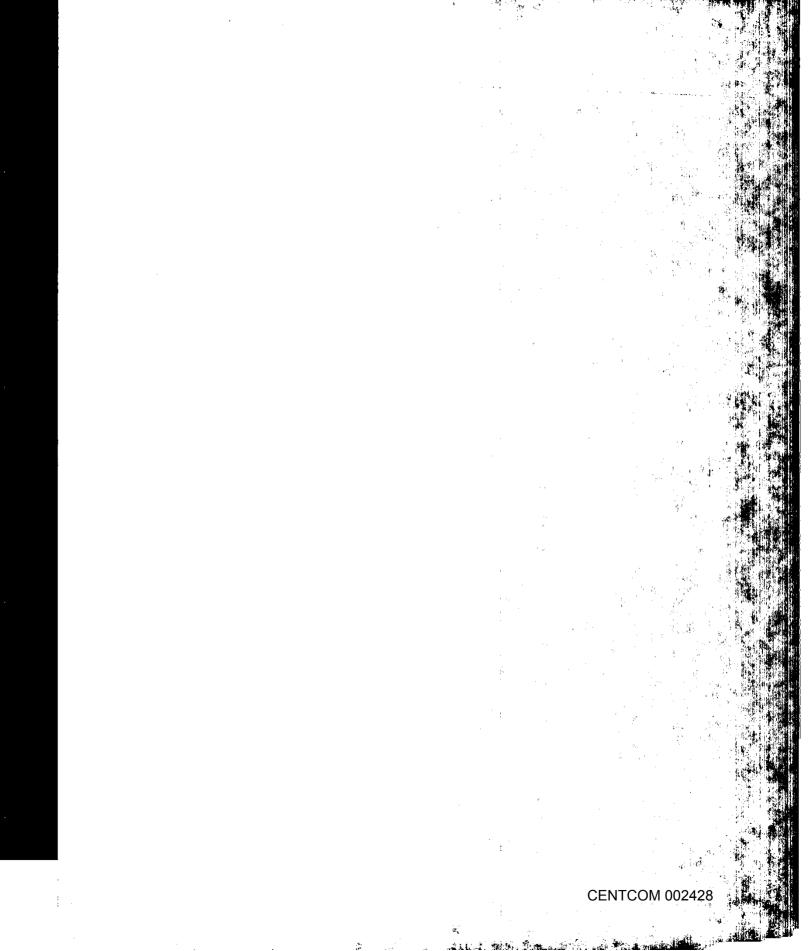
106-IA5-1649



CLAIM NUMBER: 05-IA5-

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Standard Form 1034 Revised October 1987			IC VOUCHER FOR PUCHA			VOUCHE)(3),(b)(
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							DSSN 8547
PAYEE'S NAME		(1	b)(6)			DATE IN	VOICE RECEIVED
AND ADDRESS		(b)(6)	, Iraq			DISCOU	NT TERMS
<u> </u>	<u></u>					PAYEE'S	ACCT. NUMBER
SHIPPED FROM			то	WEIGHT		GOVERN	MENT B/L NO.
NUMBER	DATE OF DELIVERY OR SERVICE	(Enter description	RTICLES OR SEVICES i. item no. of contract or Federal supply other information deemed necessary)	QUAN- TITY	UNIT PRI	CE PER	AMOUNT
07-Jul-05	11-Dec-05		hit by U.S. Bradley and killed the	1	7,000.00		\$7,000.00
		Claimant's uncle.					\$0.00
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(USE CONTINUATION SHEET IF NECESSAR		<u> </u>	(Payee must NOT use the space below)	<u> </u>	TOTAL	\$7,000.00
PAYMENT: PROVISIONAL	APPROVED FOR		EXCHANGE RATE	DIFFERENCES			(1-)(0) (1-)(0
COMPLETE			CONTRACTING RAT =				(b)(3),(b)(6
PARTIAL		= \$ 7,000.00					
X FINAL	(b)(3),(b	0)(6)		Amount verified, correct f	br		\$7,000.00
PROGRESS				(Signature or initials)		4	
ADVANCE		ns Commissioner					
Pursuant to authority vested in me.l cert	ify that this voucher is c						
11-Dec-05	i	(b)(3),(b)(6)		DISBUR	SING OI	FICER
(Date)	······································		At return the man to the man to the man to			(Title)	
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		(b)(2)High		,			\$7,000.00
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CHECK COM	mz	2 ON ACCOUNT OF U.S. TI	REASURY CHECK NUMBER	· · ·	ON (Name of be	ank)	
CHECK ST	رر کر کری 7,000.00	DATE	РАУБЕ	(b)(6)		-	
•		· · · · · · · · · · · · · · · · · · ·	PRIVACY ACT STATMENT				
		quested is to identify the particular credit	provisions of 31 U.S.C 82b and 82c, for the pupose of di- or and the amounts to be paid. Failure to furnish this infor-				

