**Claims Form CF-1** 1. To: United States Army Foreign Claims Commission. From: Name: Mugdadyar Address: Iam a. A citizen and national of: b. A permanent resident of :\_\_\_\_ c. Employed by:\_ 2. I hereby make a claim against the United States Government for damages or injuries caused by: (Unit Name or Individual) 3. The property damaged is owned by: Mugdaduah (City) My 7 2005 4. My claim arose at: . (Country) 5. My claim arose on: Year 6. 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.) hot in vehich be Bradbe- cluch Kilho war Man 7. 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.) Ungle Amount Item 15000 Total: 8. I claim as damages: (Indicate amount in U.S. dollars and local currency) \$ 1500Clocal (Signature of Claimant) 9. Subscribed before me this 3 day of dayEC 2005. Rank: Name: 000577 4-1

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<ul> <li>(2) Office Code: <u>152</u></li> <li>(3) AgencyOffice Mailing Address:</li> <li>(4) Date Claim File: 03 December 2005</li> <li>(5) Claim Number(5): 66-16A5-1644</li> <li>(6) Amount Claimed: 15,000</li> <li>(7) Fund Clei: <u>2152020 22-0204 P436099.22-4200 VIRO F92065399999 AFC9204</u></li> <li>(8) Payed): <u>119 Payment Amount: 57,000</u></li> <li>(10) SSN: <u>None</u></li> <li>(11) Payment Amount: <u>57,000</u></li> <li>(12) Type Payment: FF</li> <li>(13) For EFT Payment: Account Name and Number:</li> <li>(14) For EFT Payment: Account Name and Number:</li> <li>(15) For EFT Payment: Account Name and Number:</li> <li>(16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).</li> </ul> <b>B.</b> ACCEPTANCE BY CLAIMANT (Note: This form should not be signed by the alainant if another release is signed by the alainant is attached). In claimant is attached. In claimant, is and agree that said acceptance construes at complete class by me, my heir, account, advecting a complete index on any diverse or assign and and the another class by me, my heir, account and the another class of assign and on the target on anti-target and attached. In claimant, and agree in attached. In claimant is attached. In claimant is attached. In claimant is attached. In claimant	<ul> <li>(2) Office Code: J2D: (3) Agency(7)(Gine Mailing Address: (4) Date Claim Filed: 03 December 2005 (5) Claim Number(5): 06-16-164 (6) Automit Claimed: 15,000 (7) Fund Cite: 215/2020 22-0204 P436099 .22-4200 VIRQ F9206899999 APC9204 (7) Paynet Amount: 57,000 (10) SN: NOBE. (11) Payment Amount: 57,000 (12) Type Paynet: FF (13) For EFT Payment: Account Nume and Number: (14) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). (15) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).</li> <li>(16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).</li> <li>(17) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).</li> <li>(18) ACCEPTANCE BY CLAIMANT (Note: This from should not be signed by the claimant if another elease is signed by antibilization or sains, and agree that aid acceptance constitutes a complete durate, string now of the form and by reason of any and theore and matoron, accept the vitilm strate account plane durate, accept and a complete durate acceptance and acceptance constitutes a durate acceptance of a value and a string accept accept</li></ul>	Payment Data:	nited States Army Claims Service
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(4) Date Chim Fried: 05 GeTAS-164a         (5) Claim Number(5): 106-TAS-164a         (6) Amount Chimed: 15,000         (7) Fund Cite: 2162020 22-0204 P436099.22-4200 VIRQ F9206599999 APC9204         (8) Payse(5): Mundpalaiyah, Iraq         (9) Payse(5): Mundpalaiyah, Iraq         (10) SSN: None.         (11) Payment Amount: 57,000         (12) Type Payment: Record Name and Number:         (13) For EFT Payment: Account Name and Number:         (14) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (15) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account, and by reason of any daministrator or assign of the channat, is atteched).         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account, and by reason of any and all channat is atteched).         (20) Address: and ages the salid acceptance onstitute a completer decar by me, my beirs, eccentor, and y other actual acceptance induction and unknown, foreseen and unknown, daministrator, or assign, sind age or its the failer of the same state of any and a dome action of the same state of any any daming and a rest of the same state of any and a dome action, foreseen and unknown and any dow at a and a dome and known foreseen and unknown and any dow at any and a state any and a dome and show any at a state any and a dome any fore any any damin any at a state any any dow at a state any any	(4) Date Claim Files: 06-TAS-164a         (5) Claim Mumber(3): 06-TAS-164a         (6) Amount Claimed: 15,000         (7) Prund Cite: 2182020: 22-0204 P4360099.22-4200 VIRQ F9206899999 APC3204         (8) Payee(3):         (9) Address: All Mundadiyah, Iraq         (10) SSN: Sone.         (11) Payment Amount: 57,000         (12) Type Payment: Account Name and Number:         (13) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). <b>B.</b> ACCEPTANCE BY CLAIMANT (Note: This form should not be signal by the chamant if another elease is signad by the chamant if another elease is signad and anotax, ang more of the target end and the consequence thand and anotax, ang more of the target end and the angel and to really. Free and the anne and end anotax, and and the real and conductive on any lend end the same and and the and anotax. Then, the same and perform any and all chams for another and the and anotax, and and the and the anding and the same and the anne and anotax.	(3) Agency/Office Maining Free (3)	per 2005
