

5-IA3-808

CHECKLIST

1. Claim received 5 APR 05
2. File sent to translator _____
3. File received from translator _____
4. SIGACTS check done _____
5. Conferred with S-2 _____
6. Claimant informed of decision _____
7. Appeal completed _____
8. Claimant paid _____
9. Claimant denied _____
10. File sent to USARCS _____

11. Claimant visitation history

3 May 05



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

10 June 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 05-IA3-808

1. **Identifying Data:** (b)(6) Bayji, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 8 February 2005, in Bayji, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$10,300 on 5 April 2005.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was filed in a timely manner.
5. **Facts:** Claimant alleges that her husband was killed, herself injured and vehicle damaged, when U.S. Forces shot at them from a convoy. The claimant was riding in their 1987 Mazda with her husband and son. They were driving from Baghdad to Mosul. The husband was driving, when they caught up to a U.S. Forces convoy from behind, near Bayji. When they got within 200 meters of the rear vehicle, the gunner opened fire. The claimant's husband was killed, she was injured and the vehicle damaged. She indicated no warning shots were fired. There is no report of this incident in Division records. The claimant provided two corroborating witness statements, photographs, medical records, a death certificate and a police report with a scene sketch. A legal expert report estimated the damage to the vehicle at \$2,300.
6. **Opinion:** There is sufficient evidence to indicate that U.S. Forces damaged the claimant's vehicle. Unfortunately, those forces were involved in security operations at the time. Therefore, this case falls within the combat exception.
7. **Recommendation:** The claim is denied.

(b)(3), b(6)

CPT, JA
Chief, Claims

CENTCOM 000463

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: (b)(6) _____

POA/ATT: (b)(6) _____

Decedents: _____

Hometown: _____

Iraqi Resident

My claim arose at: Bayji (Town) _____ (City) _____ (Country) _____

My claim arose on: Feb (Month) 8 (Day) 05 (Year)

Proof of Ownership: (b)(6) - OWNER

Interpreter Approved: Will bring original

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant

allegations): Bullets in neck + thigh (b)(6) Time of death is listed as 1000 hours

February 2005 - 8 Feb 05 is written on top left of cert. (b)(6) resold (b)(6)

Interpreter Approved: From Bayji Hospital

Legal Expert Opinion: Judge Report, IP Report, Estimate for Car (2,300 USD), medical Report for wife

Interpreter Approved: _____

Witness Statement (Consistent?): Witnesses did not see incident. The claimants called

Interpreter Approved: them from Bayji Hospital

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 was driving from Baghdad to Mosul with her son ^{husband's son} south of Bayji. They were following about 200 meters behind a convoy. The convoy fired on his vehicle killing the husband and injuring the wife. The husband was driving. ^{with} Claims there were no warning shots or signals given.

Medical report for wife was shot ~~in~~ in the right side from the back (shoulder)

It is hard to tell from the pics, but there doesn't seem to be bullet holes in driver's side windshield.

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.)

<u>Item</u>	<u>Amount</u>
Wrongful death	\$5,000
Personal Injury	\$3,000
Property Damage	\$2,300

Total: \$10,300

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

The name and address of my insurer (if any) is:

(Name) (Address)

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

\$ 10,300 local _____

(b)(6)

(Signature of Claimant)

Subscribed before me this 5 day of April, 2005.

(b)(3), b(6)

(Signature)





