Page 2 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(5)

DEPARTMENT OF THE ARMY
Headquarters, 3rd Brigade Combat Team
3rd Infantry Division
FOB Warhorse, Iraq
APO AE 09397

REPLY TO
ATTENTION OF:

AFZP-VI-JA 11 March 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 05-IA5-447

1. Claimants name and address: (b)(6) Baqubah, Iraq.

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 12 January 2005 in Baqubah, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $15,000 on 3 March 2005

4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for son's death.

5. Facts:

   a. Claimant's son was killed by U.S. forces when they were laying down suppressive fire.

   b. There were, ownership documents, and witness statements included in the submitted claim.

6. Opinion:

   a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either non-combat activities of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. Based on the facts and circumstances, U.S. forces were negligent while laying down suppressive fire in which caused the death of the claimant's son.

7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim for $6,000 is approved.

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

CPT, JA
Claims Judge Advocate

CENTCOM 000649

Standard Form 1034
Revised October 1987
Department of the Treasury

PUBLIC VOUCHER FOR PUCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
106TH FINANCE BATTALION (FWD)
CAMP WARHORSE, OIF II
APO AE 09392

DATE VOUCHER PREPARED: **11-Mar-05**

CONTRACT NUMBER AND DATE: **05-IA5-447**

REQUISTION NUMBER AND DATE

SCHEDULE NO.

PAID BY
106TH FB (FWD)
CP Warhorse, OIF II
APO AE 09392

DSSN(2)H

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

PAYEE'S NAME AND ADDRESS
(b)(6)
Baqubah, Iraq

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NO.

NUMBER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SEVICES (Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)	QUAN-TITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT
12-Jan-05	03-Mar-05	filed for compensation for son's death.	1	6,000.00		$6,000.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
(USE CONTINUATION SHEET IF NECESSARY)		(Payee must NOT use the space below)			TOTAL	$6,000.00

PAYMENT:
- [ ] PROVISIONAL
- [ ] COMPLETE
- [ ] PARTIAL
- [X] FINAL
- [ ] PROGRESS
- [ ] ADVANCE

APPROVED FOR = $ 6,000.00

EXCHANGE RATE

CONTRACTING RAT =

DIFFERENCES

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

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

Amount verified; correct for **$6,000.00**

(Signature or initials)

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

Foreign Claims Commissioner

To authority vested in me,I certify that this voucher is correct and pr

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

11-Mar-05 (Date) | (Authorized Certyfying Officer) | **DISBURSING OFFICER** (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $6,000.00

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUM	ON (Name of bank)
CASH **$6,000.00**	DATE	PAYEE (b)(6)	

PRIVACY ACT STATMEN.

The information requested on this form is required under the provisions of 31 U.S.C 82b and 82c, for the pupose 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.

PAYMENT REPORT

TO: DFAS, DSSN:___)(2)Hig_____ Date: _____

A. Payment Data:

(1) Submitting Agency/Office: United States Army Claims Service

(2) **Office Code: IA5**

(3) Agency/Office Mailing Address:

(4) Date Claim Filed: **3 March 2005**

(5) **Claim Number(s): 05-IA5-447**

(6) **Amount Claimed: $15,000**

(7) **Fund Cite:** _____ (b)(2)High

(8) Payee(s): (b)(6)

(9) **Address: Baqubah, Iraq**

(10) SSN: None.

(11) **Payment Amount: $6,000**

(12) Type Payment: PF_____

(13) For EFT Payments: ABA Routing Number: _____

(14) For EFT Payment: Account Name and Number: _____

(15) For EFT Payment: Name and Address of financial institution: _____

_____

(16) For EFT Payment: Account is (checking) (savings) (Circle appropriate account).

B. **ACCEPTANCE BY CLAIMANT** (Note: This form should not be signed by the claimant if another release is signed by the claimant is attached.)

I, the claimant, do hereby accept the within -stated award, compromise, or settlement as final and conclusive on my heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me, my heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences therefore resulting, and to result, from the same subject matter that gave rise to the claim for which I or my heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, *that arise or may arise from the acts or omissions that gave rise to the claim(s)* by reason of the same subject matter.

Date: March 12, 2005 _____ (b)(6) ___(Claimant)

C. AGENCY CERTIFYING OFFICER:

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

11 Mar 05 (b)(3),(b)(6) FCC

(Date) (Signature - Authorized Certifying Officer) Title

Date Payment Recorded in Claim Record: _____

A separate payment report must be completed for each claimant

Privacy Act Statement

The information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide this information may result in your claim not being processed for payment.

OS-IAS-447

Claims Form

To: United States Army Foreign Claims Commission
From: Name: (b)(6)
Address:

I am
a. A citizen and national of: Iraq
b. A permanent resident of :
c. Employed by:
d. Check one ( ) An insurer ( ) Not an insurer
e. Check one ( ) A subrogee ( ) Not a subrogee

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

CF

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.) —

My claim arose at: Al-bazol (Town) near Sanion Baqubah (City) Iraq (Country)

My claim arose on: Jan (Month) 12 (Day) 2005 (Year)

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.)

Claimants son was killed by US forces who layed down suppressive fire after an IED detonated. Claimants son was killed by suppressive fire. CF thought he was detonating IED w/ remote.

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

Death of son.

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
Death of Son	

Total: $15,000

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)

$ 15,000 local

(b)(6)

(Signature of Claimant)

Subscribed before me this 3d day of March, 2005.

