

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008

1. Submit To Appropriate Federal Agency:	2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) [REDACTED] (Cousin) HESA AWAL, KABUL [REDACTED] Decided
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3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 20 yrs. old	5. MARITAL STATUS S	6. DATE AND DAY OF ACCIDENT 29 MAY 2006	7. TIME (A.M. or P.M.)
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8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

I WAS WALKING ON THE SIDE OF THE ROAD, THE TRAFFIC ACCIDENT OCCURRED. THEN A GUNNER THAT WAS TURNING (IN A TURN OF A VEHICLE) SHOT MY COUSIN. (Picture of [REDACTED] ATTACHED TO CLAIM)

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

[REDACTED] son of [REDACTED]

11. **WITNESSES**

NAME	ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse) **AMOUNT OF CLAIM (In dollars)**

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$40000 1 Person Decided 0.00
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I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) [REDACTED]	13b. Phone number of signatory [REDACTED]	14. DATE OF CLAIM 26 June 2006
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CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)
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Mood Suburb Begram Province

A10-06-083

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PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

Department of the Treasury

DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY DFAS-IN INDIANAPOLIS, IN 46249	DATE VOUCHER PREPARED 25-Jul-06	SCHEDULE NO.
	CONTRACT NUMBER AND DATE	PAID BY FOBAS
	REQUISITION NUMBER AND DATE	DFAS-IN INDIANAPOLIS, IN 46249 DSSN: 5570
PAYEE'S NAME AND ADDRESS BAGRAM, AFGHANISTAN	DATE INVOICE RECEIVED 25-Jul-06	DISCOUNT TERMS
	PAYEE'S ACCT. NUMBER	
	GOVERNMENT P/L NO.	
ISSUED FROM	TO	WEIGHT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
		Foreign Claim Commission CASE NO. #: A1U-06-083 Date Request Filed: 25 July 2006 Current Exchange Rate				3,991.22 0 0 0 0 0 0
TOTAL						3,991.22

CONTINUATION SHEET IF NECESSARY (Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	Certified by: [Redacted] CPT, JA Foreign Claims Commission	DIFFERENCES	
		Amount verified; correct for	\$3,991.22
		(Signature or initials)	[Redacted]

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

25-Jul-06 [Redacted] (Date) [Redacted] (Authorized Certifying Officer)

[Redacted] DISBURSING OFFICER (Title)

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VFRE F3203 S99999 APC: K226(83) A1U

Accounting Classification Verified by: [Redacted] 2LT, FC, Deputy Disbursing Officer 10th SSB (FWD)

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAID	
	\$3,991.22	25-Jul-06	[Redacted]	

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, 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.

Figure 8

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DEPARTMENT OF DEFENSE
COMBINED/JOINT TASK FORCE (CJTF-76)
OFFICE OF THE STAFF JUDGE ADVOCATE
BAGRAM AIRFIELD, AFGHANISTAN APO AE 09354

REPLY TO
ATTENTION OF

CJTF-76-JA-CI

MEMORANDUM FOR RECORD

24 July 2006

SUBJECT: Foreign Claim Investigation, Claim # A1U-06-083 [REDACTED]

1. Identifying Information.

a. Claimant: The claimant is a local national, [REDACTED] hereinafter "the claimant"), living in Afghanistan.

b. Amount: The claimant filed a claim for 2,000,000 Afghani on 26 June 2006.

c. The claimant states on 29 May 2006, that his cousin was shot and killed after a riot began after a U.S. Forces HEMMT vehicle lost brake control upon entering the city of Kabul.

d. Investigation Completed: 22 July 2006.

2. Jurisdiction. The claimant filed his claim in a timely manner in the form of an SF 95. The claimant is a foreign national and the owner of the property. The claimant is a proper claimant under the Foreign Claims Act IAW DA PAM 27-162, para. 10-2.

3. Statement of Facts.

a. The claimant states on 29 May 2006, his cousin was shot and killed after a riot started as a result of a U.S. Forces HEMMT losing brake control.

b. A convoy was enroute from Bagram to Kabul on 29 May 2006. As they began to enter the town of Kabul, there is a very long steep graded slope on which the HEMMT within the convoy began lose control of its brakes. The HEMMT, out of control, entered town and made contact with several vehicles until it finally came to a complete stop. Damage consisted of numerous vehicles, personal injuries, and a one casualty. As the local nationals began to congregate a riot ensued. Shots were fired from the local Afghan national police and U.S. personnel fatally wounding several local nationals.

c. The claimant submitted an SF 95 indicating damages of 2,000,000 Afghani for the loss of his cousin.

4. Legal Analysis.

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a. **Legal Rules.** Under AR 27-20, para. 10-3, the incident that forms the basis for the claim must arise in a foreign country and be a result of either noncombat activities of the U.S. armed forces or the negligent or wrongful acts of civilian employees or military members. "Noncombat activity" is defined in the Glossary of AR 27-20, as "authorized activities essentially military in nature, having little parallel in civilian pursuits, which historically have been considered as furnishing the proper basis for payment of claims. Activities excluded are those incident to combat, whether in time of war or not, and use of military personnel and civilian employees in connection with civil disturbances."

b. **Application of Rules.** In this case, the claim arose in Afghanistan, a foreign country. An investigation is being completed between U.S. Forces and the local Afghanistan police. After the incident, U.S. Forces and Afghani law enforcement conducted separate investigations. Evidence supports the negligence of the U.S. Forces and therefore the claimant should be compensated accordingly.

5. **Damages.** The claimant filed an SF 95 on 26 June 2006. The SF 95 requests compensation for the loss of the cousin.

6. **Proposed Settlement or Action.** This claim is payable under the Foreign Claims Act because the loss occurred as a result of a U.S. government personnel's negligence. This claim should be settled for 200,000 Afghani to compensate the family for their loss.

7. Point of contact is the undersigned at (318) 231-4603.

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

Encls.

FOREIGN CLAIMS COMMISSION DECISION MEMORANDUM

1. CASE No. #: **AIU-06-083** 2. DATE REQUEST FILED: **24 July 2006**
3. NAME AND ADDRESS OF CLAIMANT: [REDACTED]
4. NAME AND ADDRESS OF REPRESENTATIVE: **N/A**
5. DATE AND PLACE OF INCIDENT: **29 May 2006, Afghanistan**
6. AMOUNT REQUESTED: **2,000,000 Afghani**
7. EQUIVALENT IN US CURRENCY: **Current Exchange Rate**
8. FACTS: **See investigation memo**
9. LIABILITY: **The request is cognizable and considered meritorious**
10. QUANTUM:

Amount requested: **2,000,000 Afghani**

Amount Approved: **200,000 Afghani**

11. FUND CITE # **2162020 22-0204 P436099.22-4200 VFRE F3203 S99999 APC: K226(83) AIU**

12. ACTION: **Claimant paid for substantiated loss**

13 PAYMENT AMOUNT: **200,000 Afghani**

14. EQUIVALENT IN US CURRENCY: **Current exchange rate**

15. COMMISSIONER'S SIGNATURE/DATE:

[REDACTED]
CPI, JA
Foreign Claims Commissioner