

PAYMENT REPORT

TO: DFAS, DSSN: 8589

Date: 4 Dec 05

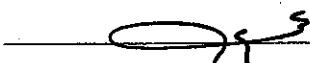
A. Payment Data:

- (1) Submitting Agency/Office: United States Army Claims Service
- (2) Office Code: IA3
- (3) Agency/Office Mailing Address:
- (4) Date Claim Filed: 22 Nov 05
- (5) Claim Number(s): 6-IA3-104
- (6) Amount Claimed: \$5000
- (7) Fund Cite: 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC 9204
- (8) Payee(s): [REDACTED]
- (9) Address: Tikrit, Iraq
- (10) SSN: [REDACTED]
- (11) Payment Amount: \$1750
- (12) Type Payment: PF
- (13) For EFT Payments: ABA Routing Number: [REDACTED]
- (14) For EFT Payment: Account Name and Number: [REDACTED]
- (15) For EFT Payment: Name and Address of financial institution: [REDACTED]

- (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). [REDACTED]

ACCEPTANCE BY CLAIMANT (Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within-stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim for which I or my heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date: 10 Dec 05  (Claimant)

C. AGENCY CERTIFYING OFFICER:

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

Y DEC 05

(Date)

CPT

(Signature Authorized Certifying Officer)

FCC

Title

Date Payment Recorded in Claim Record: 4 Dec 05

A separate payment report must be completed for each claimant

Privacy Act Statement

The information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide this information may result in your claim not being processed for payment.

001282



DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, FOB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

27 November 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 06-IA3-104

1. **Identifying Data:** [REDACTED] by Attorney [REDACTED]
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on November 22, 2005 in Tikrit, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000 on 22 Nov 2005.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was filed in a timely manner.
5. **Facts:** On September 22, 2005, the Claimant's father was killed while returning home from work. He was a passenger with three other occupants. A CF convoy came from behind and bumped the Claimant's vehicle. Claimant's father, [REDACTED] was killed when his head went through the windshield. CF then blocked both sides of the street and searched all vehicles for explosives. The CF allegedly left the deceased in the vehicle. A passerby took the occupants to the hospital.
6. **Opinion:** Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful. Here, the death certificate indicates the decedent died of head trauma. There is sufficient evidence indicating that the injuries were the result of the negligent acts or omissions of CF.
7. **Recommendation:** The claim is approved in the amount of \$1,750

[REDACTED]
[REDACTED]
[REDACTED] R
CPT, JA

Claims Judge Advocate

001283

Claims Form

To: United States Army Foreign Claims Commission.

From: Name [REDACTED]

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved:

Yes (Original)

Decedents: [REDACTED]

Hometown:

Iraqi Resident: [REDACTED]

My claim arose at:

(Town)

Tikrit

(City)

(Country)

My claim arose on:

Sep

22

2005

Month

Day

Year

Proof of Ownership:

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):

Has Copy of Original (Says Death caused by breaks in head (Internal bleeding))

Left [REDACTED] a copy

Interpreter Approved:

Legal Expert Opinion:

[REDACTED] Judge Statements

Interpreter Approved:

W1, Passenger (3 hours from behind - long hit withdraw)

Witness Statement (Consistent?): W2 Driver (hit from behind / head hit withdraw)

Interpreter Approved:

Both are consistent

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.)

Wrongful Death

Claimant states [REDACTED] Father was killed while driving home from work [REDACTED] was a passenger in a minivan. Minivan came up behind, bumped & deceased head went into [REDACTED] windshield, minivan pulled over to side of Rd. (F had blacked to ends of street) Checked van for explosions - supposedly left deceased in vehicle. A passerby took the occupants to the hospital.

Wif/mother/Son - statements about death
not sure how/one present

Accident happened near fuel station

- No Photos of Minivan

Evidence: Diagram / Witness Statements / Death Cert

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>
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Death of father -

Total: *\$5000*

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)

\$5000 _____ local _____

[REDACTED]
(Signature of Claimant)

Subscribed before me this 22 day of Nov, 2005.

CT
(Print Name) *[REDACTED]*

(Signature) *[REDACTED]*

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