

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: 

Address: _____

I am a citizen and national of: Iraq

Name of Unit or US Personnel involved in incident: VNK

Owner of property that was damaged: _____

My claim arose at: Al Mansuriyah (Town) (City) (6:00 PM) (Country)

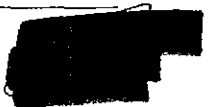
My claim arose on: Dec (Month) 25 (Day) 2005 (Year)

Give a brief statement explaining how the claim arose and the nature of the damages.

Brother was killed when HMMWV hit car he was riding in.
No additional info US Forces stayed on scene but did not provide
any paperwork.

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

\$ 5,000 local _____



(Signature of Claimant)

Subscribed before me this 25th day of January, 2006.


(Print Name)


(Signature)

000310

DEPARTMENT OF THE ARMY
3d Heavy Brigade Combat Team
4th Infantry Division (Mechanized)
FOB Warhorse, Iraq
APO AE 09397

AFZC-FC-JA

27 March 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] 06-3/4-129

1. Claimants name and address: [REDACTED] Al Mansuriyah, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 25 Dec 05, at Al Mansuriyah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$5,000 on 25 Mar 06.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for death of brother.
5. Facts: The claimant alleges that his brother was killed after a HMMWV hit the car his brother was riding in.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. There is evidence that US soldiers might have been negligent in the accident.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$3,000.

[REDACTED]
CPT, JA
Foreign Claims Commission

000311

U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION
 DEPARTMENT OF THE ARMY
 B-DET/8th FINANCE BATTALION
 FOB WARHORSE
 APO AE 09

DATE VOUCHER PREPARED
 27-Mar-06

CONTRACT NUMBER AND DATE
 06-3/4-129

REQUISITION NUMBER AND DATE

PAID BY
 B-OET FO/8TH FB
 FOB Warhorse, OIF III
 APO AE 09397

PAYEE'S NAME AND ADDRESS
[REDACTED]
 Al Mansuriyah, Iraq

DSSN 8547
 DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

SHIPPED FROM TO WEIGHT GOVERNMENT BAL. NO.

NUMBER	DATE OF DELIVERY OF SERVICE	ARTICLES OR SERVICES <small>(Enter description, item no. of contract or Federal supply schedule and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
25 Dec 05	25 Mar 06	compensation for death of brother	1	\$3,000.00	1	\$3,000.00
TOTAL						\$3,000.00

(USE CONTINUATION SHEET IF NECESSARY) (Payee must NOT use the space below)

PAYMENT:
 PROVISIONAL
 COMPLETE
 PARTIAL
 FINAL
 PROGRESS
 ADVANCE

APPROVED FOR: [REDACTED] Foreign Claims Commission

EXCHANGE RATE

CONTRACTING RATE = ~\$3,000.00

DIFFERENCES

Amount verified; correct for (Signature or Initials): [REDACTED] \$3,000.00

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

9 Apr 06 (Date) [REDACTED] (Authorized Certifying Officer) FCC (Title)

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204 \$3,000.00

PAID BY CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of Bank)

CASH \$3,000.00 DATE 9 Apr 06 PAYEE [REDACTED]

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

000312

DEPARTMENT OF THE ARMY
3d Heavy Brigade Combat Team
4th Infantry Division (Mechanized)
FOB Warhorse, Iraq
APO AE 09397

AFZC-FC-JA

31 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] 06-3/4-129

1. Claimants name and address: [REDACTED] Al Mansuriyah, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 25 Dec 05, in Al Mansuriyah, Iraq
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$5,000 on 28 Jan 06.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for the death of brother.
5. Facts: The claimant alleges that his brother was killed after a US HMMWV hit the car his brother was riding in.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. There is no information to substantiate the claim in the SIGACT report.
7. Recommended Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$5,000 is denied.

[REDACTED]
CPT, JA
Foreign Claims Commission

000313