



X

No SIGACT for this incident, however, cmoc personal  
vouch for the honesty of the claimant. Based on  
experience, it is likely that the accident did  
occur

Approve for \$6,000

PAYMENT REPORT

TO: DFAS, DSSN: (b)(2)High Date: \_\_\_\_\_

A. Payment Data:

(1) Submitting Agency/Office: United States Army Claims Service

(2) Office Code: (b)(2)High

(3) Agency/Office Mailing Address:

(4) Date Claim Filed: 6 Jul 2005

(5) Claim Number(s): (b)(2)High

(6) Amount Claimed: \$6,000

(7) Fund Code: (b)(2)High

(8) Payee(s): (b)(6)

(9) Address: (b)(2)High Iraq

(10) SSN: None

(11) Payment Amount: \$6,000

(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 financial institution: \_\_\_\_\_

(16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).

B. ACCEPTANCE BY CLAIMANT (Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within -stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim for which I or my heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim(s) by reason of the same subject matter.

Date: \_\_\_\_\_, \_\_\_\_\_ (b)(6) (Claimant)

C. AGENCY CERTIFYING OFFICER:

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

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

30 July 2005 (Date) \_\_\_\_\_ (Signature Authorized Certifying Officer) Title FCC

Date Payment Recorded in Claim Record: \_\_\_\_\_

A separate payment report must be completed for each claimant

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, 3<sup>rd</sup> Brigade Combat Team  
3<sup>rd</sup> Infantry Division  
FOB Warhorse, Iraq  
APO AE 09397

REPLY TO  
ATTENTION OF:

AFZP-VI-JA

30 July 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] (b)(6), 05-IA5-1199

1. Claimants name and address [REDACTED] (b)(6) Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 4 May 2005 in Baqubah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$6,000 on 6 July 2005.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant for consideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for death of claimant's father.
5. Facts:
  - a. Claimant alleges that father was driving near a U.S. convoy that had mistaken his vehicle for a VBIED. U.S. Forces had shot at the vehicle and his father was killed.
  - b. The claimant submitted witness statements and a photograph along with the claim.
6. Opinion:
  - a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activity of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

CENTCOM 000539

AFZP-VI-JA

SUBJECT: [REDACTED] 05-IA5-1199

- b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces.
  - c. CMOC personnel vouched for the integrity of the claimant, and based on the facts and circumstances, this incident had been reported and U.S. Forces were involved in the death of claimant's father.
7. Recommended Action: This claim is payable under the FCA for the aforementioned reasons. Consequently, this claim is approved for \$6,000.

[REDACTED]

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

CPT, JA  
Claims Judge Advocate



CLAIMS FORM

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address:

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of:

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

CP

The property damaged is owned by: (b)(2)High

My claim arose at: (Town) (City) Iraq (Country)

My claim arose on: May 4 2005  
Month Day Year

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.)

claimant's father was driving when he came near a CP convoy, US convoy thought he was a possible IBIED and shot at vehicle, killing him

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
<u>Death of father</u>	<u>6,000</u>

