

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

AFVA-4BCT-JA

7 November 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-279

1. Claimant's Name/Residence: [REDACTED] / Baghdad, Iraq
2. Incident giving rise to claim occurred on 3 February 2005 on Haifa St., Iraq.
3. The claim was filed on 5 October 2005 in the amount of \$10,000.00.
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 and location, her husband was leaving work, when clashes broke out between U.S. Coalition Forces and suspected terrorists. As a result, her husband was struck by a stray bullet and died a day later. Nine other civilians were killed. She has four children, has supplied a blank claims card, other documentation, that supports her claim.
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 of the United States Armed Forces. . In this case, it would be considered as a result of combat operations.
7. I recommend not paying this claim.

[REDACTED]
CPT, JA
Foreign Claims Commission

000991

Claims Form

To: United States Army Foreign Claims Commission

From; Name:

Address:

Baghdad

I am

a. A national citizen of:

Iraqi

b. A permanent resident of:

Iraq

c. Employed by:

Housewife

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

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

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

[REDACTED]

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.)

The same person

[REDACTED]

My claim arose at: Haifa St. Baghdad
(Town) (City) (Country)

[REDACTED]

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

[REDACTED]

000993

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 her speech her husband was working as a carpenter in Haifa St. and after he closed his shop at 3:30 PM at that time there were a U.S. Convoy in that place, they start shooting and killed

[REDACTED]

(nine persons) including her husband who got a shoot in his right lung and after one day he died in Al Yarmouk Hospital.
She is a mother of four, and she's responsible for them.

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

[REDACTED]

Death of her husband

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

Death of her husband

Total: \$ 10,000

000994

[Redacted]

تاريخ

[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]

(العنوان)

(الاسم)

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

\$ 10,000 _____ Local _____

[Redacted]

[Redacted]

\$

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 5th day of oct, 2005

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]

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