

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4th BRIGADE "VANGUARD"
3D INFANTRY DIVISION
APO AE 09348

AFVA-4BCT-JA

15 May 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-0123

1. Claimant's Name/Residence: [REDACTED] /Baghdad, Iraq
2. Incident giving rise to claim occurred on 15 January 2005 in Baghdad, Iraq.
3. The claim was filed on 14 April 2005 in the amount of \$10,000.00.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life.
5. Claimant alleges that U.S. forces shot and killed her son outside their home in the back street. The U.S. soldiers took the victim to the CASH for treatment, where he died three days later.
6. 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 non-combat activities or negligent or wrongful acts of the United States Armed Forces. The claimant has submitted sufficient evidence.
7. I recommend approving this claim in the amount of \$2,500.00.

[REDACTED]
MAJ, JA
Foreign Claims Commission

000997

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. _____
SCHEDULE NO. _____
PAID BY
130th FINANCE BN
LSA ANACONDA
APO AE 09391
DSSN 8550
DATE INVOICE RECEIVED _____
DISCOUNT TERMS _____
PAYEE'S ACCOUNT NUMBER _____
GOVERNMENT B/L NUMBER _____

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
**DEPARTMENT OF THE ARMY
130TH FINANCE BATTALION
APO AE 09391**

DATE VOUCHER PREPARED
15 MAY 2005
CONTRACT NUMBER AND DATE _____
REQUISITION NUMBER AND DATE _____

PAYEE'S NAME AND ADDRESS
BAGHDAD, IRAQ

SHIPPED FROM _____ TO _____ WEIGHT _____

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>	QUANTITY	UNIT PRICE		AMOUNT (¹)
				COST	PER	
		FOREIGN CLAIMS NUMBER 05-ID4-0123 LOSS OF LIFE				2,500.00
TOTAL						2,500.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR = \$ 2,500.00	EXCHANGE RATE = \$1.00	DIFFERENCES
	BY 2 _____		
	TITLE FOREIGN CLAIMS COMMISSION		
			Amount verified; correct for (Signature or initials)
			2,500.00

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

15 MAY 05 (Date) _____ (Authorized Certifying Officer)² FOREIGN CLAIMS COMMISSION (Title)

ACCOUNTING CLASSIFICATION
ACCOUNT CLASSIFICATION NUMBER 2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999. \$2,500.00

CHECK NUMBER _____ ON ACCOUNT OF U.S. TREASURY CHECK NUMBER _____ ON (Name of bank) _____
CASH \$ 2,500.00 DATE 26 MAY 05 PAYEE 3 X

¹ When stated in foreign currency, insert name of currency.
² If 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.
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.

000998

Claims Form
طلب نظام

To: United States Army Foreign Claims Commission

[REDACTED]

From; Name:

[REDACTED]

Address:

[REDACTED]

I am

لي

a. A national citizen of: Iraqi

[REDACTED]

b. A permanent resident of: The Same

[REDACTED]

c. Employed by: Teacher

[REDACTED]

d. Check one () an insurer () Not an insurer

[REDACTED]

e. Check one () A subrogee () Not a Subrogee

[REDACTED]

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

[REDACTED]

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.)

[REDACTED]

My claim arose at: Haifa street
(Town) (City) (Country)

[REDACTED]

My claim arose on: Jan. 15 2005
Month Day Year

[REDACTED]

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.)

According to her speech the U.S army killed her son in the backstreet of the Main street of Haifa St. by a sniper and then they carry him to the hospital to treat him in the (CSH) IDO Sina inside the (IZ)

[REDACTED]

then he died after (13) days from the accident in the hospital.

The dead person ([REDACTED] age 29 Years)

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

[REDACTED]

Her son was killed by coalition

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>
her son killed	
Total: \$ 10,000	

001001

[Redacted]

تكلفته

[Redacted]

1

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

[Redacted]

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

(Name)

(Address)

[Redacted]

(العنوان)

(الاسم)

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

\$ 10,000 Local

[Redacted]

001002

I (have/ have not) previously filed a claim relating to the incident described above.

[REDACTED]

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

[REDACTED]

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

[REDACTED]

[REDACTED]

(Signature of Claimant)

[REDACTED]

Subscribed to me this 14 day of April, 2005.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]

001003