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							SSN 8550
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						PA	YEE'S ACCOUNT NUMBER
SHIPPED FROM		то		W	/EIGHT	GO	VERNMENT B/L NUMBER
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR S (Enter description, item number of schedule, and other informatic	contract or Federal supply	QUAN- TITY	COST	PRICE	AMOUNT (¹)
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(Use continuation sheet(s			NOT use the space b	elow)	1	OTAL	2,500.0
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Pursuant to authority ve 8 APR 05 (Date)		ify that this voucher is correct and prop		FOREIG		MS COM	IMISSION
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CASH \$ 2,500.00	<u> </u>	DATE 14 MAY 05	PAYEE 3		•		
When stated in foreign of the ability to certify an officer will sign in the spa	d authority to appro- ace provided, over to sinted in the name	e of currency. ove are combined in one person, one signat	ture only is necessary, otherwise	v or comorate	PER TITLE		001004

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

AFVA-4BCT-JA

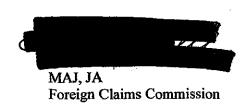
8 April 2005

## MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-0088

1. Claimant's Name/Residence: Baghdad, Iraq

- 2. Incident giving rise to claim occurred on 6 January 2005 on the 17 July Bridge, Iraq.
- 3. The claim was filed on (N/A) in the amount of \$ 2,500.00.
- 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 her husband, who was working as a journalist, was walking across the bridge when he was shot and killed by U.S. troops. She has documentation from CA confirming that U.S. troops were in the area at that time. Also, a medical report is attached stating that the round that killed the victim was a 5.56mm round.
- 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.



## Iraqi Assistance Center Compensation Section

To: United State Army	Foreign Claims Co	ommission.	,
From: Name:			
Address: <u>Bo</u>	ahdad 1	· .	
		H. Karama ho	Poital
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<b>e.</b>	Check one ( ) a sui	rogate ( ) Not a subrogi	
		Department. Address. T	or damages or injuries elephone Number)
Attach a power of atto party sustaining the da	rney or other evide mage or injures.)	ence of authority and fil	ent. Parent. or guardian.  I in the form below for
My claim arose at:	17 July Brid	lge	· · · · · · · · · · · · · · · · · · ·
	(Town)	(City)	(Country)
My claim arose on:	dan.	6	2005
wry claim arose on.	Month	Day	Year
	· · • - · · ·		e claim for damages to
property or for persona	l injury is based. (U	Ise back of this sheet if	necessary.)
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