

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4th BRIGADE "VANGUARD"
3d INFANTRY DIVISION
APO AE 09348

AFVA-4BCT-JA

5 December 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-162

1. Claimant's Name/Residence: [REDACTED] /Baghdad, Iraq
2. Incident giving rise to claim occurred on 3 February 2005 at Baghdad, Iraq.
3. The claim was filed on 13 May 2005 in the amount of \$4,000.00.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life.
5. Claimant alleges that on the above date at the above mentioned location, the child was outside playing by their gate and a stray bullet from a U.S. soldier hit their son in the head and killed him. The U.S. soldiers went to the boy's funeral and apologized to the family and took their information to get to them, but never did. The child was nine years old and their only son.
6. 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 non-combat activities or negligent or wrongful acts of the United States Armed Forces. The claimant has submitted sufficient evidence.
7. I recommend approving this claim in the amount of \$4,000.00.

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

000867

Standard Form 1034
 Revised October 1987
 Department of the Treasury
 1 TFM 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
 130TH FINANCE BATTALION
 APO AE 09391

DATE VOUCHER PREPARED
 10 DECEMBER 2005

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY
 3RD SSB
 3153RD FIN. DET.
 APO AE 09348
 DSSN 5579

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS
 [REDACTED] AD
 BAGHDAD, IRAQ

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM TO WEIGHT

GOVERNMENT B/L 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>	QUANTITY	UNIT PRICE		AMOUNT (¹)
				COST	PER	
		FOREIGN CLAIMS NUMBER 05-ID4-162 LOSS OF LIFE				4,000.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 4,000.00

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
	= \$ 4,000.00	= \$1.00	
	BY 2		Amount verified; correct for
	[REDACTED]		4,000.00
	TITLE	(Signature or initials)	
	FOREIGN CLAIMS COMMISSION		

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

10 DEC 05 (Date) [REDACTED] (Authorized Certifying Officer) 2 FOREIGN CLAIMS COMMISSION (Title)

ACCOUNTING CLASSIFICATION
 ACCOUNT CLASSIFICATION NUMBER 2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC:9204

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	
\$ 4,000.00	Dec. 26. 2005	[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 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.

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Claims Form

To: United States Army Foreign Claims Commission

[Redacted]

From; Name:

[Redacted]

Address:

[Redacted] near Al Karana Hospital

I am

US

a. A national citizen of:

[Redacted] Iraq

b. A permanent resident of:

[Redacted]

c. Employed by: HOUSE wife

[Redacted]

d. Check one () an insurer () Not an insurer

[Redacted]

e. Check one () A subrogee () Not a Subrogee

[Redacted]

028000

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at: near shiekh maroof
(Town) (City) (Country)

My claim arose on: Feb. 3 2005
Month Day Year

128000

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based, (Use back of this sheet if necessary.)

According to his Mom, the Dead child Ahmed (9 years)
and at 2:00 afternoon the U.S forces whom were
present at Haifa St. and while they were shooting
randomely one of the bullets pass through his head

and in his Funeral the U.S forces Came and took
phone NO. and address to call them but no one
Call, he was the only son and had 2 Sisters.

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

<u>Item</u>	<u>Amount</u>
Total:	\$ 5,000

[Redacted]

46151

[Redacted]

[Redacted]

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

[Redacted]

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

(Name) (Address)

[Redacted]

[Redacted]

[Redacted]

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

\$ 5,000 Local _____

[Redacted]

[Redacted]

\$

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I (have/ have not) previously filed a claim relating to the incident described above.

[REDACTED]

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

[REDACTED]

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

[REDACTED]

[REDACTED]

(Signature of Claimant)

[REDACTED]

Subscribed to me this 13 day of May, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]

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