FCC IV6

23 January 2006

CLAIM OF: [Redacted]
CLAIM NUMBER: 06-IV6-T0013

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) IV6 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC IV6 offers you $7000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

CPT, U.S. Army
FCC IV6

000385
HEADQUARTERS
MULTI-NATIONAL CORPS – IRAQ
BAGHDAD, IRAQ
APO AE 09342

Claim of [reddedacted] 06-IV6-T0013

ACTION

1. Facts: The claimant alleges that on 1 September 2005, his brother was driving a black 1993 sedan on Tikrit highway when U.S. Forces shot their vehicle killing his brother and injuring the claimant. The amount requested is $8000 for the claim.

2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Upon review of the claim, payment is granted.


4. Action: The claim will be paid in the amount of $7000.

CPT, U.S. Army
FCC IV6

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000386
UNITED STATES ARMED FORCES CLAIMS FORM

I. TO: United States Army Foreign Claims Commission  Today's Date:  

II. FROM: Name (English): 
Name (Arabic): 
(a) Circle one: Claimant / Attorney/ Authorized representative/ Parent/ Brother/Sister/ Son/Daughter  
[Attorney or representative MUST attach proof of authorization.] Other: 
(b) IRAQI IDENTIFICATION NUMBER:  
(c) DETAINEE IDENTIFICATION NUMBER:  

III. ADDRESS of person filing claim: 
(English):  
(Arabic):  

IV. HOME OR CELL PHONE NUMBER:  
(a) I, the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of Iraq.  
(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit:  

(c) The property damaged is owned by: his dead brother  
(d) The incident happened on Sep. 14th, 2005 at Salah ad-Din.  
(Date) (city/town/neighborhood/highway name & number)  

V. The facts of the incident are as follows: As he said, his brother was driving his Prince Black 1993 car on Tikrit highway when a U.S. patrol Contains 2 humvees and a Tank coming from the opposite side then shooting him immediately. He died and injured the car turned over. The Iraqi police took them to the hospital and gave them the claim card from the soldiers whom shooting them.  

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]
UNITED STATES ARMED FORCES CLAIMS FORM

VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PRICE</th>
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<tbody>
<tr>
<td>Death of his brother</td>
<td>$ 5,000</td>
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<td>Damage the car</td>
<td>$ 3,000</td>
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TOTAL $ 8,000

(a) I had insurance for the following:

(b) My insurer is:

VII. My total claim in U.S. Dollars against the United States Government is: $ 

and in Iraqi Dinars is:

***CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK***

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will likely need to provide new evidence in order to have my claim approved.

(Signature of Claimant)

***CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK***

The claimant was assisted in completing this claim form by:

(Name)

(Contact Information: e-mail, address, DSN/DNVT, etc.)