



REPLY TO  
ATTENTION OF:

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

Foreign Claims Commissioner  
Bagram Claim # AIU-06-107

21 July 2006

\_\_\_\_\_  
Afghanistan

Dear \_\_\_\_\_

You submitted a claim on 01 July 2006, for the death of your brother alleging on 29 May 2006 that he was fatally shot by Afghan National Army personnel. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act, Title 10, U.S.C. §2734, and Army Regulation 27-20, Chapter 10.

The Foreign Claims Act, 10 U.S.C. §2734, was established to compensate inhabitants of a foreign country who suffer a loss due to the noncombat activities of U.S. Forces or the negligence or wrongful acts of U.S. service members or civilian employees. Based on the claim you provided you stated that your brother was shot by the Afghan National Army. Therefore, this claim is not considered cognizant under the Foreign Claims Act and is denied.

Please notify me at the above address if you wish to have me reconsider this claim based on new evidence. At that time and based on what new information you provide, I will consider the merits and whether or not the claim should be re-open.

This letter constitutes a denial of this claim under the Foreign Claims Act. Thank you for your attention.

Sincerely, \_\_\_\_\_

\_\_\_\_\_  
CPT, JA  
Foreign Claims Commissioner

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**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)

*Kabul City*  
*KHIRAR Mohamed Death of Brother Age 35*

3. TYPE OF EMPLOYMENT

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

7. TIME (A.M. or P.M.)

MILITARY  CIVILIAN

*Brother was married*

*29 May 2006*

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.)

*My Brother was on his way home from work. He was shot by ANA. This is what people say; he was shot by ANA.*

**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.

**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.)
		<i>(1 Person) Death of Brother</i>	0.00

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.)

*Another Brother*

13b. Phone number of signatory

14. DATE OF CLAIM

*7-1-06*

**CIVIL FRAUDULENT CLAIM**  
PRESENTING CLAIM

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**

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.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

*A10-000-107*

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Handwritten notes on the left margin.

**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. 1105-0002

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)	
		Kabul City Khiran Muhammad Death of Brother Age 35	
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS Brother was married	6. DATE AND DAY OF ACCIDENT 29 May 2006
7. TIME (A.M. or P.M.)			

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.)

My Brother was on his way home from work. He was shot by ANA. This is what people say; he was shot by ANA.

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.

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 (1 Person) Death of Brother	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 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.) Anthon Brother	13b. Phone number of signatory	14. DATE OF CLAIM 7-1-06
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<p><b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b></p> <p>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.)</p>	<p><b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b></p> <p>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)</p>
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