

Form 1054 October 1987 Department of the Treasury		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY DEAS-IN INDIANAPOLIS, IN 46249		DATE VOUCHER PREPARED 22-Jul-06		SCHEDULE NO.		
PAYEE'S NAME AND ADDRESS BAGRAM, AFGHANISTAN		CONTRACT NUMBER AND DATE		PAID BY FOBA5		
		REQUISITION NUMBER AND DATE		DFAS-IN INDIANAPOLIS, IN 46249 DSSN: 5570		
				DATE INVOICE RECEIVED 22-Jul-06		
				DISCOUNT TERMS		
WEIGHTED FROM		TO		WEIGHT		
GOVERNMENT B/L NO.						
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
		Foreign Claim Commission CASE NO. #: A1U-06-084 Date Request Filed: 22 July 2006				3,991.22
		Current Exchange Rate				0
						0
						0
						0
						0
						0
TOTAL						3,991.22
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE						
Certified by: _____, CPT, JA Foreign Claims Commission						
DIFFERENCES						
Amount verified; correct for						\$3,991.22
(Signature or initials)						
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
22-Jul-06 (Date)		_____ (Authorized Certifying Officer)		DISBURSING OFFICER (Title)		
ACCOUNTING CLASSIFICATION						
Accounting Classification Verified by: _____ 2LT, FC, Deputy Disbursing Officer 10th SSB (FWD)						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAY		
	\$3,991.22	22-Jul-06				

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Figure 8

AUG 14 2006

CENTCOM 006556

A1U-06-084-00001-00002

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency:			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)		
			Kabul Province District 17 Kabul Afg		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 29 May 2006, Monday	7. TIME (A.M. or P.M.) AM
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)					
My son was selling from a cart. I heard that there was a traffic accident. I went to help my son put away things, while I was helping him a US Humvee opened fire and a bullet struck my son in the nose and exited the back of his head. He died. He was years old. My family is deeply saddened at his loss. He was the provider for the family. I am unable to work because of injuries I received from the Taliban.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.					
son of					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)		
-	\$6000	1 deceased person	\$6000 0.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)			14. DATE OF CLAIM		
- witness			26 Jun 2006		
PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

HEAD SAVING PROGRAM INTERVIEW

A1U-06-084

CJTF76-SJA - Foreign Claim Investigation, Claim # A1U-06-084 (

FOREIGN CLAIMS COMMISSION DECISION MEMORANDUM

1. CASE No. #: **A1U-06-084** 2. DATE REQUEST FILED: **20 July 2006**

3. NAME AND ADDRESS OF CLAIMANT:

4. NAME AND ADDRESS OF REPRESENTATIVE: **N/A**

5. DATE AND PLACE OF INCIDENT: **29 May 2006, Afghanistan**

6. AMOUNT REQUESTED: **300,000 Afghani**

7. EQUIVALENT IN US CURRENCY: **Current Exchange Rate**

8. FACTS: **See investigation memo**

9. LIABILITY: **The request is cognizable and considered meritorious**

10. QUANTUM:

Amount requested: **300,000 Afghani**

Amount Approved: **200,000 Afghani**

11. FUND CITE

12. ACTION: **Claimant paid for substantiated loss**

13 PAYMENT AMOUNT: **200,000 Afghani**

14. EQUIVALENT IN US CURRENCY: **Current exchange rate**

15. COMMISSIONER'S SIGNATURE/DATE:

CPT, JA
Foreign Claims Commissioner



DEPARTMENT OF DEFENSE
COMBINED/JOINT TASK FORCE (CJTF-76)
OFFICE OF THE STAFF JUDGE ADVOCATE
BAGRAM AIRFIELD, AFGHANISTAN APO AE 09354

REPLY TO
ATTENTION OF

CJTF-76-JA-CL

MEMORANDUM FOR RECORD

20 July 2006

SUBJECT: Foreign Claim Investigation, Claim # A1U-06-084

1. Identifying Information.

a. Claimant: The claimant is a local national, (hereinafter "the claimant"), living in Afghanistan.

b. Amount: The claimant filed a claim for 300,000 Afghani on 26 June 2006.

c. The claimant states on 29 May 2006, that his son was shot and killed after a riot began after a U.S. Forces HEMMT vehicle lost brake control upon entering the city of Kabul.

d. Investigation Completed: 19 July 2006.

2. Jurisdiction. The claimant filed his claim in a timely manner in the form of an SF 95. The claimant is a foreign national and the owner of the property. The claimant is a proper claimant under the Foreign Claims Act IAW DA PAM 27-162, para. 10-2.