M 000467





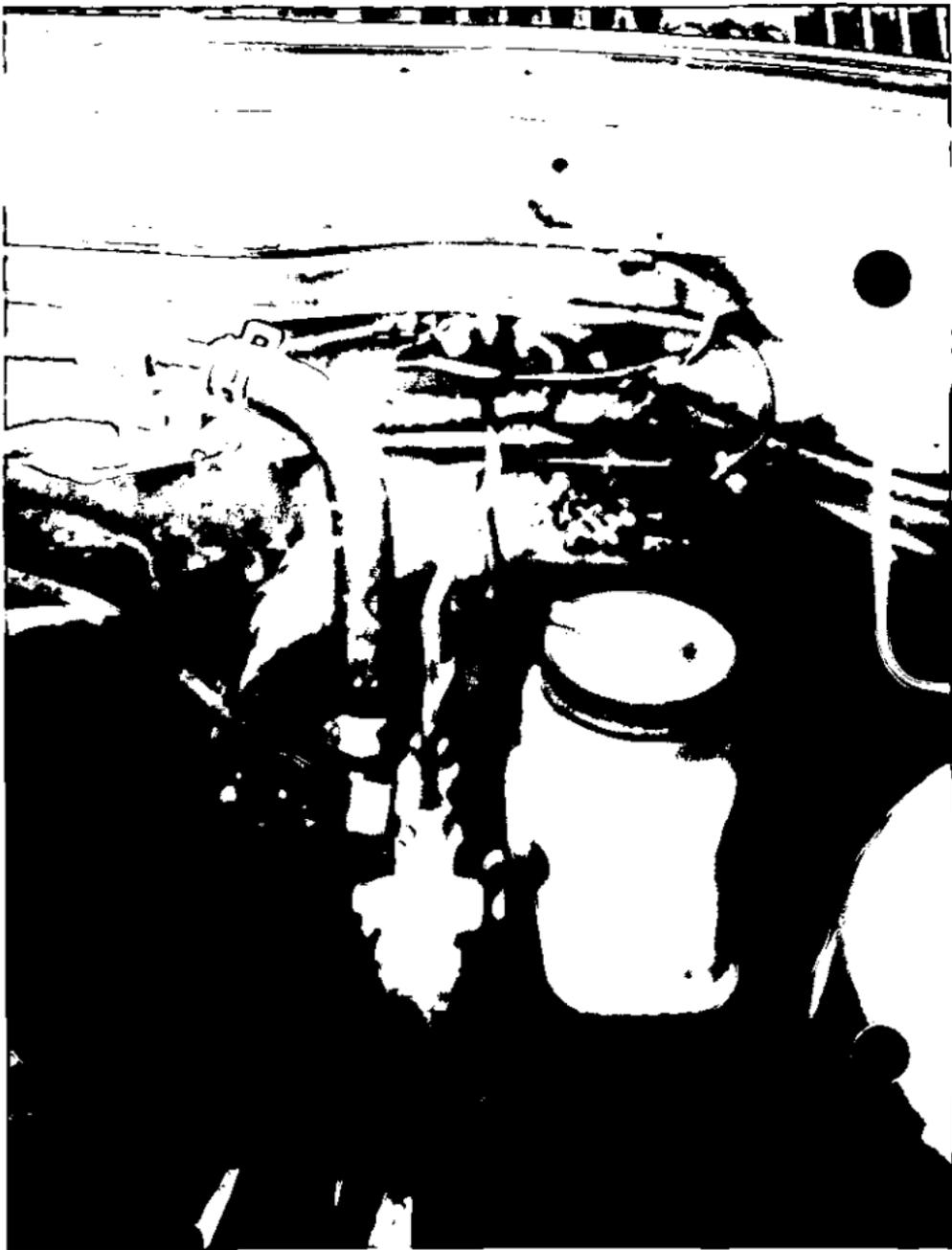
CENTCO 0046



CEN



TC





0473

(b)(6)

BUICK



(b)(6)

CENTCOM 000475



CENTCOM 000476

damage cost estimation
for the car # (b)(6)
kind Mazda model (b)(6) belong to

(b)(6)

<u>Details</u>	<u>cost</u>
repair + paint	\$ 400
glass completely	\$ 450
raditor	\$ 250
light	\$ 400
machine	\$ 550
tyers	\$ 250
total	\$ 2300

CENTCOM 000478

Foreign Language Text, (b)(6)

CENTCOM 000479

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

CENTCOM 000480

Witness:

(b)(6)

my ~~son~~ ^{daughter} in Iraq and her

husband killed by USA Safe guard

Witness

Page 23 redacted for the following reason:

foreign language, (b)(6)

witness:

(b)(6)

on 8 feb they call me that
salah khidir killed by usa safe
guard and injured his wife

witness

Pages 26 through 27 redacted for the following reasons:

b(6), foreign language

claimant with personal right
my father exposed to use forces
fire caused killed him injury my
mother which she was travelled with him in
the same car which also destroyed

claimant

(b)(6)

Page 30 redacted for the following reason:

foreign language, (b)(6)

#

(b)(6)

05

biTi
hosptial

Date

8 feb
firstly medical
report

name doctor

(b)(6)

examined

(b)(6)

I found

There is entrance of bullet in
mid back bone with out entrance
with less bleeding beside it

Page 33 redacted for the following reason:

foreign language, (b)(6)

DEATH CERTIFICATE

NUMBER _____
DATE 8 Feb 05

NAME AND TRIBE _____ (b)(6)	SEX: <u>male</u>	CITIZENSHIP: <u>Pract</u>	RELIGION: <u>Muslim</u>	PROFESSION: _____ (b)(6)
MARITAL STATUS: <u>Married</u>	DATE OF BIRTH: _____ (b)(6)		PLACE OF BIRTH: _____ (b)(6)	
ADDRESS: <u>Musi</u>	PLACE OF DEATH			
DATE OF DEATH: <u>8 Feb 05</u>	TOWN: _____	DISTRICT: _____	VILLAGE: _____	GOVERNORATE: _____
FATHER'S NAME: _____ (b)(6)	RELATIONSHIP: _____			
MOTHER'S NAME: _____	ADDRESS: _____			
PERSON NOTIFIED: <u>Assistant</u>				

FORENSIC MEDICINE CERTIFICATE
I, Dr. _____, doctor in biti hospital, solely certify that I performed the autopsy on the body of _____, sent to me in accordance to the form # _____
On / /

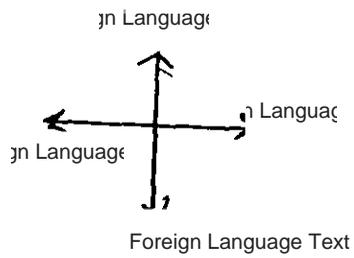
SPECIAL INFORMATION RELATED WITH THE CIVIL AFFAIRS DIRECTORATE:
The death cause is built in the neck - leg - great bleeding

Foreign Language Text, (b)(6)

CENTCOM 000495

Foreign Language Text

Foreign Language Text



car place 5741

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

road

The accident place

P.O

CENTCOM 000496



Illegible Text

Police report

8 Feb 05

They call us that an accident near
Rayash electric station when we reach
We find USA forces open fire
on Car # (b)(6) Mazda Model

(b)(6) caused killed the driver

injury his wife

(b)(6)

(b)(6)

Scene Sketch

- The place far 2 km
- The place public road
- I saw print of built on glass
- I saw print of built on front of car
- = = = = = on cabinet
- damage windows glasses
- back glasses
- built in doors
- bleeding in the place

Pages 42 through 44 redacted for
the following reasons:-----

foreign language, b(6)

42nd ID Foreign Claims Cover Sheet

57

File #: 5-1A3-808

Name: _____ (b)(6)

POA/ATT _____ (b)(6)

Date Received: 5 April 05 Date of Incident: 8 Feb 05

Claim Amount: \$10,300 Location: Bayji

Translation:
Pending TRANSLATION 6 Apr 05

Further Investigation:

Contact S-2 Check Sigacts *Wulder not listed
... Sigacts (b)(3)(b)(6)*

Approved: _____ Denied: 10 Jun 05 CPT
Car Sheet _____ (b)(3)(b)(6)

Goodwill Payment recommended 2500

Approved \$2500 - WD
500 - Trip Overage Denied _____
500 - Pers Equip
MCA 120000

Further investigation for GWP needed