

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

AFVA-4BCT-JA

9 December 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-260

1. Claimant's Name/Residence: [REDACTED] / Baghdad, Iraq
2. Incident giving rise to claim occurred on 6 February 2005 in Baghdad, Iraq.
3. The claim was filed on 6 July 2005 in the amount of \$15,000.00.
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, that while her two brothers were eating lunch in front of the tire shop that they work at, an American patrol shot and killed both of them.
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, we do not have sufficient evidence to validate this claim and it was combat ops.
7. I recommend not paying this claim.

[REDACTED]
CPT, JA
Foreign Claims Commission

001725

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:

c. Employed by:

House wife

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)

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: Rahmaniya
(Town) (City) (Country)

My claim arose on: Feb. 6 2005
Month Day Year

[Redacted]

تكاليف

[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]

(العنوان)

(الاسم)

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

\$ 15,000

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]

[REDACTED]

(Signature of Claimant)

[REDACTED]

Subscribed to me this 6 day of July, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]

001730