

13

A 0345



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1st BRIGADE COMBAT TEAM  
4th Infantry Division  
CAMP TAJI, IRAQ APO AE 09378

6 September 06

Foreign Claims Commission 109

SUBJECT: Claim # 1/4ID- A0345

(b)(6)

Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the death of your mother. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss. In accordance with the cited references and the investigation into your claim, your claim is compensable. Accordingly, the Fourth Infantry Division Claims Office will compensate you for your losses in the amount of \$8000.00.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

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

CPT, JA  
Foreign Claims Commission

CENTCOM 006452

# 1/4ID Claims Coversheet

Claim #: 1/4ID- ~~A0338~~  
A0345

Date Claim Submitted: 08-23-06

## Claimant Information

Last Name: \_\_\_\_\_  
(b)(6)

Claimant Address: Baghdad

First Name: \_\_\_\_\_  
(b)(6)

Middle Name: \_\_\_\_\_  
(b)(6)

Identification Number \_\_\_\_\_  
(b)(6)

## Incident Information

- Vehicle Accident
- Detainee Property
- Damage During Raids
- Small Arms Damage/Injury
- Damage to Real Estate
- Other

Incident Date: 01-08-06

Incident Location: Rashtia

Amount Claimed: \$ 4000

Estimates Included?  YES  NO

Claim Card or Note? YES  NO

Investigation Notes:

*[Handwritten signature]*  
8000-

Adjudication Notes:

Claims Form

طلب تظلم

Name: \_\_\_\_\_ (b)(6) \_\_\_\_\_ الأسم:

Address: \_\_\_\_\_ (b)(6) \_\_\_\_\_ العنوان:

I am

a. A national citizen of: Iraq أنا أحملي جنسية:

b. A permanent resident of: Same as above ب. عنواني الدائم:

c. Employed by: \_\_\_\_\_ (b)(6) \_\_\_\_\_ ت: أصلي لدي:

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

Coalition Forces - hitting my car causing death of my mother and some damages in the car.

أنتي أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجت من: (المنظمة، الوحدة العسكرية)

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.)

It's owned by me.

الممتلكات المتضررة مملوكة من: (إذا كان عدا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابات أو الأضرار التي أصابتم.)

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

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

(b)(6)

(b)(6)

Foreign Language Text

CENTCOM 006455

My claim arose on: 8 22 2006  
Month Day Year

تظلمي قدم في: \_\_\_\_\_  
النس \_\_\_\_\_ يوم \_\_\_\_\_ شهر \_\_\_\_\_

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.)

when driving along a road in Al-Huseiniyah area,  
a military car hit my car from behind causing  
death of my mother.

باختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

I enclose the death certificate of my  
mother.

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 my mother</u> | <u>\$ 4000</u> |

Total: You may estimate her life.

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شيء لوحدة)

| التكليف | Foreign Language | الشيء المتضرر |
|---------|------------------|---------------|
| _____   | _____            | _____         |
| _____   | _____            | _____         |

إجمالي التكلفة: \_\_\_\_\_

Foreign Language Text

CENTCOM 006457

I was insured to the following extent against the damage or injury I have sustained:

No

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ It's up to you. I.D. \_\_\_\_\_

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية \$ \_\_\_\_\_

I (have/ have not) previously filed a claim relating to the incident described above.

Yes, I have filed a claim at Coalition Camp in Al-Taji.

سابقاً (تمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

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.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مخلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(b)(6)

(توقيدي)

Subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed Name)

ENCLOSURE I. (Claims Form)

CENTCOM 006458

Foreign Language Text

(b)(6)

CENTCOM 006459



**1st BRIGADE COMBAT TEAM**  
**4th INFANTRY DIVISION**  
**FOREIGN CLAIMS OFFICE**

**Claim Settlement/Witness Agreement**

**Claim # 1/4ID- A0345**

(b)(6)

I, \_\_\_\_\_, of Baghdad, Iraq, hereby agree to accept the sum of \$ 8000.00 U.S. dollars as payment in full satisfaction and final settlement of any and all claims against the United States of America, its commissioned and noncommissioned officers, agents, and employees which have been asserted or which may be asserted arising from the incident occurring on or about the 8 day of January 01, at Baghdad, Iraq, involving U.S. Forces.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from the said incident. This release / settlement specifically includes all current or potential claims including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents and employees.

