

DEPARTMENT OF THE ARMY

HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
BAGHDAD, IRAQ
APO AE 09380

REPLY TO
ATTENTION OF:

AFZP-VB-JA

Date: 2 October 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T0069-06 APPROVAL AS FOLLOWS:

Claim of: [REDACTED]

Address: [REDACTED] Baghdad, Iraq #8231679

Date Filed: 11-Apr-05

Amount Claimed: \$300,000.00

Claimed Loss: C.F caused massive traffic accident with multiple fatalities and injuries.
Claimant's truck was completely destroyed and his nephew/driver ([REDACTED])
[REDACTED] died as a result of the incident.

1. Your above-mentioned claim is approved, and will be paid as follows:

Approved: The claimant, [REDACTED], will be paid \$10,000.00 in compensation for property damaged, lost, destroyed, captured, or abandoned in service.

2. In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated 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.

3. 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.

4. POC for this memorandum is [REDACTED], Camp Loyalty, @ VOIP 242-7063.

[REDACTED]
CPT JA

FOREIGN CLAIMS COMMISSION

000722

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DEPARTMENT OF THE ARMY
HQ, 3D Infantry Division
Office of the Staff Judge Advocate
APO AE 09380

10 DATE VOUCHER PREPARED

2 October 2005

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

3d Finance, 3d SSB
Camp Liberty, Iraq
APO AE 09352
DSSN: 5579

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

CLAIM #: **118T0069-06**

PAYEE'S NAME

AND ADDRESS

SHIPPED FROM

TO

WEIGHT

GOVERNMENT BAL. NUMBER

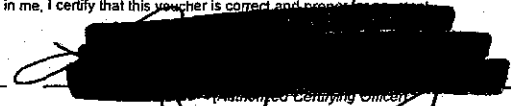
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated 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.				\$10,000.00
TOTAL						\$10,000.00

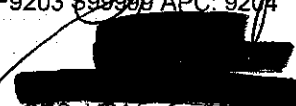
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

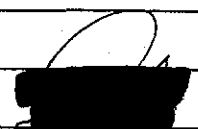
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$	= \$1.00	
	BY:		
	TITLE		Amount verified, correct for (Signature or initials) LA

\$10,000.00

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

5 NOV 05 (Date)  (Authorized Certifying Officer) **Claims Judge Advocate** CPT, JA (Title)

ACCOUNTING CLASSIFICATION
 2162020 22-0204 P436899 22-4200 VIRQ F9203 899909 APC: 9204

SFC USA
Foreign Claims Pay Agent

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE'S	
	\$ 10,000.00	5 NOV 05		

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 receipted 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.



DEPARTMENT OF THE ARMY
HEADQUARTERS, THIRD INFANTRY DIVISION (FWD)
OFFICE OF THE STAFF JUDGE ADVOCATE
APO AE 09352

REPLY TO
ATTENTION OF:

AFZP-JAC

29 September 2005

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of [REDACTED]

1. Facts. Claimant is head of extended household and on 12 March 2005, his nephew [REDACTED] [REDACTED] was killed in a vehicle accident caused by U.S. forces. Claimant has requested \$300,000 as compensation for the death of his nephew.
2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. Claimant has produced sufficient evidence to show that U.S. forces negligently caused his loss.
3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action. The claim is approved in the amount of \$10,000.

[REDACTED]
CW1, JA
FCC IJ4

[REDACTED]
CPT, JA
FCC IJ4

000724

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

The guy ([redacted]) was died as a result of this incident.

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item	Amount
A truck, kind (scanne)	300,000 \$I
The damagedes was 100% percent	

Total: 300,000 \$I

I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name) (Address)

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

\$ 300,000 local 45 Million Dinars

[redacted]

(Signature of Claimant)

Subscribed before me this April day of Thursday, 2005.

[redacted]

(Print Name)

[redacted]

(Signature)