PAYMENT REPORT

1711412	IVI KEI OKI	
TO: DFAS, DSSN: <u>85</u> 47	Date:	
A. Payment Data:		
(1) Submitting Agency/Office: United States Army	Claims Service	
(2) Office Code: <u>IA5</u>		
(3) Agency/Office Mailing Address:		
(4) Date Claim Filed: 03 December 2005		
(5) Claim Number(s): 06-IA5-164a		
(6) Amount Claimed: 15.000		
(7) Fund Cite:	(b)(2)High	
(8) Payee(s): (b)(6)		
(9) Address: (b)(6), Iraq		
(10) SSN: <u>None.</u>		
(11) Payment Amount: \$7,000		
(12) Type Payment: PF		
(13) For EFT Payments: ABA Routing Number:		
(14) For EFT Payment: Account Name and Number:		
(15) For EFT Payment: Name and Address of financi	al institution:	
(16) 5 5500		
(16) For EFT Payment: Account is (checking) (saving	gs) (Circle appropriate account).	
B. ACCEPTANCE BY CLAIMANT (Note: This form some claimant is attached.) I, the claimant, do hereby accept the within -stated award, compromise administrators or assigns, and agree that said acceptance constitutes a any and all claims, demands, rights, and causes of action of whatsoeve and all known and unknown, foreseen and unforeseen bodily and persontract or law, and any other acts or omissions, and the consequence rise to the claim for which I or my heirs, executors, administrators, or United States and against the employee(s) of the Government whose a matter. I further agree to reimburse, indemnify and hold harmless the or causes of action, including wrongful deaths, that arise or may arise same subject matter. Date: C. AGENCY CERTIFYING OFFICER:	e, or settlement as final and conclusive on complete release by me, my heirs, execute or kind and nature, arising now or in the fundational injuries (including wrongful death), os therefore resulting, and to result, from the rassigns, and each of them, now have or rects or omissions gave rise to the claim by United States, its agents, servants and em	my heirs, executors, ors, administrators or assigns of atture from, and by reason of any damages to property, breaches of e same subject matter that gave may hereafter acquire against the reason of the same subject ployees from any and all claims
e. Addition description		
Pursuant to authority vested in me, I certify that this Payer	ment Report is correct and proper	for payment.
(b)(3), (b)(6)		ý,
05 December 05		<u>FCC</u>
(Date) (Signature Authorized C	ertifying Officer)	Title
Date Payment Recorded in Claim Record:		
A separate payment report mu	ist be completed for each claima	nt

Privacy Act Statement

The information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide this information may result in your claim not being processed for payment.

DEPARTMENT OF THE ARMY

Headquarters, 3rd Brigade Combat Team 3rd Infantry Division FOB Warhorse, Iraq APO AE 09397

REPLY TO ATTENTION OF:

AFZP-VI-JA 6 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of

(b)(6)

06-IA5-164a

1. Claimants name and address:

(b)(6)

Iraq

- 2. <u>Incident date and place the incident occurred giving rise to the claim</u>: Incident occurred on 07 July 2005 in Al Muqdadiyah, Iraq.
- 3. Amount of claim and filing date: Claimant filed a claim in the amount of \$15,000 on 03 December 2005.
- 4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; filed for compensation for vehicle damages and caused a KIA.
- 5. <u>Facts:</u> Claimant's vehicle was hit by U.S. Bradley and cause damages to the vehicle and killed the claimant's Uncle.
- 6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either noncombat activities of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. Based on the facts and evidence, SIGACTS show that U.S. forces were involved in the incident and reward \$2,000.00 for the damaged vehicle and \$5,000.00 for the death of the claimant's uncle.
- 7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for \$7,000.