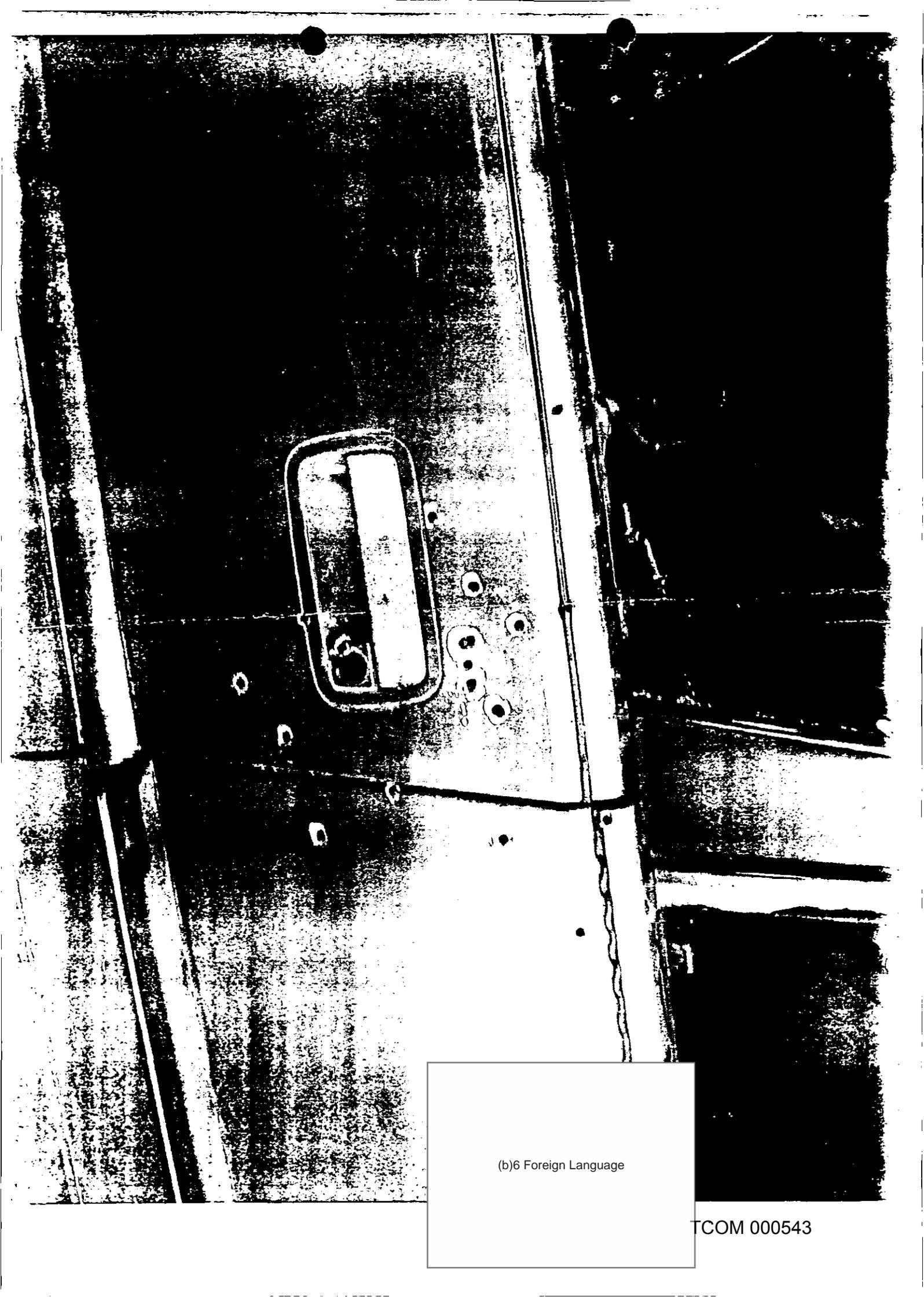
Total: 6,000

I claim as damages: (Indicate amount in U.S. dollars and local currency)  
\$ 6,000 local

(S) (b)(6)

Subscribed before me this 6 day of July, 2005.

(Print) (b)(3), (b)(6)  
(Sign)



(b)6 Foreign Language

TCOM 000543

Republic of Iraq  
Ministry of Health

## Death Certificate

No :

(b)(2)High

Certificate Original No:

(b)(6)

Date of Organization: 4.5.2005

To /

We here certify that the registered death and its description below is recorded in our death records under the number : (b)(6) for the year 2005

Name of the dead:

(b)(6)

Sex: male

Nationality: Iraqi

Age :

(b)(6)

year Religion: Muslim

Father's Name:

(b)(6)

Mother's Name

Date of Death: 3.5.2005

Reason of Death: Two bullets in the head

Name of the teller about the Death: Lieutenant/

(b)(6)

Issuing Authority:

(b)(6)

Organizer Name:

(b)(6)

Doctor's Name

(b)(6)

Pages 10 through 11 redacted for the following reasons:

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(b)6 Foreign Language  
Illegible Text, Nonresponsive, (b)(6)