



DEPARTMENT OF DEFENSE
HEADQUARTERS, COMBINED/JOINT TASK FORCE (CJTF)-76
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354

REPLY TO
ATTENTION OF

Foreign Claims Commissioner
Bagram Claim # 05-0191

19 April 2005

[REDACTED]
Kabul, Afghanistan

Dear [REDACTED]

You submitted a claim on 1 March 2005, on behalf of the [REDACTED] family for the death of their son. The accident occurred at Mazar-I-Sharif, 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 that this accident occurred as claimed. After speaking with [REDACTED] concerning this claim, we could find no evidence of negligence on the part of the United States Government. 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. military personnel or civilian employees. You personally have not shown that the family of [REDACTED] 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,

[REDACTED]
[REDACTED]
CPT, JA
Foreign Claims Commissioner

000079

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	
1. Submit To Appropriate Federal Agency: CITY - 76 State Judge Ad. 10682C ATTN: CLAIMS CASE # 11 AIRFIELD, AF SHAWNEE, OK			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) [REDACTED] (Legal rep via Power of Attorney)			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 1977	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT FEBRUARY 2004	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.) IN FEB 04, AN ACCIDENT OCCURRED IN WHICH [REDACTED], 500 [REDACTED] [REDACTED] WAS KILLED IN MAZAR-E-SHAHRI. [REDACTED] WAS KILLED BY A COALITION FORCES VEHICLES. DETAILS OF THIS ACCIDENT ARE RECORDED IN ACCIDENT REPORT # 139-2004. THIS CLAIM WAS ORIGINALLY SUBMITTED TO [REDACTED] TASK FORCE 120 CLAIMS ATTORNEY.						
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 above						
11. WITNESSES						
NAME			ADDRESS (Number, street, city, State, and Zip Code)			
[REDACTED]			statements attached			
12. (See instructions on reverse)			AMOUNT OF CLAIM (In dollars)		\$14999	
12a. PROPERTY DAMAGE \$10,000	12b. PERSONAL INJURY \$ [REDACTED]	12c. WRONGFUL DEATH \$7,999 SB	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$17000		\$0.00	
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.) [REDACTED]			13b. Phone number of signatory 070298152	14. DATE OF CLAIM 1st of March 05		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double 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 Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

000080