

05-19B-978

(b)(6)

CENTCOM 000111

05-19B-978-00001

CLAIM FOR DAMAGE .OR INJURY DEATH

INSTRUCTION: Please read carefully the instruction on the reverse side and supply information requested on both sides of this form .Use additional sheets (s)

pe 306 270
an approve
MBC 98/

~~1-NAME~~ **SITE OF THE ACCIDENT**

2-Name of claimants & Address:

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

SARKIS

3. Gender Male	4. DATE OF BIRTH (b)(6)	5. MARITAL STATUS Married	6. DATE & DAY OF ACCIDENT 12 th May 05	7. TIME 10:00 AM
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The claim The claimant was going from showrjak to Rakeem ama, on the way there is tern, when he turned, the CF's near the arch open fire to him as there was a pick up exploded near the tern. They caused many damages to his vehicle (Toyota-Corona 1980 Taxi). He is asking for compensation.

PROPERTY DAMAGES

INJURY

WITNESSES

NAME	ADDRESS
(b)(6)	

Amount of claim (IN Dollars)

12A PROPERTY 1,203,500 ID	12b PERSONAL INJURY	12c WRONGFUL DEATH	12d 1,203,500 ID
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1,204,000

I CERTIFY THAT AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURY CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (b)(6)	13b. Phone number of signatory (b)(6)	14c. Date of claim 17 th May 05
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NTCOM 000112

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this 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)

(b)(6)

3. TYPE OF EMPLOYMENT CIVILIAN

4. DATE OF BIRTH (b)(6)

5. MARITAL STATUS Married

6. DATE AND DAY OF ACCIDENT Tuesday 12th April 2005

7. TIME (A.M. OR P.M.) 4:30 PM

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.)

He was (b)(6) in the Oil protection force, he was in the HQ of OPF while he was going back to his site which is in Ageet area close to Fatha he had been in an ambush, he had been shot by unknown people and he died they stole his vehicle which belong to the OPF with 9 million Dollars and his rifle type AK.

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.

11. WITNESSES

NAME

ADDRESS (Number, street, city, State, and Zip Code)

(b)(6)

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.)

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, 14. DATE OF CLAIM

12th May 2005

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

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.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

CENTCOM 000113

05-19B-978-00003



DEPARTMENT OF THE ARMY
OFFICE OF THE COMMAND JUDGE ADVOCATE
116th BRIGADE COMBAT TEAM, 42nd INFANTRY DIVISION
KIRKUK, IRAQ, APO AE 09368

REPLY TO
ATTENTION OF

21 May 2005

Foreign Claims Commission

(b)(6)

FY05-I9B-978

Kirkuk, Iraq

MAY 23 2005

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

Ms. (b)(6)

I have considered your claim (enclosed) under the Foreign Claims Act, Title 10 United States Code Section 2734 as implemented by Army Regulation 27-20, Chapter 10.

Your claim is denied. The Foreign Claims Act does not authorize payment of claims related to combat activities, nor of claims where US negligence cannot be established. Your claim states that your husband was killed by unknown persons for unknown reasons. The U.S. cannot pay your claim because your husbands' death was not caused by Coalition Forces and caused by unknown persons. I am sorry for your loss, and I wish you well in a Free Iraq.

Army Regulation 27-20 provides you the right to appeal this action. Deliver your appeal and any additional evidence to the Civil-Military Information Center in the Government Building within thirty days of receipt of this notice.

Sincerely,

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

CPT, U.S. Army
Foreign Claims Commissioner

CENTCOM 000114

05-19B-978-00004



DEPARTMENT OF THE ARMY
OFFICE OF THE COMMAND JUDGE ADVOCATE
116th BRIGADE COMBAT TEAM, 42nd INFANTRY DIVISION
KIRKUK, IRAQ, APO AE 09368

REPLY TO
ATTENTION OF

28 May 2005

Foreign Claims Commission

(b)(6)

FY05-I9B-981

Kirkuk, Iraq

20.5.2005
b(3), (b)(6)

Mr. (b)(6) :

I have considered your claim (enclosed) under the Foreign Claims Act, Title 10 United States Code Section 2734 as implemented by Army Regulation 27-20, Chapter 10.

Your claim is denied. The Foreign Claims Act does not authorize payment of claims related to combat activities, nor of claims where US negligence cannot be established. Your claim states that you were driving from Shourjah to Raheem and approached a turn where Coalition Forces had a cordon due to a vehicle exploding. You claim that your vehicle was shot by Coalition Forces. The U.S. cannot pay your claim because your damages are incident to combat and your ignored directions by Coalition Forces to stop. I am sorry for your damages, and I wish you well in a Free Iraq.

Army Regulation 27-20 provides you the right to appeal this action. Deliver your appeal and any additional evidence to the Civil-Military Information Center in the Government Building within thirty days of receipt of this notice.

