

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

AFVA-4BCT-JA

13 October 2005

MEMORANDUM OF RECOMMENDATION

SUBJECT: Claim #05-ID4-242

1. Claimant's Name/Residence: [REDACTED]
Baghdad, Iraq
2. Incident giving rise to claim occurred on 31 July 2005
3. The claim was filed on unknown date in the amount of \$ 20,000.
4. The claim was considered under the Foreign Claims Act (FCA) and Chapter 10, AR 27-20; claim filed for death of two family members and damage to vehicle.
5. Claimant states that while he was driving with his wife and son as passengers. While driving a convoy approached from the rear of his car and another from the front. His car was struck and is completely destroyed. Pictures show damages to the vehicle; however there is no supporting documentation from any unit involved. There is no claims card either. There are death certificate but No evidence to show that this was cause by U.S. Forces.
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 that is claim be denied for lack of sufficient evidence.

[REDACTED]
CPT, JA
Foreign Claims Commission

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Claims Form
طلب تعظم

To: United States Army Foreign Claims Commission

From; Name:

Address:

I am

a. A national citizen of:

b. A permanent resident of:

c. Employed by:

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

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

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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: Baghdad Alalawi
(Town) (City) (Country)

[REDACTED]

My claim arose on: July 31 2005
Month Day Year

[REDACTED]

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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 him, he was driving his car with his wife and son when the Coalition Convoy came from behind and he tried to avoid them when another Convoy came from front and they damage his

car completely from right and he open the door and through himself but his wife and son died immediately.

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

Death of his wife and son.

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

Death of wife and son

Total: \$ 20,000

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[REDACTED]

[REDACTED]

[REDACTED]

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) [REDACTED] (Address) [REDACTED]

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

\$ 20,000 Local [REDACTED] \$

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 SIGNATURE]

(Signature of Claimant)

[REDACTED]

Subscribed to me this _____ day of _____, 200_____.

(Signature of Witness)

(Printed Name)

[REDACTED]

[REDACTED]

[REDACTED]