<ul> <li>(a) Claim Number(3: 15,000</li> <li>(b) Anount Claimed: 15,000</li> <li>(c) Anount Claimed: 15,000</li> <li>(c) Payee(5): 2162020 22-0204 P436099.22-4200 VIRQ F92068399993 Recent</li> <li>(c) Address: ATMuqdadiyah, Iraq</li> <li>(d) SSN: None.</li> <li>(e) Address: ATMuqdadiyah, Iraq</li> <li>(ii) SSN: None.</li> <li>(iii) Payments: ABA Routing Number:</li></ul>	<ul> <li>(1) Claim Number 03: 15,000</li> <li>(2) Fund Claim d: [262020 22-0204 P436099.22-4200 VIRQ F92068399999 Accounted (1) Payment Anount: 57,000</li> <li>(1) Payment Anount: 57,000</li> <li>(12) Type Payment: FF</li> <li>(13) For EFT Payment: Account Name and Number:</li></ul>	(4) Date Claim Filed: 03 Decome	64a DC9204
(8) Payee(s): Ar Muqualiyab, Iraq         (10) SSN: None.         (11) Payment Anount: 57,000         (12) Type Payment: PF         (13) For EFT Payment: Account Name and Number:         (14) For EFT Payment: Account Name and Number:         (15) For EFT Payment: Account Name and Number:         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16) It is for a state and a state acceptance constitutes a complete release by meny here, securetor, administrator, or a signs, and gave that sid acceptance constitutes a complete release by meny here, securetor, administrator, or a signs, and gave that sid acceptance and unforcement whose or may here are avainee against the employeed of the conservent kind and saving are to reinhouse, indemnify and held harmles the United States, its gards, stream and enclose the onservence and enclose the onservence and unforcement whose are avoine against the employeed of the many bard death, damage to prevent where are avoine against the employeed of the damantes the United States, its gards, stream and enclose the admin(b); reason of the administrator, or assigns, and eacl or omissions that gave rise to the claim (b) reason of the administrator and spin the employeed of the many area of the many and al claims of the many and al claims, that ar	(8) Payeeto: (9) Address: ATMuquadiyah, Iraq (10) SSN: None: (11) Payment Amount: \$7,000 (12) Type Payment: ABA Routing Number: (13) For EFT Payment: ABA Routing Number: (14) For EFT Payment: Account Name and Number: (15) For EFT Payment: Account Name and Address of financial institution: (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). (17) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). (18) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). (19) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). (10) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). (10) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). (10) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). (16) For EFT Payment: Account is (checking) (savings) (circle appropriate account). (17) Eatamat, 60 herdy applie within stated award, comprunise or satigned and an aure, atsiagn nor the faure form, and by reason of an anare, atsiagn nor is the faure form, and by reason of an anare atsiagn and an aure, atsiagn nor is the same adject is a signed and an aure, atsiagn nor is the chard form, and by reason of the area of an anare, atsiagn nor is the other anarea of a subject of a the convention of an anarea assists and east in the other anarea and and and and and and active and and account account and an anarea attempt and and account account and an anarea attempt and and account account account and an anarea attempt and and account account and an anarea attempt and and account account and an anarea attempt and and account account account and an anarea attempt and and account account account and an anarea attempt and and account account account and an anarea attempt and and account account account account account account account account accou	(5) Claim Number(s): 00-112	22-4200 VIRO F9206599999 APC320-