(b)(3),(b)(6)

CPT, JA Claims Judge Advocate



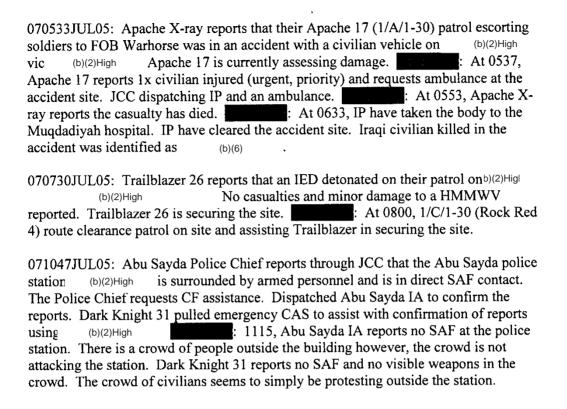






	Claims	Form CF-1		
1. To: United States Arn From: Name: Address:		(b)(6)		_
I am a. A citizen and the control of the control o	esident of :			- -
2. I hereby make a claim against Name or Individual)		Government for dama	ges or injuries	caused by: (Unit
3. The property damaged is own 4. My claim arose at: (Tow	med by: Mug Noc	Sua L (City)		- (Country)
5. My claim arose on:	Tuly 7	2 2005 Day	Year	
6. Give a brief statement of the a personal injury is based. (Use ba				property or for
7. List in detail the amount of pror personal injury: (Attach bills		plicable.)	Amount	
8		- Total:	15000	¢
8. I claim as damages: (Indicate \$/ & OOC —	amount in U.S. do	ollars and local currence local	cy)	
9. Subscribed before me this	(Signature of C			
2. Subscribed before the this		(b)(3), (b)(6)		
	Name:	капк:		

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DEPARTMENT OF THE ARMY Headquarters, 1-30 Infantry 3rd Brigade, 3rd ID FOB Normandy, Iraq APO AE 09397

AFZX-VIB 01 DEC 05

MEMORANDUM FOR RECORD

SUBJECT: Justification for Battle Damage and Condolence Payments

- 1. The attached documents have been reviewed and are justified in receiving commensation for damages caused by Coalition Forces. On 7 July 2005, a civilian (b)(6) vehicle was run over by a M2 Bradley Fighting Vehicle. The combat patrol was en route to FOB Warhorse; the vehicle was stopped on the side of the road at a fuel Station line. Individual was seriously injured at the scene and then died shortly there after. The car was totaled.
- 2. The family requests compensation for the loss of the Father of b)(6 children, who has only one wife. Also, request compensation for the loss of the car.
- 3. Request that this claim be re-adjudicated and compensation be authorized. The city council representative for this area is well known and respected and we feel that the city council member is being up front and honest about this situation.
- 4. Point of contact for this memorandum is the undersigned at DVNT (b)(2)High

(b)(3),(b)(6)

