$7000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.





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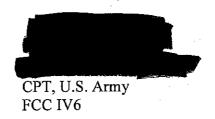
REPLY TO ATTENTION OF:

FICI-JA

Claim of 06-IV6-T0013

ACTION

- 1. <u>Facts</u>: The claimant alleges that on 1 September 2005, his brother was driving a black 1993 sedan on Tikrit highway when U.S. Forces shot their vehicle killing his brother and injuring the claimant.. The amount requested is \$8000 for the claim.
- 2. <u>Opinion</u>: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Upon review of the claim, payment is granted.
- 3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
- 4. Action: The claim will be paid in the amount of \$7000.





UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission	Today's Date:
II. FROM: Name (English):	<u> </u>
Name (Arabic)	
(a) Circle one: Claimant / Attorney/ Authorized represent	tative/ Parent/ Brother/Sister/ Son/Daughter
→ [Attorney or representative MUST attach proof of author	rization.] Other:
(b) IRAQI IDENTIFICATION NUMBER:	
(¢) DETAINEE IDENTIFICATION NUMBER:	
III. ADDRESS of person filing claim:	
(English):	
(Arabic):	
IV. HOME OR CELL PHONE NUMBER:	
(a) I, the above named claimant/attorney/representative, cer	rtify that I (or the person on whose behalf I am
making this claim) am a resident of	-
(b) I hereby make a claim against the UNITED STATES G by the following military unit:	
(c)The property damaged is owned by: his deach (d) The incident happened on Sep. 1st. 2005 at	
(Date) (city	y/town/neighborhood/highway name & number)
V. The facts of the incident are as follows: Hs ke	Said, his brother
was driving his Prince ble	ack 1993 Car on Tikrit
highway when a U.S patrol	Cantains 2 humbers and
a Tank Come from the of	posit side they shooting
his immediately he died a	and injured
the Car turned over The Ir	ragi police took than to
the hospital and gave them the Soldiers whom shooting	the claim card from
the Soldiers whom Shooting	3 them.

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

UNITED STATES ARMED FORCES CLAIMS FORM

TEM	
1 EIVI	PRICE
Death of his broth Damage the Car	\$ 5,000
Damage the Par	\$ 3,000
	9 0.
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R	
	<u> </u>
	TOTAL \$ 6,000
a) I had insurance for the following:	
b) My insurer is:	
CLAIM WILL NOT BE VALID IF US D	and in Iraqi Dinars is: OLLAR AMOUNT IS LEFT BLANK
This is my total claim resulting from this incident. I u	
hat I will not receive any other money for this incident	
ave the opportunity to appeal the decision but will like	cely need to provide new evidence in order to have
ny claim approved.	
	(Girman of Claimant)
_	(Signature of Claimant)
***CLAIM WILL NOT BE VALID IF	· ·
	SIGNATURE IS LEFT BLANK***
	SIGNATURE IS LEFT BLANK***
The claimant was assisted in completing this claim form	SIGNATURE IS LEFT BLANK***
CLAIM WILL NOT BE VALID IF The claimant was assisted in completing this claim form (Name)	SIGNATURE IS LEFT BLANK