(b)(6)

**Claimant's Signature**

Name: \_\_\_\_\_

Address: Baghdad, Iraq

I.D. Number: \_\_\_\_\_

(b)(6)

I.D. Number: \_\_\_\_\_

(b)(6)

I.D. Number: \_\_\_\_\_

**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
**DEPARTMENT OF THE ARMY**  
 HQ, 1st Brigade Combat Team, 4th Infantry Division  
 Office of the Command Judge Advocate  
  
**APO AE 09378**

10 DATE VOUCHER PREPARED  
*6 September 06*  
 (b)(2)High  
 REQUISITION NUMBER AND DATE

SCHEDULE NO.  
 PAID BY  
 230<sup>th</sup> Finance Bn  
 APO AE 09344  
 TAJI  
 DSSN: 5579

PAYEE'S  
 CLAIM #: *14ID-A0345*  
 (b)(6)  
 NAME AND ADDRESS  
**Baghdad, Iraq**

DATE INVOICE RECEIVED  
 DISCOUNT TERMS  
 PAYEE'S ACCOUNT NUMBER  
 GOVERNMENT B/L NUMBER

SHIPPED FROM TO WEIGHT

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>   | QUANTITY | UNIT PRICE |     | AMOUNT        |
|--------------------------|-----------------------------|--|----------|------------|-----|---------------|
|                          |                             |  |          | COST       | PER |               |
|                          |                             | In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and 10 U.S.C. 2734 upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.<br><br><i>Mother killed in accident</i> |          |            |     | <i>\$8000</i> |
| <b>TOTAL</b>             |                             |  |          |            |     | <i>\$8000</i> |

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

PAYMENT:  PROVISIONAL  COMPLETE  PARTIAL  FINAL  PROGRESS  ADVANCE

APPROVED FOR BY: *SFC (b)(3),(b)(6)*  
 TITLE: *1BCT, 4ID FOREIGN CLAIMS PAY AGENT*

EXCHANGE RATE: *=\$1.00*

DIFFERENCES: *Am (3)(b) (b)(3),(b)(6)*

Pursuant to authority vested in me  
*6 Sept 06* (Date) (b)(3),(b)(6)  
 (b)(3),(b)(6) CPT, JA Foreign Claims Officer (Title)

ACCOUNTING CLASSIFICATION  
 (b)(2)High

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank)  
 PAID BY CASH DATE *\$8000 6 Sept 06* (b)(6)(b)(3)

1 When stated in foreign currency, insert name of currency.  
 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  
 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

**1st BRIGADE COMBAT TEAM**  
**4th INFANTRY DIVISION**  
**FOREIGN CLAIMS OFFICE**

**Claim Settlement/Witness Agreement**

Claim # 1/4ID- A0345

(b)(6)

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In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from the said incident. This release / settlement specifically includes all current or potential claims including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from this incident.

It is understood that the amount tendered is accepted as full satisfaction and final statements and that the award is made pursuant to the Foreign Claims Act, 10 U.S.C. 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents and employees.

(b)(6)

**Claimant's Signature**

Name: \_\_\_\_\_

Address: Baghdad, Iraq

I.D. Number: \_\_\_\_\_

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

I.D. Number: \_\_\_\_\_

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

W

I.D. Number: \_\_\_\_\_



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM  
4TH INFANTRY DIVISION (MECHANIZED)  
CAMP TAJI, IRAQ 09378

REPLY TO  
ATTENTION OF:

6 Sep 06

AFYB-IN-JA

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of

(b)(6)

in No. 1/4ID-A0345

1. Facts:

a. The claimant, a resident of (b)(6), Iraq, has submitted a claim to address

The death of his mother in an auto accident involving U.S. Forces  
in Jan 06

b. In support of the claimant's assertions, the undersigned considered the following:

Statement, death certificate, original claim w/ claim card submitted  
Jan 06 - lost

2. Opinion:

a. 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 noncombatant activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. Additionally, a settlement authority may pay a claim even if injury results from a criminal act clearly outside the scope of employment. See AR 27-20, para. 10-3a.

b. The claim is  meritorious.

AFYB-IN-JA

SUBJECT: Action on Claim of

(b)(6)

Claim No. 1/4ID- A0345

c. After considering the following matters, the undersigned finds that the claimant should receive a settlement of \$ 8000 \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Authority: The Foreign Claims Act (10 U.S.C. § 2734), as implemented by AR 27-20, Chapter 10.

4. Action: Settle this claim in the amount of \$ 8000.00 \_\_\_\_\_.

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

CPT, JA  
Foreign Claims Commissioner

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Pages 16 through 25 redacted for the following reasons:

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Foreign Language  
Foreign Language, (b)(6)