3. Statement of Facts.

a. The claimant states on 29 May 2006, his son was shot and killed after a riot started as a result of a U.S. Forces HEMMT losing brake control.

b. A convoy was enroute from Bagram to Kabul on 29 May 2006. As they began to enter the town of Kabul, there is a very long steep graded slope on which the HEMMT within the convoy began lose control of its brakes. The HEMMT, out of control, entered town and made contact with several vehicles until it finally came to a complete stop. Damage consisted of numerous vehicles, personal injuries, and a one casualty. As the local nationals began to congregate a riot ensued. Shots were fired from the local Afghan national police and U.S. personnel fatally wounding several local nationals.

c. The claimant submitted an SF 95 indicating damages of 300,000 Afghani for the loss of his son.

4. Legal Analysis.

CJTF76-SJA - Foreign Claim Investigation, Claim # A1U-06-084

a. Legal Rules. Under AR 27-20, para. 10-3, the incident that forms the basis for the claim must arise in a foreign country and be a result of either noncombat activities of the U.S. armed forces or the negligent or wrongful acts of civilian employees or military members. "Noncombat activity" is defined in the Glossary of AR 27-20, as "authorized activities essentially military in nature, having little parallel in civilian pursuits, which historically have been considered as furnishing the proper basis for payment of claims. Activities excluded are those incident to combat, whether in time of war or not, and use of military personnel and civilian employees in connection with civil disturbances."

b. Application of Rules. In this case, the claim arose in Afghanistan, a foreign country. An investigation is being completed between U.S. Forces and the local Afghanistan police. After the incident, U.S. Forces and Afghani law enforcement conducted separate investigations. Evidence supports the negligence of the U.S. Forces and therefore the claimant should be compensated accordingly.

5. **Damages.** The claimant filed an SF 95 on 26 June 2006. The SF 95 requests compensation for the loss of the son.

6. **Proposed Settlement or Action.** This claim is payable under the Foreign Claims Act because the loss occurred as a result of a U.S. government personnel's negligence. This claim should be settled for 200,000 Afghani to compensate the family for their loss.

7. Point of contact is the undersigned at (318) 231-4603.

CPT, JA
Foreign Claims Commissioner

Encls.

FILE NUMBER A1U-06-084	For use of the form, see AR 27-20; the proponent agency is the Office of The Judge Advocate General.	DATE 02/01/06
DATE OF INCIDENT 29 May 06	PLACE OF INCIDENT Kabul, Afghanistan	
<p>I hereby agree to accept the sum of 3991.02 in full satisfaction and final settlement of all claims which I have or may have against the United States, its officers, agents, and employees, for all damages and injuries, if any, incurred by me.</p> <p style="text-align: right;">Dari</p> <p style="text-align: center;">بدین وسیله با رضایت کامل موافقت می‌کنم که مبلغ مورد تصفیه حساب تمامی بابت تمام مطالبات خود و جراحیاتی که از طرف ایالات متحده آمریکا، افسران، مأمورین و کارمندان آن بر من وارد گردیده، بپذیرم.</p>		
TYPED OR PRINTED NAME OF CLAIMANT	SIGNATURE OF CLAIMANT	
N/A		
<small>U. S. City, town or post office, Co.</small>		

DA FORM 1686, 1 JUL 74

PREVIOUS EDITIONS OF THIS FORM
WILL BE USED UNTIL EXHAUSTED

CLAIMS SETTLEMENT AGREEMENT

USAFPM 11 00

Page 11 redacted for the following reason:

Foreign Language

**Kabul Commanding Office
Police Station 17
Criminal Office
Area Controlling Office**

Question	Date	Responding
<p>Attention To The 102 Baster Hospital</p> <p>According to the claimant request Son of) main residency of current residency of of Kabul, he is claiming that his Son by the name of was killed as result of coalition forces traffic accident which was occurred on 29 May 2006, at Kabul in Saryia shamalai, after the accident Mr transferred to the hospital. Therefore we need know that at which time and date he was transferred to the hospital, and also what type of injury he had.</p> <p style="text-align: center;">Sincerely Chief Police District 17th</p>		<p>Attention To The Police Station 17th</p> <p>Dear Sir:</p> <p>According to the emergency room registrations one death body by the name of son of transferred to our hospital.</p> <p>He was shot.</p> <p style="text-align: right;">Sincerely Doctor 22/3/85 12 June 06</p>

Page 13 redacted for the following reason:

Foreign Language