Standard Form 1034 Revised October 1987 Department of the Treasury TFM 4-2000	,		R FOR PURCHASI HER THAN PERSO	,		ľ	OUCHER	NO.
034-121 J.S. DEPARTMENT, B DEPARTMENT (UREAU, OR EST OF THE ARM	TABLISHMENT AND LOCATION	DATE VOUCHER PRE	PARED UNE 2005		s	SCHEDULE	NO.
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		FOREIGN CLAIMS NUM LOSS OF LIFE/VEHICLE						11,000.0
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DEPARTMENT OF THE ARMY HEADQUARTERS, 4th BRIGADE "VANGUARD" 3d INFANTRY DIVISION APO AE 09348

AFVA-4BCT-JA

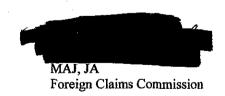
7 June 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-152

1. Claimant's Name/Residence: grant and grant ghdad, Iraq

- 2. Incident giving rise to claim occurred on 16 April 2005 in Al Shaab, Iraq.
- 3. The claim was filed on 29 May 2005 in the amount of \$11,000.00.
- 4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for loss of life and vehicle damage.
- 5. Claimant alleges that on the above date at the above mentioned location, his brother was driving a borrowed vehicle. A U.S. military convoy consisting of several vehicles and a tank, hit the vehicle, cutting it in half. As a result, the vehicle was totaled and the driver was killed , (severed in half). The unit left the area and apologized, but did not issue a claims card. The local nationals on the scene transported the victim to the nearest facility. Several attempts were made in vain to obtain a claims card from the unit or some statement. The incident was verified through 4-64 AR (S-1 shop), that a unit of theirs on that date at that location was involved in such an incident.
- 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 \$11,000.00.



Claims Form		
To: United States Army Foreign Claims Commission		
From; Name:		
Address: Baghdad		
I am		
a. A national citizen of:	100	.ul
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b. A permanent resident of:		
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st in detail the amount of property damage and itemized expenses resulting operty damage or personal injury; (Attach bills and receipts, if applicable.)	g from the
perty damage or personal injury; (Attach bills and receipts, if applicable.))
st in detail the amount of property damage and itemized expenses resulting operty damage or personal injury; (Attach bills and receipts, if applicable.) Mathieum Amou Death of his brother)

According to speech, his brother was driving his Car on the Main Street near his house and Suddenly a Canvoy Cantains humvees and Vehicles and also a tank which was infront of them, that tank damage his brother's Car Completely, they Stopped for a moment and did not let anyone Came near the dead body (The Carp) and they did not pull the Carp from the Car and after that they just left the place and that why mostle the civil people Carry him to the hospital and Call the police. He was dead when they Carry him and became 2 parts or more and his Car which belong to another man and he was just working as a driver.

The Victim was the only Supporter for his family (father and mother) both of them are total ended thereof Support themselves and 2 brothers and 2 Sisters and he was Single. for his family we ask for Compensation.

He also mentioned that they went several times to the U.S forces to take a claim Card from them they said that we are sorry but they did not gave them a Clair Card.

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was insured to the following ex	stent against the damage or injury I have s	sustained:
		224
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he name and address of my inst	·	
he name and address of my inst	urer (if any) is: (Address)	
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Name)	(Address)	
Name)	(Address)	
Name) claim as damages: (Indicate am	(Address)	
Name) claim as damages: (Indicate am	(Address)	
Name) claim as damages: (Indicate am	(Address)	

I (have/ have not) previously filed a claim relating to the incident described above. To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above. 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. (Signature of Claimant) Subscribed to me this (Signature of Witness) (Printed Name)