

(b)(6)

NOTIFIED  
8 Sep 07  
By SGT (b)(3)(b)(6)  
entered into  
usarcs  
8 sep 07  
By SGT (b)(3)(b)(6)  
entered in  
Database  
8 sep 07  
By SGT (b)(3)(b)(6)

7D

(b)(6)

07I91T007

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(115)

1 2 3

DENIAL CLAIM FILE CHECKLIST

)(3)(b)(f  
13 Mar 08

- Action Memo Denying the Claim
- Decision Memo
- Claim Summary Sheet
- Supporting Documents (ID Card, Ownership, Statements, etc.)

) (3)(b)(6)

854007

DENIAL CLAIM FILE CHECKLIST

- Action Memo Denying the Claim
- Decision Memo
- Claim Summary Sheet
- Supporting Documents (ID Card, Ownership, Statements, etc.)

m-847 ST-87 H-14

CLAIMS CHECKLIST Phone #

(b)(6)

CLAIM NUMBER: \_\_\_\_\_ AMOUNT OF CLAIM: \$ 3,500  
 CLAIMANT'S NAME: (b)(6)  
 DATE OF INCIDENT: 7 Aug 07 DATE FILED: 20 Aug 07 DATE RECEIVED: \_\_\_\_\_

CLAIM TYPE:  
 Vehicle Damage       Detainee Property       Damage During Raids  
 SAF Damage/Injury       Real Estate       Other DEATH  
 CLAIM AROSE FROM:  
 Combat Activities       Non-combat Activities  
 CLAIM IS:  
 Payable       Not Payable

BRIEF OVERVIEW: Claimant stated that when his son went to the fuel station he was shot and killed in crossfire between us forces + ATF.  
 REMARKS: Recommend Approval/Denial Claim over two years old

REVIEWED BY: SGT (b)(3)(b)(6) DATE REVIEWED: 29 Aug 07

FCC COMMENTS  
 - No proof of U.S. involvement  
 - Deny claim  
 - No way for us to confirm this incident  
 - Claim over 2 yrs old  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE APPROVED/DENIED: 01 SEP 07 (b)(3)(b)(6)

- DENIED
- APPROVED
- Denial Memo
- Amount Approved: \_\_\_\_\_
- Approval Memo
- Settlement Agreement
- SF 1034
- Disbursing Officer Memo



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
MULTI-NATIONAL DIVISION—BAGHDAD  
FOB FALCON, BAGHDAD, IRAQ  
APO AE 09361

AFZN-BC-FCC

Claim of

(b)(6)

, 07-I91-T007

ACTION

1. Facts: The claimant alleges that on 7 August 2005, American forces shot and killed his son when he went to the fuel station.
2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of US forces. There is insufficient evidence of negligence by U.S. Forces.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim is therefore denied.

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

MAJ, JA  
FCC I91

Page 7 redacted for the following reason:

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Already Reviewed and Redacted for Release



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM  
MULTI-NATIONAL DIVISION-BAGHDAD  
FOREIGN CLAIMS COMMISSION  
FOB FALCON, BAGHDAD, IRAQ  
APO AE 09361

September 7, 2007

4th Infantry Brigade Combat Team Legal Office

(b)(6)

Claim #07-I91-T007  
Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the death of your son by U.S. forces on 7 August 2005. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code § 2734, Army Regulation 27-20 (Claims) and Department of the Army Pamphlet 27-162 (Claims Procedures).

I have reviewed all the information included in your claim and the evidence from the resulting investigation. Unfortunately, your claim is not compensable. After reviewing your claim, it was determined that there was no evidence that US Forces acted either negligently or wrongfully. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with Army Regulation 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

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

Major, U.S. Army  
Foreign Claims Commission I91

Claims Form

طلب تظلم

Name: (b)(6) الاسم:

Address: (b)(6) العنوان:

phone (b)(6)  
I am

a. A national citizen of: Iraq - أنا أحمل جنسية: .

b. A permanent resident of: Above address - ب. عنواني الدائم:

c. Employed by: / ت: أصل لدي:

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

no claim card -

أنتي أتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي نجمت من: (المنظمة, الوحدة العسكرية)

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.)

person killed

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار الممتلكات التي تخولكم وتوكلكم للتعلم بهذا التظلم, أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: Aldura near Fule Station Baghdad Iraq  
(Town) (City) (Country)

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

My claim arose on: Aug 7 2005  
Month Day Year

تظلمى قدم فى: \_\_\_\_\_  
الس يوم شهر

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.)  
The claimant said that while was son going to the sub station near Aldura checkpoint & there

باختصار اشرح ما حدث والاضرار التي اصابتك جراء ذلك ، سواء كانت جسدية او ممتلكات . (الرجاء استعمال خلفية هذه الورقة ان لم تكن الأسطر لتكفى)  
were fighting occurred between unknown person and U.S.A and his son got shot by side his vehicle and died -

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
<u>person dead -</u>	<u>\$3500</u>
Total: <u>\$3500</u>	

أشرح بالتفصيل متي تضرر والكافة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء اضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوحدَة)

تكلفتة	الشئ المتضرر
_____	_____
_____	_____
_____	_____
إجمالي التكلفة: _____	

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

NO insurance

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

\_\_\_\_\_

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

\$ 3500 I.D. 4300 000 -

اطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

\_\_\_\_\_ \$  
العملة المحلية

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) - (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلبت تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 20 day of Aug, 2009.

