DEPARTMENT OF THE ARMY 3d Heavy Brigade Combat Team 4th Infantry Division (Mechanized) FOB Warhorse, Iraq APO AE 09397

AFZC-FC-JA

22 March 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of

: 06-3/4-455

1. Claimants name and address:

Baghdad, Iraq.

- 2. <u>Incident date and place the incident occurred giving rise to the claim</u>: Incident occurred on 8 JAN 06, in Khalis, Iraq.
- 3. Amount of claim and filing date: Claimant filed a claim in the amount of \$12,000 on 18 MAR 06.
- 4. <u>Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration:</u> Foreign Claims Act and Chapter 10, AR 27-20; claim filed for Compensation for loss of vehicle and for pain and suffering from the accident.
- 5. Facts: Claimant was driving his car used for taxi service. There was minor injuries sustained and claimant received medical care from LSA Anaconda. The vehicle claimant was driving was destroyed.
- 6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either non-combat activities of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. There is insufficient evidence to substantiate this claim. Not enough evidence to show this was not combat related.
- 7. Recommended Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$12,000 is denied.



Foreign Claims Intake Form

10: 3D HBC1, 4	ID, Foreign Claims C	mce, FOB warnon	se, Iraq.	
From: Name:				Sex:
		ighdad		
	national of:	-		- -
Name of Unit or U	JS Personnel involved	l in incident:U	NK .	
Owner of property	y that was damaged:_	claimant		
My claim arose at	: Kha Town	lis 1	City	Country
•	1: Ja 8			·
	nent explaining how t n, who, and how of w			mages. Be sure to include the
	see statements.	Vehicle accident	dent this M	an was injured
\$ 12,00	s: (Indicate amount in	local	ocal currency)	
Nignatura	of Claimant		Name	of Attorney
Signature	of Claimant		rame	or executing
Subscribed before	me this 18 day of	March	, 200 <u>6</u> .	
		Print No.	1.	
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