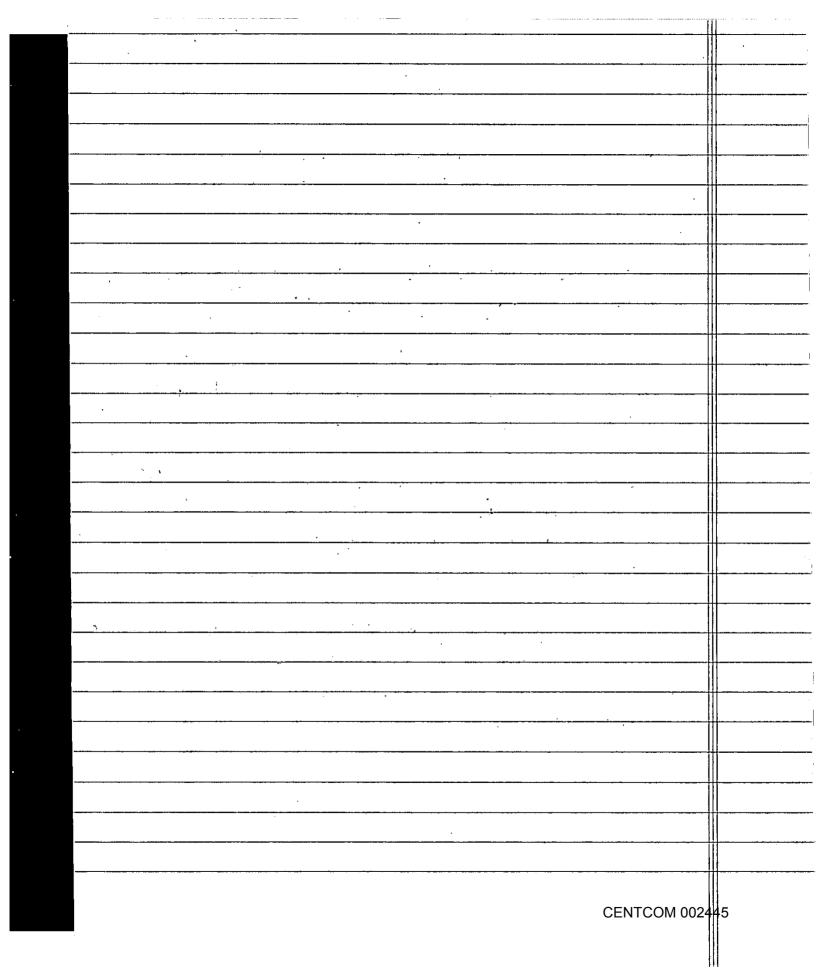
SGM, USA CMO Sergeant Major

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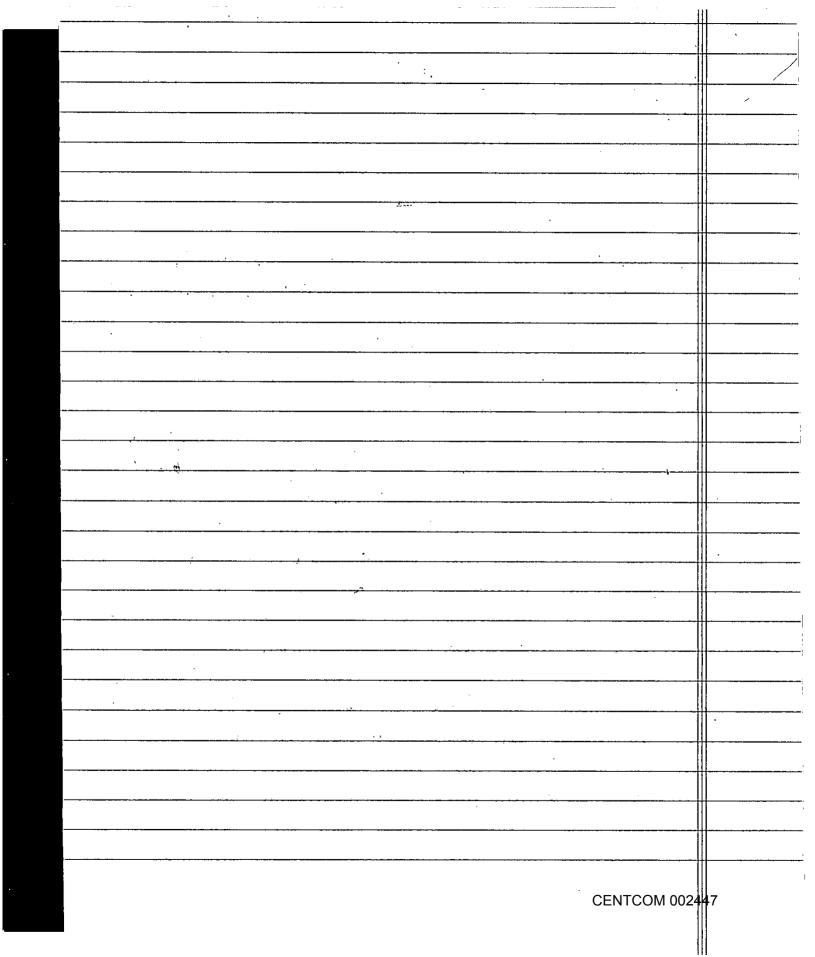
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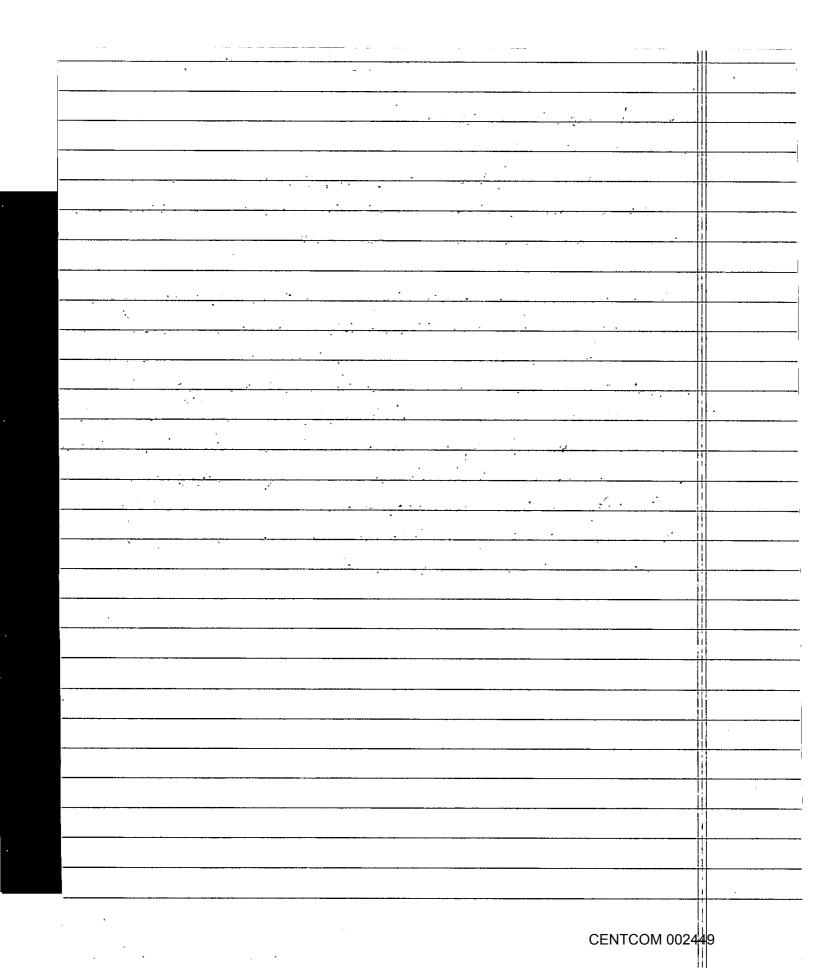
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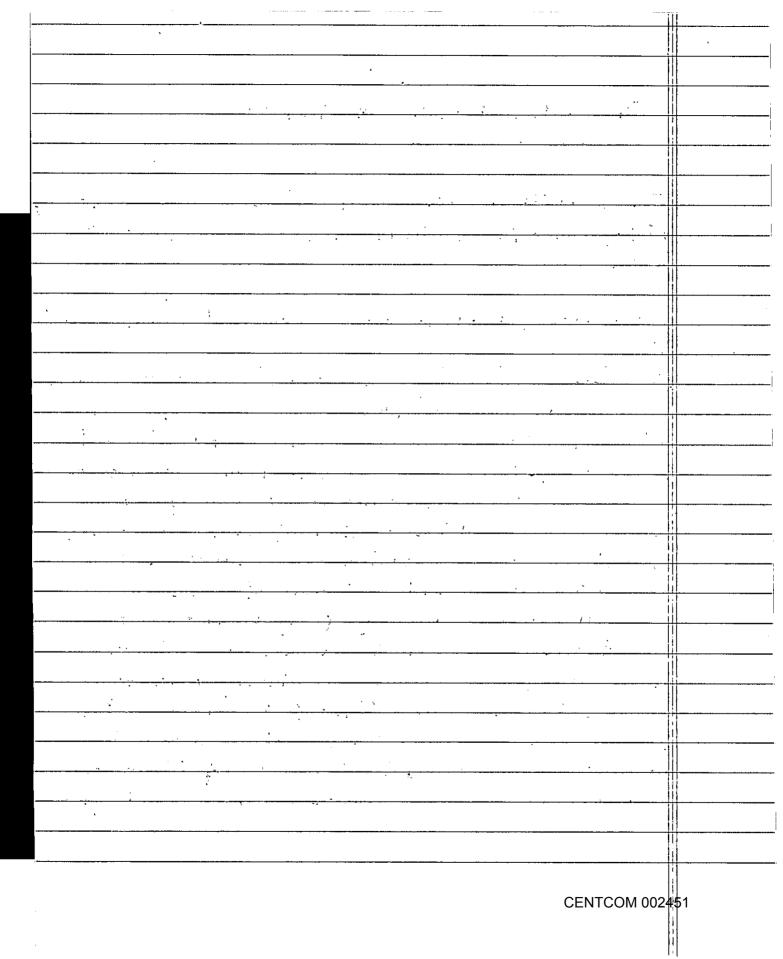
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To the Bathers in Comc

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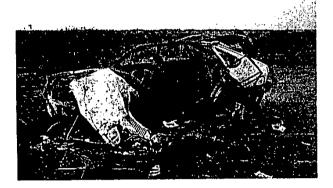
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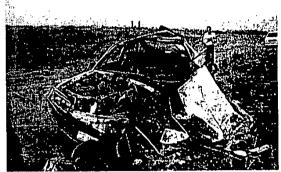
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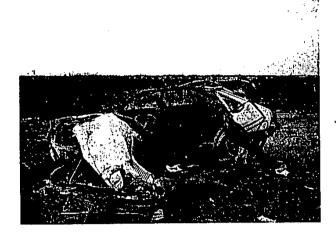


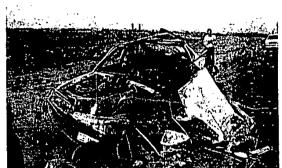


(b)(6)

Foreign Language, (b)(6)

The car had Glashing incident, was whatecolor and the license number is (D)(G) , the incident was whatecolor bufront of Alazy Region at (0540) in 7/7/2009





(b)(6)

Foreign Language, (b)(6)