

Read Service Program Requirements

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		<b>FORM APPROVED</b> 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) (b)(6) (b)(6) HESA AWAL, KABUL (b)(6) <i>Decided</i>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 20 <i>Yes only</i>	5. MARITAL STATUS S	6. DATE AND DAY OF ACCIDENT 29 MAY 2006	7. TIME (A.M. or P.M.)	
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.) I WAS WALKING ON THE SIDE OF THE ROAD, THE TRAFFIC ACCIDENT OCCURRED. THEN A GUNNER THAT WAS TURNING (IN A TURN OF A VEHICLE) SHOT MY LEGS. (Picture of (b)(6) ATTACHED TO CLAIM).					
9. <b>PROPERTY DAMAGE</b> 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. <b>PERSONAL INJURY/WRONGFUL DEATH</b> 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.  (b)(6) son of (b)(6)					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
12. (See instructions on reverse) <b>AMOUNT OF CLAIM (In dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$40000 1 Person Decided		
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.) (b)(6)		13b. Phone number of signatory (b)(6)	14. DATE OF CLAIM 26 June 2006		
<b>PENALTY FOR PRESENTING FRAUDULENT CLAIM</b> 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.)		<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b> Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.) (b)(6)			

A1U-06-083

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

VOUCHER NO.

DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY DFAS-IN INDIANAPOLIS, IN 46249	DATE VOUCHER PREPARED <b>25-Jul-06</b>	SCHEDULE NO.
	CONTRACT NUMBER AND DATE	PAID BY <b>FOBAS</b> DFAS-IN INDIANAPOLIS, IN 46249 DSSN: 5570
	REQUISITION NUMBER AND DATE	

PAYEE'S NAME AND ADDRESS  <b>(b)(6)</b> <b>BAGRAM, AFGHANISTAN</b>	DATE INVOICE RECEIVED <b>25-Jul-06</b>
	DISCOUNT TERMS
	PAYEE'S ACCT. NUMBER
	GOVERNMENT B/L NO.

PREPARED FROM	TO	WEIGHT	GOVERNMENT B/L NO.
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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	
		<b>Foreign Claim Commission</b> <b>CASE NO. #: A1U-06-083</b> <b>Date Request Filed: 25 July 2006</b>				3,991.22
		<b>Current Exchange Rate</b>				0
						0
						0
						0
						0
						0
						0
<b>TOTAL</b>						<b>3,991.22</b>

CONTINUATION SHEET IF NECESSARY		(Payee must NOT use the space below)	TOTAL	3,991.22
COMMENT: <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	(b)(3),(b)(6)	CPT, JA Foreign Claims Commission	DIFFERENCES	
			Amount verified, correct for	\$3,991.22
			(Signature or initials)	(b)(3),(b)(6)

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

25-Jul-06 (Date)      (b)(3),(b)(6) (Authorized Certifying Officer)      DISBURSING OFFICER (Title)

ACCOUNTING CLASSIFICATION: (b)(2)High

Accounting Classification Verified by: (b)(3),(b)(6)      2LT, EC, Deputy Disbursing Officer 10th SSB (EWD)

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	ON (Name of bank)
	CASH	DATE	
	<b>\$3,991.22</b>	<b>25-Jul-06</b>	(b)(5)

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 51 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



**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

24 July 2006

SUBJECT: Foreign Claim Investigation, Claim # A1U-06-083 ( (b)(6) )

**1. Identifying Information.**

a. Claimant: The claimant is a local national, (b)(6) (hereinafter "the claimant"), living in Afghanistan.

b. Amount: The claimant filed a claim for 2,000,000 Afghani on 26 June 2006.

c. The claimant states on 29 May 2006, that his cousin 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: 22 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 cousin 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 2,000,000 Afghani for the loss of his cousin.

**4. Legal Analysis.**

CJTF76-SJA - Foreign Claim Investigation, Claim # A1U-06-083 ( (b)(6) )

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 cousin.

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 (b)(2)High

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

CPT, JA  
Foreign Claims Commissioner

Encls.



FILE NUMBER <b>A1U-06-083</b>	For use of this form, see AR 27-20; the proponent agency is the Office of The Judge Advocate General.	DATE <b>25 Jun 06</b>
DATE OF INCIDENT <b>29 May 06</b>	PLACE OF INCIDENT <b>Alghanistan</b>	
I hereby agree to accept the sum of <b>3991.22</b> 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.		
		Dari
به بدین وسیله با رضایت کامل موافقت میکنم که صورت تصفیه حساب نهایی بابت تمام مطالبات و جراحیاتی که از طرف ایالات متحده آمریکا، انسران، مامورین و کارمندان آن بر من وارد گردیده، بپذیرم.		
Foreign Language Text (b)(6)		(b)(5)
or and street or rural route, city, town <b>N/A</b>		(c)

DA FORM 1685, 1 JUL 74

PREVIOUS EDITION OF THIS FORM WILL BE USED UNTIL EXHAUSTED.