(8) Payeepsilon         (9) Address: Ar Muqdadiyah, Iraq         (10) SSN: None.         (11) Payment Amount: 57,000         (12) Type Payment: PF         (13) For EFT Payment: AGA Routing Number:         (14) For EFT Payment: Name and Address of financial institution:         (15) For EFT Payment: Account Name and Address of financial institution:         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). <b>B. ACCEPTANCE BY CLAIMANT</b> (Note: This form should not be signed by the claimant if another release is signed or propriate account). <b>B. ACCEPTANCE BY CLAIMANT</b> (Note: This form should not be signed by the claimant if another release is signed or propriate account). <b>B. ACCEPTANCE BY CLAIMANT</b> (Note: This form should not be signed by the claimant if another release is agened and another account the situation of whatcover kind an anary encode may here, my here, executors, administrators or asigns, and account set and another account of the account on the state area and a throom should not be signed by the claimant, from the same account equinity and presonal injuries (incluing wrongth death), damages to properly, breach at a consistent, and another account equine and a consistent and encloives and appropriate account equinity and here acts or omissions that gave to relawate account equinity and hold harmless the United States, it's gamts the employeef of the drive endore acts or omissions that gave to relawate act or assistent and encloives and encloives from any and al claims is another act and appropriate action in here account equinity in hold harmless the United States, it's gamts and encloives from any and all claims from the acts or omi	(8) Payees: Art Muqdadiyah, Iraq (10) SSN: None. (11) Payment: Amount: \$7,000 (12) Type Payment: PF	(6) Amount Claimed. 15,9	0204 P436099.22 420
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<ul> <li>(10) SSN: <u>Note</u></li> <li>(11) Payment Amount: \$7,000</li> <li>(12) Type Payment: PF</li></ul>	<ul> <li>(10) SSN: <u>None</u>.</li> <li>(11) Payment Amount: 57,000</li> <li>(12) Type Payment: PF</li></ul>	(8) Payee(s).	raq
(11) Payment Amount: 97,000.         (12) Type Payment: PF         (13) For EFT Payment: Account Name and Number:         (14) For EFT Payment: Name and Address of financial institution:         (15) For EFT Payment: Name and Address of financial institution:         (16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account). <b>B.</b> ACCEPTANCE BY CLAIMANT (Note: This form should not be signed by the claimant is attached.)         the claimant, to attach averd, compronise, or astlement as final and conclusive on any heir, eccutors of whatsoever kind and nature, arising now or in the faure from, and by reason of any and al chins, demands: rights, and causes of action of whatsoever kind and nature, arising move in the faure from and by reason of any and al chins, demands: rights, and causes of action of whatsoever kind and nature, arising move in the faure from any there detected in any and al chins, demands: rights, and causes of action of whatsoever kind and nature, arising move in the same subject nature that gave fits and causes of action of whatsoever kind and nature, arising move in the same subject nature that gave fits to the claim of which I or my heirs, eccutors, and any other encounts, and any other encounts, and any other encounts, and any other encounts and unformed works, or any here after the my here detected in the same subject nature.         United States and against the encount optimument whose acts or omissions that gave rise to the claim(b) by reason of the arts or any arise from the acts or omissions that gave rise to the claim(b) by reason of the arts or the same subject nature.         Date:	(11)       Payment Amount: 97,000         (12)       Type Payment: PF         (13)       For EFT Payment: Account Name and Number:         (14)       For EFT Payment: Name and Address of financial institution:         (15)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (16)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (17)       For EFT Payment: Account is (checking) (savings) (Circle appropriate account).         (17)       For EetT Payment account account account	None	
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DEPARTMENT OF THE ARMY Headquarters, 3<sup>rd</sup> Brigade Combat Team 3<sup>rd</sup> Infantry Division FOB Warhorse, Iraq APO AE 09397

## **REPLY TO** ATTENTION OF:

AFZP-VI-JA

6 December 2005

000580

## MEMORANDUM OF OPINION

SUBJECT: Claim of

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1. Claimants name and address: Construction of the Al Muqdadiyah, Iraq

2. <u>Incident date and place the incident occurred giving rise to the claim</u>: Incident occurred on 07 July 2005 in Al Muqdadiyah, Iraq.

06-IA5-164a

- 3. <u>Amount of claim and filing date</u>: Claimant filed a claim in the amount of \$15,000 on 03 December 2005.
- 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; filed for compensation for vehicle damages and caused a KIA.

5. <u>Facts:</u> Claimant's vehicle was hit by U.S. Bradley and cause damages to the vehicle and killed the claimant's Uncle.

6. <u>Opinion</u>: 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 noncombat activities of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. Based on the facts and evidence, SIGACTS show that U.S. forces were involved in the incident and reward \$2,000.00 for the damaged vehicle and \$5,000.00 for the death of the claimant's uncle.

CPT, JA

Claims Judge Advocate

7. <u>Recommended Action</u>: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for \$7,000.