



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

REPLY TO
ATTENTION OF:

FCC IV6

2 February 2006

CLAIM OF: [REDACTED]
CLAIM NUMBER: 06-IV6-T0011

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 \$4,000 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,

[REDACTED]
CPT, U.S. Army
FCC IV6

000389



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

REPLY TO
ATTENTION OF:

FICI-JA

Claim of [REDACTED], 06-IV6-T0011

ACTION

1. Facts: The claimant alleges that on 21 February 2005, his son was riding with his uncle to a gas station when U.S forces fired on their vehicle. It resulted in the death of his son and destruction of the vehicle. The amount requested for claim is \$10,000.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of U.S. Forces. Upon review of the claim, payment is offered.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim will be paid in the amount of \$4,000.

[REDACTED]
CPT, U.S. Army
FCC IV6

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Standard Form 1034
 Revised October 1967
 Department of the Treasury
 17FM 4-2000
 1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
 DEPARTMENT OF THE ARMY
 230TH FINANCE BATTALION
 CAMP LIBERTY, IRAQ
 APO AE 09344
 DSSN: 5679

DATE VOUCHER PREPARED

CONTRACT NUMBER AND DATE
 SEE ATTACHED

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
 230TH FIN BN
 CAMP LIBERTY,
 IRAQ
 APO AE 09344
 DSSN: 5679

PAYEE'S NAME AND ADDRESS

[REDACTED]

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

WEIGHT

GOVERNMENT 31L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
CLAIM # 06-108- T0011		FINAL PAYMENT CLAIM a full settlement of the amount allowed by the Secretary of the Army, or an officer duly designed for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.	1			\$4,000.00

(Use continuation sheets) if necessary (Payee must NOT use the space below) TOTAL \$4,000.00

PAYMENT:

PROVISIONAL

COMPLETE

PARTIAL

FINAL

PROGRESS

ADVANCE

APPROVED FOR
 \$4,000.00

EXCHANGE RATE
 = \$1.00

DIFFERENCES

BY
 SGM [REDACTED]
 TITLE
 PAY AGENT

Amount verified: correct for payment

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

15 Feb 06 (Date) [REDACTED] (Authorized Certifying Officer) RYAN E. DUNMIRE, CPT, US ARMY, IV6 (Title)

ACCOUNTING CLASSIFICATION:

216202022-0204 P436099.22-4200 VIRQ F9203 S99999 APC 9204

Accounting Classification Verified by: 4ID, Finance Office, Disbursing NCOIC

PAID BY \$

CHECK NUMBER ON TREASURER OF THE UNITED STATES

CHECK NUMBER ON (Name of bank)

CASH DATE

PAYEE [REDACTED]

1 When stated in foreign currency, insert name of currency.
 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
 3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer", as the case may be.

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 32b and 32c, 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.

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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 son _____

(d) The incident happened on Feb. 21, 2005 at Al. Wihda district / Baghdad.
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: According to him, his son was ~~making~~ going with his uncle at 11:00 a.m to the fuel station to bring some (the barrel was in the car as you can see in the pictures)

They surprised with about 30 bullets (shooting) on their car it was a fatal shooting to his son _____, injured in right hand to the uncle.

When the other relative came to the incident place he found that there was a black female soldier crying near the body, she was also shouting on the soldier who shoot _____ -- They gave them the claim card --

It was a canopy with three humvees ~~and~~ and the number which was written on the humvees was (52)

[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.]

