


# Claims Form CF-1

1. To: United States Army Foreign Claims Commission.

From: Name: 

Address: Mugdadyah

I am

- 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: \_\_\_\_\_

4. My claim arose at: Mugdadyah

(Town)

(City)

(Country)

5. My claim arose on: July 7 2005

Month

Day

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.)

Man was hit in vehicle by Bradley - truck killed & vehicle damaged.

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.)

Item	Amount
<u>Death of Uncle</u>	<u>15000-</u>
<u>Damage to Vehicle</u>	<u>3</u>

Total: 15000-

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

\$ 15000-

local \_\_\_\_\_

(Signature of Claimant)

9. Subscribed before me this 3 day of DEC, 2005.

Name: 

Rank: \_\_\_\_\_

000577



PAYMENT REPORT

TO: DFAS, DSSN: 8547

Date: \_\_\_\_\_

A. Payment Data:

(1) Submitting Agency/Office: United States Army Claims Service

(2) Office Code: IA5

(3) Agency/Office Mailing Address: \_\_\_\_\_

(4) Date Claim Filed: 03 December 2005

(5) Claim Number(s): 06-IA5-164a

(6) Amount Claimed: 15,000

(7) Fund Cite: 2162020 22-0204 P436099.22-4200 VIRQ F9206S99999 APC9204

(8) Payee(s): [REDACTED]

(9) Address: Al Muqdadiyah, Iraq

(10) SSN: None.

(11) Payment Amount: \$7,000

(12) Type Payment: PF

(13) For EFT Payments: ABA Routing Number: \_\_\_\_\_

(14) For EFT Payment: Account Name and Number: \_\_\_\_\_

(15) For EFT Payment: Name and Address of financial institution: \_\_\_\_\_

(16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).

B. ACCEPTANCE BY CLAIMANT

(Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within -stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim for which I or my heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date: 18 DEC 05

[REDACTED] (Claimant)

C. AGENCY CERTIFYING OFFICER:

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

05 December 05  
(Date)

[REDACTED]  
(Signature Authorized Certifying Officer)

FCC  
Title

Date Payment Recorded in Claim Record: \_\_\_\_\_

A separate payment report must be completed for each claimant

Privacy Act Statement  
The information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide this information may result in your claim not being processed for payment.



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

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 06-IA5-164a

1. Claimants name and address: [REDACTED], Al Muqdadiyah, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 07 July 2005 in Al Muqdadiyah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$15,000 on 03 December 2005.
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; filed for compensation for vehicle damages and caused a KIA.
5. Facts: Claimant's vehicle was hit by U.S. Bradley and cause damages to the vehicle and killed the claimant's Uncle.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United 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.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for \$7,000.

[REDACTED]  
[REDACTED]  
CPT, JA  
Claims Judge Advocate

000580