

# Claims Form

To: United States Army Foreign Claims Commission.

From: Name: 

Address: KHALIS PROVINCE, IRAQ

I am a citizen and national of: IRAQ

Name of Unit or US Personnel involved in incident: UNSPECIFIED U.S. CONVOY

Owner of property that was damaged: CLAIMANT

My claim arose at: KHALIS IRAQ  
(Town) (City) (Country)

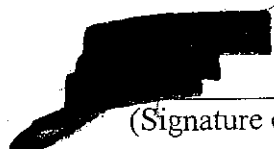
My claim arose on: DEC 22 2005 0600  
Month Day Year

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

CLAIMANT'S SON KILLED IN COLLISION WITH HUMVEE, SAID SGT WHO  
HIT HIM WAS CRYING AND SAYING "THIS IS MY FAULT."

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

\$ 15,000<sup>00</sup> local \_\_\_\_\_

  
(Signature of Claimant)

Subscribed before me this 21<sup>st</sup> day of JANUARY, 2006.

  
(Print Name)

  
(Signature)

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

AFZC-FC-JA

5 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] 06-3/4-114

1. Claimants name and address: [REDACTED] Khalis, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 22 Dec 05, in Khalis, Iraq
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$9,000 on 21 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 death of son.
5. Facts: The claimant's son was killed in a collision with HMMWV.
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. The claimant has received a payment of \$6,000. That payment was the only and final payment on this claim.
7. Recommended Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$9,000 is denied.

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

000315

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

AFZC-FC-JA

28 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] 06-3/4-114

1. Claimants name and address: [REDACTED] Khalis, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 22 Dec 05, at Khalis, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$15,000 on 21 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 death of son.
5. Facts: Claimant's son was killed in a collision with a Humvee.
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. Story checks out with SIGACT. This claim was at the fault of the driver of the Humvee.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$6,000.

[REDACTED]  
CPT, JA  
Foreign Claims Commission

000316

**PUBLIC VOUCHER FOR PURCHASES AND SERVICES  
OTHER THAN PERSONAL**

VOUCHER NO.

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  
**28-Jan-06**  
CONTRACT NUMBER AND DATE  
**06-3/4-114**  
REQUISITION NUMBER AND DATE

SCHEDULE NO.

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

DSSN 8547

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

PAYEE'S  
NAME  
AND  
ADDRESS



**Khalis, Iraq**

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NO.

NUMBER	DATE OF DELIVERY OF SERVICE	ARTICLES OR SERVICES (Enter description, item no. of contract or Federal supply schedule and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
22 Dec 05	21 Jan 06	compensation for death of son	1	6,000	1	\$6,000.00
						<b>TOTAL \$6,000.00</b>

(USE CONTINUATION SHEET IF NECESSARY)

(Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$6,000.00 Foreign Claims Commissioner	CONTRACTING RATE=	Amount verified; correct for (Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment of the amount indicated above.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Certifying Officer)

\_\_\_\_\_  
(Title)

**DISBURSING OFFICER**

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204 \$6,000.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of Bank)
	CASH	DATE	PAYEE	<b>000317</b>

**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.