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

(I

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

(Signature)

DEPARTMENT OF THE ARMY
DIYALA PROVICE POLICE HEADQUARTERS
3RD BRIGADE COMBAT TEAM
3ST INFANTRY DIVISION
DIYALA, IRAQ 09392

REPLY TO
ATTENTION OF

DPPC 27 FEB 05

MEMORANDUM FOR RECORD

SUBJECT: Claim for (b)(6)

1. The purpose of this memorandum is to receive compensation for the death of his son.

2. On 12 JAN 05, (b)(6) was supposedly killed by Coalition Forces. An explosive device detonated near the US troops, causing them to lay suppressive fire on the area. During this course of action, the individual was shot several times in the chest, legs and stomach. The doctor report states that the individual was shot from all directions.

3. This case requires further investigation to determine fault in the incident.

4. Enclosed is the doctor's report on the deceased.

5. The POC for this action is the undersigned at commercial phone number (b)(2)High

(b)(3),(b)(6), Foreign Language Text

To His Excellency The Director of CEMAC Office in Diala

Subject: Compensation for the death of

(b)(6)

On 12 Jan 05 on the road of Al-Muhsin-Dihaila while my son (the late) (b)(6)

(b)(6) was working on his farm near the road above an explosive device detonated near the US troops, causing them to lay suppressive fire on the area. During this course of action, my son was shot several times in the chest, legs and stomach and from all directions. As a result he died immediately. The US troops said that they were very sorry and the officer said "I swear by God If I were in the tank I would not shoot this person and we are responsible for this mistake."

Thus, I claim to receive a compensation for the death of my son, especially he was my eldest son who helped me

greatly in residence and living and we - his family - suffered much because of his death. He was a

(b)(6)

(b)(6) . Thus, the Compensation claim is 150000 $ US Dollars.

Accept my best regards.

Yours faithfully

(b)(6)

The father of the Killed

Opening of investigation

Bany saad
Police station
13-1-2005

The witness ((b)(6)) came to our police station to tell us about killing his brother ((b)(6)) insid their farm in Al bazol area by the coalition forces . so we open this investigation .

The witness ((b)(6)) born in (b)(6) , works in free job , lives in bany saad city Al bazol area . said ..
yesterday afternoon (16.00 P . M) when my brother (b)(6) (b)(6) was working in our farm near our home , An explosive device detonated near the U.S troops causing them to lay suppressive fire on the area so my brother get ashooting fire in his leg , chest and stomach and then he died immediate . we take him to baquba hospital as soon as accident so I ask for compensation and this is my witness ..

sign of police officer

sign of witness

Certification of medical surgical
To / bany saad police station
Diyala health center

No. 168
Date . 19 / 1 / 2005

Iam doctor (b)(6) I made the midical surgical on the body of dead man (b)(6) who sent to us by the letter of police station in No. 116 at 13/1/2005 (12.00 A . M) and I found general description for the body . (b)(6) , skin colour – dark , hair colour – dark , eye colour – dark , age – (b)(6) years .

External damage .

1- big would in size (5 x 7) cm in left side of chest by a bullet fire .
2- two wounds in right leg in size (5 x 6) cm & (5 x 10) cm by bullet fire .
3- head fire entrance of bullet in size (/2 x 1) cm in right side of head .
4- entralls chest . there is a broken bone and damage in the heart , stomach and venous .

Bany saad police station
8-2-2005

The witness ((b)(6)) came to our police station to tell us about kill his son ((b)(6)) inside their farm in bazol area by the coalition forces so we open this investigation

sign of police afficer

The witness ((b)(6)) born in (b)(6) , works as (b)(6) , lives in Al Bazol area (b)(6) said (under swearing)

In 12 – 1 – 2005 afternoon (16.00 P . M) while my son (b)(6) (b)(6) with my another son ((b)(6)) where working in our farm near our home during this time an explosive device detonated near the U.S troops on the main road the coalition forces begin shoot fire in random so the shoot my son in his chest , legs and stomach and he died immediate , aseveral soliders of U.S forces came to me to apologize about this accident .

so I ask for compensation and this is my complaint .

sign of judge

sign of witness

Bany Saad police station
13 . 1 . 2005

Exposure on body of the dead man

[(b)(6)]

I am police officer ((b)(6)) . I made the exposure on the body of ((b)(6)) and I found the following :

(1) The body for dead man who call ((b)(6)) his age : (b)(6) years .
(2) I found an entrance of fire bullet in his right leg .
(3) I saw an entrance of fire bullet in his left side of stomach .

Sign of lieutenant

(b)(6)

Police officer

Bany Saad police officer
8 . 2 . 2005

Sir the judge of investigation in Bany Saad :

According to your decision in 15 . 1 . 2005 :
I register the witness of complainers (b)(6) and (b)(6) . so I will send them to your mastery to record their legal witness and take the right decision .

Sign of lieutenant
(b)(6)
Police officer

The judge

I register the witnesses of both (b)(6) and (b)(6) .

Sign of judge
(b)(6)
8 . 2 . 2005

Bany Saad police station
15 . 1 . 2005

Sir judge of investigation in Bany Saad :

(1) The witness [(b)(6)] told us that his brother [(b)(6)] had been killed by coalition forces in Al bazol area at 13.1.2005 so I register his witness legally and attached with the paper .

(2) The external exposure had been done on the body of [(b)(6) (b)(6)] and attached with the paper of investigation and hope you see it .

(3) The body had been sent to the hospital of Baquba to diagnose the cause of death and we hope you take the suitable decision .

Sign of police officer
(b)(6)

The judge

- I see the paper of investigation and we make the exposure on the place of accident .
- I will register the witness of both them .

Sign of judge
(b)(6)
10.1.2005

Pages 18 through 31 redacted for the following reasons:
- -
Foreign Language
Foreign Language, (b)(6)