

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

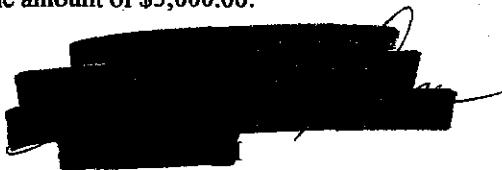
AFVA-4BCT-JA

5 November 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-287

1. Claimant's Name/Residence: [REDACTED] / Baghdad, Iraq
2. Incident giving rise to claim occurred on 13 September, 2005 near check point 1, Baghdad., Iraq.
3. The claim was filed on 26 October 2005 in the amount of \$20,700.00.
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 on the above date at the above mentioned location, his son was on his way to work at the Law Department in the Ministries Council, when a U.S. convoy ordered him to pull over and he did. As the last vehicle passed, a soldier fired at the vehicle and fatally wounded the driver. The unit issued the family a claims card, verifying the incident. Victim was married with 7 children.
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 \$5,000.00.



CPT, JA
Foreign Claims Commission

000984

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.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 130TH FINANCE BATTALION APO AE 09391	DATE VOUCHER PREPARED 29 NOVEMBER 2005	SCHEDULE NO.
	CONTRACT NUMBER AND DATE	PAID BY 3RD SSB 3153RD FIN. DET. APO AE 09348 DSSN 5579
	REQUISITION NUMBER AND DATE	

PAYEE'S NAME AND ADDRESS [REDACTED] MINASAR [REDACTED] 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 (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (¹)
		FOREIGN CLAIMS NUMBER 05-ID4-287 LOSS OF LIFE				5,000.00

(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL	5,000.00
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 =\$ 5,000.00	EXCHANGE RATE =\$1.00	DIFFERENCES		
BY ² [REDACTED]					
TITLE FOREIGN CLAIMS COMMISSION		Amount verified; correct for (Signature or initials) 5,000.00			

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

29 NOV 05

(Date)

(Authorized Certifying Officer)²

FOREIGN CLAIMS COMMISSION

(Title)

ACCOUNTING CLASSIFICATION

ACCOUNT CLASSIFICATION NUMBER 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC:9204

PAID BY [REDACTED]	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH \$ 5,000.00	DATE 8 Dec 05	PAYEE ³ [REDACTED] X	PER

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.

Claims Form
[REDACTED]

To: United States Army Foreign Claims Commission
[REDACTED]

From; Name: [REDACTED] ar [REDACTED]

Address: Basra [REDACTED]

I am

Gl

a. A national citizen of: Iraq [REDACTED]

b. A permanent resident of: Iraq [REDACTED]

c. Employed by: Retired [REDACTED]

d. Check one () an insurer () Not an insurer
[REDACTED]

e. Check one ()A subrogee () Not a Subrogee
[REDACTED]

000986

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

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.)

father of Dead Son (

My claim arose at: check point 1 (Town) (City) (Country)

My claim arose on: Sep. 13 05
Month Day Year

000987

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.)

As the Said, That his Son who was driving his car (DATSUN, 1979) and he was going to his work in Law department in Ministries Council, when A U.S Company told him to stop when they passed the last one who was

sitting in the truck shoot him a fatal shoot that happen at one o'clock and at 3:00 o'clock the Soldiers gave the father a claim card.

* The dead Son was a father of seven children, 6 girls and one body and he was the supporter of the whole family.

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

Death
Death of his Son

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 Son	
Total:	\$ 20,700

000988

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

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

(Name)

(Address)

(الإسم)

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

\$ 20,300

Local

§

СОЛЯНО

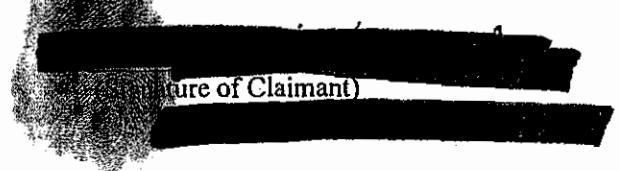
I (have/ have not) previously filed a claim relating to the incident described above.



To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.



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.



Subscribed to me this 26 day of Oct -, 2005.

(Signature of Witness)

(Printed Name)



000990