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

1. Claimants name and address:

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, Baghdad, Iraq.

- 2. <u>Incident date and place the incident occurred giving rise to the claim</u>: Incident occurred on 8 JAN 06, in Udaim, Iraq.
- 3. Amount of claim and filing date: Claimant filed a claim in the amount of \$12,000 on 18 MAR 06.
- 4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for Compensation for the loss of claimant's son.
- 5. Facts: Claimant's son died in a vehicle accident involving claim number 06-3/4-455.
- 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. <u>Recommended Action:</u> This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$12,000 is denied.



CPT, JA Foreign Claims Commission

Foreign Claims Intake Form

To: 3D HBCT, 4ID, Foreign Claims Office, FOB Warhorse, Iraq.	
From: Name: Address: Saghdad	Sex:
I am a citizen and national of:	
Name of Unit or US Personnel involved in incident:	· ·
Owner of property that was damaged: father of 5on that was	Killed
My claim arose at: Town City	Country
My claim arose on: Tac 8 2 00 6 / 1000 Month Day Year Time	
Give a brief statement explaining how the claim arose and the nature of the dawhat, where, when, who, and how of what happened. Write legibly.	mages. Be sure to include the
accident with US Forces, this Mans con accident.	ded in the
some accident as 455	
I claim as damages: (Indicate amount in U.S. dollars and local currency)	
\$ 12,000 local	
Signature of Claimant Name	of Attorney
Subscribed before me this 18^{μ} day of 100^{μ} , 100^{μ} .	
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