Sincerely,

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

CPT, U.S. Army
Foreign Claims Commissioner

CENTCOM 000115

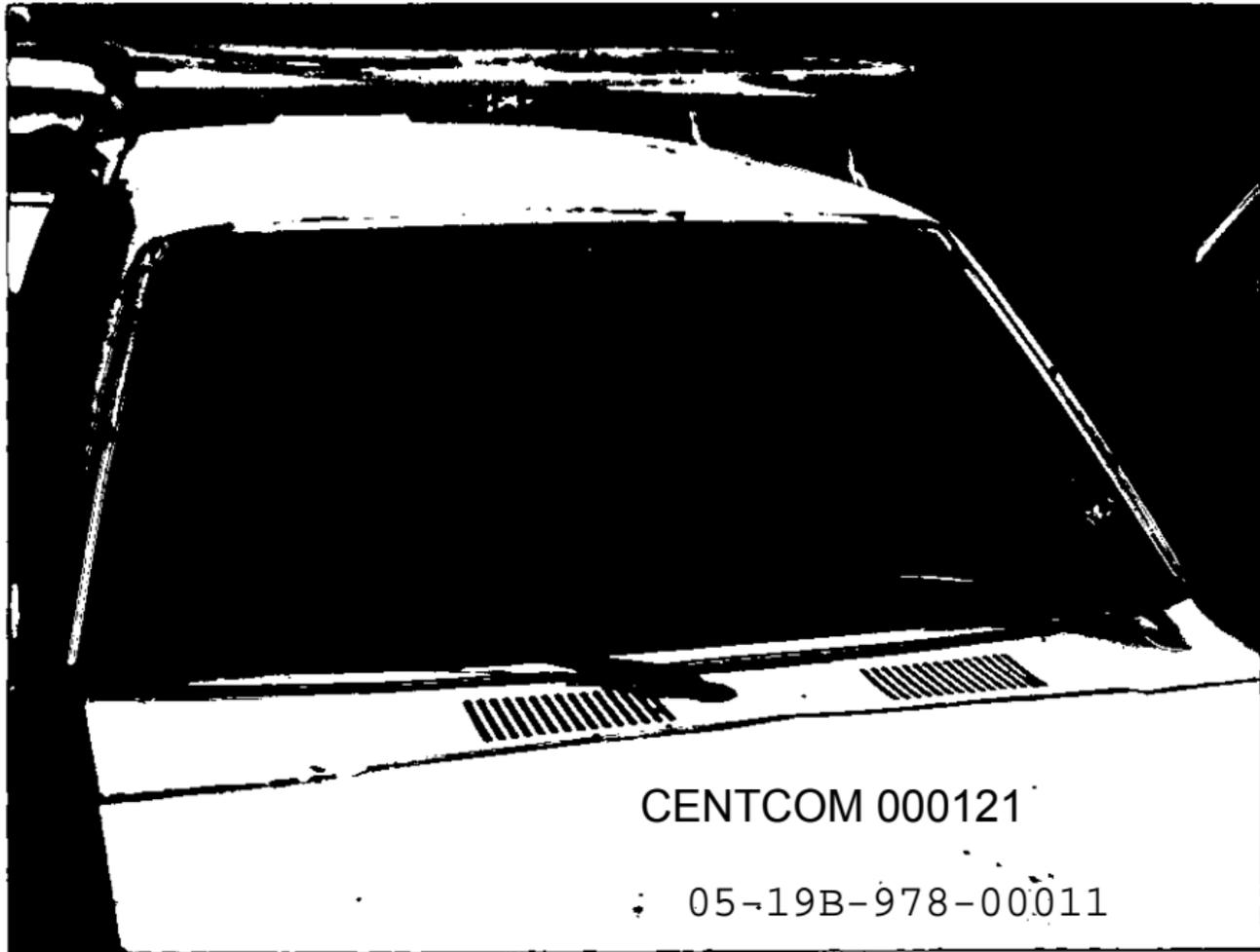
05-19B-978-00005

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the following reasons:-----

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05-198-978-010010



CENTCOM 000121

05-19B-978-00011

Pages 12 through 21 redacted for the following reasons:

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Iraqi Claims Pocket Card



The Army may pay claims to Iraqi Civilians for property damage, injury and death caused by U.S. Forces.

If your unit is involved in an incident resulting in damage to property or injury or death of an Iraqi Civilian:

1. Please fill out the required information on the Claims Documentation Form.
2. Give the Claims Documentation Form to the Iraqi Civilian (or other appropriate person in case of death).
3. Direct them to the Claims office at the Kirkuk Government Building, or to the CMOC located in Sulamanyah.
4. Upon return to your FOB, complete DA Form 2823 describing the incident and forward to the Brigade Legal Office.

***Please note that describing this information is not an admission of liability by the soldier involved. It will be used only to substantiate a potential claim against the Army.**

Claims Documentation Form



Unit POC

Unit *Co. B 3-116 AR*

Military Vehicle Bumper (if applicable)

Description of Civilian item involved or incident

to run past cordon of UBIED site; did not stop when shouted and flagged at. 4 shots were fired into radiator to stop it.

(b)(6)

tried

Name of Claimant

Date & Time of incident *17 Mar 05 1345*

Grid Location of Incident

311

Witness Name

(1)

In order to process your potential claim for damage, injury or death, please bring this form along with all documentation and photos related to this claim to the Kirkuk Government Building, FCC Office or to the CMOC located in Sulamanyah. Contact number for KGB FCC Office is 212-218.

218

foreign language text

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