DEPARTMENT OF THE ARMY

HEADQUARTERS, 2D BRIGADE 3D INFANTRY DIVISION BAGHDAD, IRAQ APO AE 09380

REPLY TO ATTENTION OF:

AFZP-VB-JA

Date: 2 October 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T0069-06 APPROVAL AS FOLLOWS:

Claim of:

Address:

Baghdad, Iraq #8231679

Date Filed: 11-Apr-05

Amount Claimed: \$300,000.00

Claimed Loss: C.F caused massive traffic accident with multiple fatalities and injuries.

Claimant's truck was completely destroyed and his nephew/driver (destroyed and his nephew/driver)

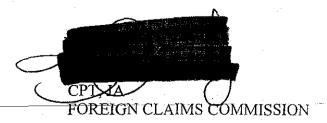
died as a result of the incident.

1. Your above-mentioned claim is approved, and will be paid as follows:

[X] **Approved**: The claimant, which is a second of the paid \$10,000.00 in compensation for property damaged, lost, destroyed, captured, or abandoned in service.

- 2. In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant, for property damaged, lost, destroyed, captured, or abandoned in service.
- 3. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.
- 4. POC for this memorandum is

, Camp Loyalty, @ VOIP 242-7063.



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3 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. Previous edition usable PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 826 and 826 for the company or corporate TiTLE NSN 7540-00-900-2234	It the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title.						
Treasurer, as the case may be. Previous edition usable PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. RN and RNE for the purpose of dishursing Switzer groups.	3 When a	voucher is req	eipted in the name of a	a company or corporation, the name of the per-	son writing the company or corporate	TITLE	
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 82h and 82c for the purpose of dischursing Endard proper.	*Treasu	rer", as the cas	e may be.	,			
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to fmish this information will hinder discharge of the payment obligation.	PRIVACY ACT STATEMENT						NSN 7540-00-900-2234
		The information	nation requested on this nation requested is to id	s form is required under the provisions of 31 U.S dentify the particular creditor and the amounts to	.C. 82b and 82c, for the purpose of disburbe paid. Failuare to frnish this information	rsing Federal money. n will hinder discharge of the paymen	t obligation.



DEPARTMENT OF THE ARMY HEADQUARTERS, THIRD INFANTRY DIVISION (FWD) OFFICE OF THE STAFF JUDGE ADVOCATE APO AE 09352

REPLY TO ATTENTION OF:

AFZP-JAC

29 September 2005

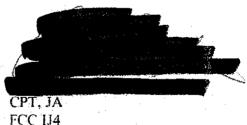
MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of

- 1. Facts. Claimant is head of extended household and on 12 March 2005, his nephew was killed in a vehicle accident caused by U.S. forces. Claimant has requested \$300,000 as compensation for the death of his nephew.
- 2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. Claimant has produced sufficient evidence to show that U.S. forces negligently caused his loss.
- 3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. The claim is approved in the amount of \$10,000.





Claims Form
To: United States Army Foreign Claims Commission. From: Name:
Address:
I am
a. A citizen and national of: b. A permanent resident of:
c. Employed by: He is just a worker
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)
The damedges caused by the American forces
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.) _ The guy's uncle (
My claim arose at: Al-wehda Baghdad Srag (Town) (City) (Country)
My claim arose at: Al-wehdd Baghdad Ard 9 (Town) (City) (Country)
My claim arose on: March Gaturday 2005 Month Day Year
Month Day
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.)
uns destroyed, kind (Scanne) by the American forces, and the damadge
was 1100 1) percent and because of this invident the guy.
- The truck's address is
(Baghdad / Al-Habbebia district)
The phone number

the chare incident	ty damage or personal injury sustained as a result of
The gry	b) was died as aresult of
This incident	
	
property damage or personal injury:	damage and itemized expenses resulting from the (Attach bills and receipts, if applicable.) Amount
- ATruck , Kind (SCAN)	1e) 300,000 \$1 07 percent
The damedges was 70	07. Percent
	7
	Total: 300,000 \$/
was insured to the following extent	against the damage or injuries I have sustained:
	
<u> </u>	
he name and address of my insurer	(if any) is:
Name)	(Address)
claim as damages: (Indicate amount	in U.S. dollars and local currency)
300,000	local 45 Million Dinars
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(Signat	ure of Claimant)
ubscribed before me this day o	of Thursday, 2005.
(Print N	Jame)
(Signat	THEO.