CLAIMS SETTLEMENT AGREEMENT

USAFPM 01 00

**STATEMENT OF AGENT OFFICER'S ACCOUNT**

DISBURSING OFFICER'S NAME, ADDRESS, DISBURSING STATION SYMBOL NO.  2LT (b)(3),(b)(6) FINANCE & ACCOUNTING DEPUTY DISBURSING OFFICER BAGRAM AIR BASE APO AE 09354 DSSN 5570	AGENT OFFICER'S NAME, GRADE, SSN, UNIT ADDRESS (Include z (b)(3),(b)(6) Telephone number) (b)(3),(b)(6)  TSGT (b)(3),(b)(6) OSJA BAGRAM AIR BASE APO AE 09354 BUSINESS DATE: 24-Jul-06  (b)(2)High FUND CLEAR
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**TRANSACTIONS AFFECTING AGENT OFFICER'S ACCOUNT**

TRANSACTIONS <i>a</i>	TOT VOU	INCREASE (Received by Agent) <i>d</i>	BEGINNING BALANCE (In Agent's Account) <i>c</i>	DECREASE (Turned in by Agent) <i>d</i>	ENDING BALANCE (In Agent's Account) <i>e</i>
1. BALANCE FORWARD			\$260.26		\$4,251.48
2. U.S. DOLLARS				\$0.00	
3. FOREIGN CURRENCY 200,000 @ 50.11		\$3,991.22		\$0.00	
4. MILITARY PAYMENT CERTIFICATES (1081s)					
5. COLLECTIONS					
3. COLLECTIONS					
7. NEGOTIABLE INSTRUMENTS					
A. TREASURY CHECKS					
B. DEPOSITS					
C. DEPOSITS					
8. PAID VOUCHERS SF 1034/44				\$260.26	
9. INCORRECT VOUCHERS RETURNED					
0. FOREIGN CURRENCY					
1. EXCHANGE RATE GAIN/LOSS		\$0.00		\$0.00	
2. TOTAL FUNDS IN HANDS OF AGENT OFFICER			\$4,251.48	\$260.26	\$3,991.22

**STATEMENTS**

DISBURSING OFFICER  (b)(3),(b)(6) VANCE: I HAVE INTRUSTED FUNDS AND/OR ITEMS AS INDICATED IN THIS STATEMENT TO THE ABOVE NAMED AS MY AGENT OFFICER.  DATE 24-Jul-06  (b)(3),(b)(6)	AGENT OFFICER  (b)(3),(b)(6) ADVANCE: I, AS AGENT OFFICER, HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE. I HAVE ASSUMED PECUNIARY RESPONSIBILITY THEREFORE. I WILL NOTIFY THE DISBURSING OFFICER IMMEDIATELY UPON DISCOVERY OF ANY LOSS OR SHORTAGE, AND I HAVE RECEIVED AND UNDERSTAND WRITTEN INSTRUCTIONS CONCERNING MY AGENT OFFICER  DATE 24-Jul-06  (b)(3),(b)(6)
(b)(3),(b)(6) RETURN: I HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ON THIS STATEMENT FROM THE ABOVE NAMED AGENT OFFICER.  DATE 24-Jul-06 DD Form 11 (b)(3),(b)(6)	(b)(3),(b)(6) RETURN: THE ABOVE STATEMENT OF ACCOUNT IS CORRECT.  DATE 24-Jul-06 E SOLETE (b)(3),(b)(6)

Encl

(b)(6)

CENTCOM 006594

A1U-06-083-00001-00008

CJTF76-SJA - Foreign Claim Investigation, Claim # A1U-06-083 ( (b)(6) )

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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.

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

CPI, JA  
Foreign Claims Commissioner

Encls.



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COMBINED/JOINT TASK FORCE (CJTF-76)  
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c. The claimant submitted an SF 95 indicating damages of 2,000,000 Afghani for the loss of his cousin.

4. **Legal Analysis.**

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

Question	Date	Responding
<p><b>Attention To The Emergency Hospital</b></p> <p>According to the claimant request (b)(6) Son of (b)(6) main residency of (Panjshir province) current residency of (District 1<sup>st</sup>) of Kabul, he is claiming that his Cousin by the name of ( (b)(6) ) 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. ( (b)(6) ) 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 (b)(6) Chief Police District 17<sup>th</sup></p>		<p><b>Attention To The Police Station 17<sup>th</sup></b></p> <p><b>Dear Sir:</b></p> <p>According to the emergency room registrations Mr. (b)(6) son of (b)(6) which had the leg injury was transferred to our hospital, on 29 May 2006, because of serious condition which he had he was death.</p> <p style="text-align: right;">Sincerely Doctor 23/3/85 13 June 06</p>

Pages 12 through 13 redacted for the following reasons:

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Foreign Language

(b)(6)