



DEPARTMENT OF THE ARMY  
 HEADQUARTERS, MULTINATIONAL DIVISION - CENTRAL SOUTH  
 US ARMY G-STAFF  
 AD DIWANIYAH, IRAQ  
 APO AE 09332

REPLY TO  
 ATTENTION OF

To: [Redacted]  
 From: Foreign Claims Commission IF9  
 Re: Claim number 06 IF9T0006

Sir/Ma'am

Your claim, number 06 IF9T0006 filed pursuant to the Foreign Claim Act has been approved in the amount of \$ 3,500.00. That proposed payment, if accepted, will constitute a full and final satisfaction of your claim against the United States and against any of its entities and a full and final waiver by you of your claim against the United States and against any of its entities.

Foreign Claims Commission IF9:

With regard to my claim number 06 IF9T0006, I accept payment in the amount of \$ 3,500.00 and acknowledge receipt of the same. I agree that my acceptance of said payment constitutes a full and final satisfaction of my claim against the United States or against any of its entities and constitutes a full and final waiver by me of my claim against the United States or against any of its entities.

20 April 06  
 Date

[Redacted Signature]  
 IF9  
06 IF9T0006

الى

[Redacted]  
06 IF9T0006  
 \$ 3,500.00 (الدولار الأمريكي)

لجنة الشكاوى الأجنبية IF9:

06 IF9T0006 قبل الدفعة وقدره \$ 3,500.00 الدولار

20 April 06  
 Date

[Redacted Signature]  
 التاريخ  
 000348

**PUBLIC VOUCHER FOR PURCHASES AND  
 SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
 Department of the Army  
 230th Finance Battalion  
 Camp Liberty, Iraq  
 APO AE 09352  
 DSSN: 5579

DATE VOUCHER PREPARED  
 4/16/2006 9:07:16 AM

SCHEDULE NO.

CONTRACT NUMBER AND DATE  
 061F9T0006 4/20/2006  
 REQUISITION NUMBER AND DATE  
 WAT6YA-6104-0800 14 April 2006

PAID BY  
 230th Finance Battalion  
 Camp Liberty, Iraq  
 APO AE 09352  
 DSSN: 5579

PAYEE'S  
 NAME  
 AND  
 ADDRESS



ID # 897616

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
1	4/20/2006	Payment in settlement of claim under Foreign Claims Act	1			3,500.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

3,500.00

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	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$	= \$1.00	
	BY: MA [Redacted]		
	TITLE MAJ US ARMY PAYING AGENT	(Signature or initials)	

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

20 April 06  
(Date)



[Redacted] LTC, USA  
 MND-CS, FCC IF9  
(Title)

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9205 \$3,500.00

WAT6YA-6104-0800

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
	\$ 3,500.00	20 April 2006	[Redacted]	

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is needed. The approving officer will sign in the space provided, over his official title.  
<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

PER

TITLE



DEPARTMENT OF THE ARMY  
HEADQUARTERS, MULTINATIONAL DIVISION – CENTRAL SOUTH  
US ARMY G-STAFF  
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REPLY TO  
ATTENTION OF

MND-CS-LEGAD

Claim of [REDACTED] 06-IF9-T-0006

ACTION

1. Facts: The claimant alleges that on 6 January 2006 his son, [REDACTED] was killed by US forces while driving near Ad Diwaniyah. Medical records were attached from TF 30<sup>th</sup> MED BDE. Claimant demanded payment in the sum of \$10,000.00. A review of available US reports established that an Escalation of Force Incident did occur at about 1628C on ASR Roswell on 6 January 2006. The American unit involved was HHC 2-121IN. The rear vehicle observed a car approaching from behind. The gunner waved at the car with no effect and fired one warning shot directly into the ground in front of the oncoming car. The round ricocheted into the vehicle striking the driver, who was transported to the hospital by IA. The driver subsequently died.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. The placement of the warning shot into the ground directly in front of the oncoming vehicle violated established guidance concerning warning shots and their placement. Therefore, this Foreign Claims Commissioner feels that the gunner's action was negligent under these circumstances.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim will be paid in the amount of \$3,500.00 as the decedent was contributorily negligent under the circumstances..

[REDACTED]  
LTC, JA, U.S. Army  
FCC IF9

000350

Return March 7, 2006

06-FF-7-06

- Original  
- Do not use

### Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted]

Address: [Redacted] - son - deceased

I am

- a. A citizen and national of: IVceqi
- b. A permanent resident of: Gamass neighborhood
- c. Employed by: \_\_\_\_\_
- d. Check one ( ) An insurer ( ) Not an insurer
- e. Check one ( ) A subrogee ( ) Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by:  
(Name, Organization, Military Department, Address, Telephone Number)

US CONVOY

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: ADIWANIYA Bridge W of Camp  
(Town) (City) (Country) Overpass

My claim arose on: 1 6 2006  
Month Day Year

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

Father = car was driven by son on overpass  
US convoy behind him - opened fire - shot in  
back - treated by US military - died. Windows  
+ 2 seats damaged. Convoy did stop. Son  
was going to Gamass - going west. 5:00 afternoon

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Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

Son died. Car damaged  
Son only provider for his family

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

<u>Item</u>	<u>Amount</u>

Total: \_\_\_\_\_

I was insured to the following extent against the damage or injuries I have sustained:

N/A

The name and address of my insurer (if any) is:

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

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

\$ \_\_\_\_\_ local ~~up to~~ unspecified

(Signature of Claimant)

Subscribed before me this 2nd day of Feb, 2006.

(P) \_\_\_\_\_  
(Signature) \_\_\_\_\_

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