



REPLY TO  
ATTENTION OF:

DEPARTMENT OF DEFENSE  
COMBINED/JOINT TASK FORCE (CJTF-76)  
OFFICE OF THE STAFF JUDGE ADVOCATE  
BAGRAM AIRFIELD, AFGHANISTAN APO AE 09354

Foreign Claims Commissioner  
Bagram Claim # 05-0203

28 March 2005

\_\_\_\_\_  
Bagram, Afghanistan

Dear \_\_\_\_\_

You submitted a claim on 15 March 2005, for the death of your nephew Abdul Mougeeb. The accident allegedly occurred at checkpoint 14, near Bagram, Afghanistan. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act, Title 10, U.S.C. §2734, and Army Regulation 27-20, Chapter 10.

In accordance with the cited regulations and after conducting a thorough investigation into your claim, we have determined that your claim is not payable. Unfortunately, there is a lack of substantiation (i.e., there is no evidence) that this accident occurred as claimed. We have reviewed reports from the time frame you indicated and can not find anything to substantiate your claim. The Foreign Claims Act, 10 U.S.C. §2734, was established to compensate inhabitants of a foreign country who suffer a loss due to the noncombat activities of U.S. Forces or the negligence of U.S. service members or civilian employees. You have not shown that you incurred a loss directly related to the noncombat activities of U.S. Forces or the negligence of a U.S. service member or civilian employee.

Please notify me at the above address if you wish to have me reconsider this claim by submitting any neutral witness statements explaining the details of the accident. At that time, I will reopen your claim

This letter constitutes a denial of this claim under the Foreign Claims Act. Thank you for your attention.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
CPT, JA  
Foreign Claims Commissioner

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# CLAIM FOR DAMAGE, INJURY, OR DEATH

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008  
EXPIRES 5-31-05

1. Submit To Appropriate Federal Agency:

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)

*(Handwritten signature)*  
*(Handwritten address)*  
 (Number, street, city, State and Zip Code)  
 AS adult (ok)

3. TYPE OF EMPLOYMENT

MILITARY  CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

*Jan 2004 - 7*

7. TIME (A.M. OR P.M.)

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

*See attached letter*

## 9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side)

## 10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT

*See attached letter re death of*

## 11. WITNESSES

NAME

ADDRESS (Number, street, city, State, and Zip Code)

*Coalition Forces -*

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

*N/A*

12b. PERSONAL INJURY

*N/A*

12c. WRONGFUL DEATH

*\$2,500.00*

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

*\$2,500.00*

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

13b. Phone number of signatory

*See item 2*

14. DATE OF CLAIM

*15 March 2005*

### CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

### CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Imprisonment for not more than five years and shall be subject to a fine of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 18 U.S.C.A. 287.)

95-108

Previous editions not usable

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)

PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

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