(Signature of Witness)

(Printed Name)

CLAIMS  
SUPPORTING  
DOCUMENTS  
CHECKLIST

قائمة فحص  
المستندات لدعم  
الدعوى

<input checked="" type="checkbox"/>	CLAIMS CARD OR NOTE FROM US FORCES	كارد الدعوى
<input checked="" type="checkbox"/>	CLAIM FORM (INCLUDE PHONE NUMBER AND COPY ID CARD)	استمارة الشكوى بها رقم التلفون مع نسخة من هوية من الأحوال المدنية
<input checked="" type="checkbox"/>	CLAIM AMOUNT	مبلغ الدعوى
<input checked="" type="checkbox"/>	PROOF OF OWNERSHIP (FOR PROPERTY, HOME, VEHICLE)	اثبات الملكية للممتلكات (الدار ؛ السيارة )
<input checked="" type="checkbox"/>	STATEMENTS (FROM ANYONE WITH KNOWLEDGE OF EVENT)	شهادة شهود من اى شخص يعرف عن الحادث
<input checked="" type="checkbox"/>	DIAGRAM (OF ACCIDENT OR INCIDENT)	رسم تخطيطى للحادث
<input checked="" type="checkbox"/>	POLICE REPORT	تقارير الشرطة
<input checked="" type="checkbox"/>	RECEIPTS	الأيصالات
<input checked="" type="checkbox"/>	PICTURES (OF DAMAGE OR EVENT)	صور عن الأضرار او عن الحادث
<input checked="" type="checkbox"/>	ESTIMATES OF DAMAGE	تقييم الأضرار
<input checked="" type="checkbox"/>	JUDICIAL DECISION (IF APPLICABLE)	قرار من القاضى اذا كان ملائم
<input checked="" type="checkbox"/>	DIVISION OF PROPERTY FROM THE COURT	تقرير تقسيم ممتلكات من المحكمة
<input checked="" type="checkbox"/>	DEATH CERTIFICATE (IF APPLICABLE)	شهادة وفاة اذا كانت ملائمة
<input checked="" type="checkbox"/>	HOSPITAL REPORT	تقارير من المستشفى
<input checked="" type="checkbox"/>	MEDICAL REPORTS (U.S. OR IRAQI)	تقارير طبية (عراقية او امريكية)
<input checked="" type="checkbox"/>	LETTER FROM DAC (DISTRICT ADVISORY COUNCIL - IF APPLICABLE)	خطاب او استمارة من المجلس البلدى يكون ملائم مع الدعوى

Page 13 redacted for the following reason:

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(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

*We didn't get any compensation*

CENTCOM 010480

07-191-T00700015

Foreign Language Text, (b)(6)

*Handwritten text, possibly bleed-through from the reverse side of the page.*

Foreign Language Text, (b)(6)

Death Certificate

CENTCOM 010482

07-191-T00700017

Page 18 redacted for the following reason:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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

*General Attorney*  
Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text, (b)(6)

The statement of  
claimant  
His son got a shot during the  
fighting between coalition  
forces and insurgents. on July 8/2005  
before two years old.

Foreign Language Text

The report for  
Court. Contains  
document help  
family expo  
it's purpose

.angl

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

*\* the statements of  
claimant*

Foreign Language Text

Foreign Language Text

(b)(6), Foreign Language Text

*police report confirm that they found  
remains which are shot by American forces and to*

Foreign Language Text

Foreign Language Text, (b)

Foreign Language Text, (b)(6)

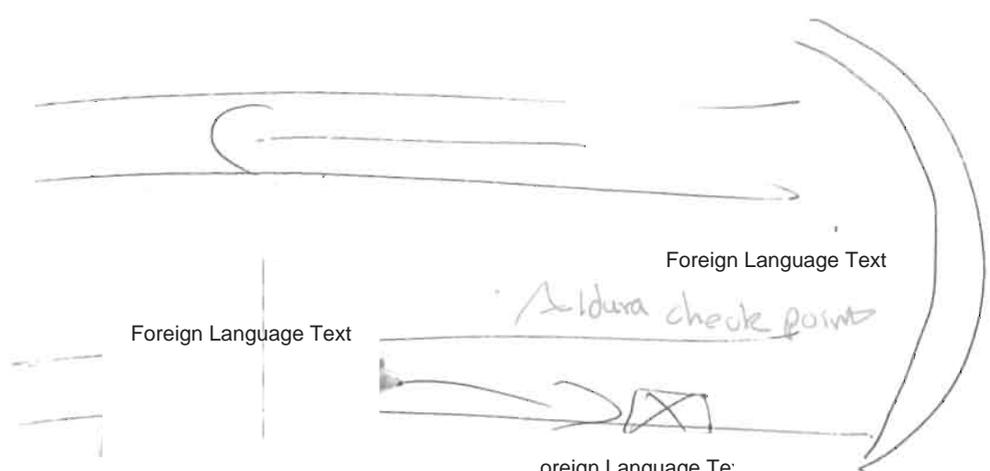
Foreign Language Text, (b)(6)

Pages 24 through 25 redacted for the following reasons:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text



Foreign Language Text

Foreign Language Text

oreign Language Te:

*Location of an accident*

Foreign Language Text

*the claimant needs  
copies of claim  
to keep with his  
book etc.*

(b)(6), Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

*hospital report*

Full story.

The claimant said that on July 12/05  
His son went to Aljawden Fuel Station  
So as to fill his vehicle near Aldura check  
point and at 10:00 am there were fighting  
between U.S.A and some unknown person. He  
got a shot and ~~killed~~ <sup>killed</sup> near his vehicle.

Foreign Language Text

Foreign Language Text

*72 statements of  
claimant.*

Foreign Language Text, (b)(6)

Foreign Language

Foreign Language Text

Page 31 redacted for the following  
reason:

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Foreign Language Text, (b)(6)