

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



DEPARTMENT OF THE ARMY  
Headquarters, 1<sup>st</sup> Brigade Combat Team  
10<sup>th</sup> Mountain Division (Light Infantry)  
Forward Operating Base Warrior, Iraq  
APO AE 09338

AFZS-LI-JA

24 March 2008

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6), 07-IH4-T420

1. Claimants name and address: (b)(6)
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 22 June 2007 in Kirkuk, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$2,500.00 on 16 September 2007.
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 death of his daughter, (b)(6)
5. Facts:
  - a. (b)(6) claims that on 22 June 2007 his daughter, (b)(6) was killed when a stray (b)(2)High Rocket struck his residence while (b)(2)High was engaging a nearby residence that was being occupied by UE.
  - b. There were I.D. cards and witness statements included in the submitted claim.
  - c. The incident was able to be verified by the responsible unit.
6. Opinion:
  - a. In order to form a basis for a claim under the FCA, the incident has to occur outside of the United States and be from either non-combat activities of the U.S. Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces.
  - b. There is insufficient evidence to suggest that this incident resulted from non-combat activity or arose out of the negligence and/or wrongful acts of the United States Armed Forces. Any appeal must be submitted within 30 days.

07-IH4-T420-00002

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7. Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$2,500.00 is denied.

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

CPT, J  
Foreign (b)(3)(b)(6) ns Commissioner

**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)

person  
From  
approve  
MBC

1.submitt to appropriate Agency

Nora

2-.Name of claimants & Address

(b)(6)

3.TYPE OF EMPLOYEE

4.DATE OF BIRTH

(b)(6)

5.MARITAL STATUS.

Married

6.DATE & DAY OF ACCIDENT

22<sup>nd</sup> Jun.07

TIME:

8:00PM

The CFS helicopter were tracing insurgents on the 22<sup>nd</sup> June in Alreyath / Mojama alshaheed , two missiles shut wrongfully to the claimant's house caused his (b)(6) years old daughter killed.

**9. PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER THAN CLAIMANT (NUMBER, street, city, state, city, state, and, zip code)

De

**10 Personal injury/wrongfully death**

**WITNESSES**

**NAME**

**ADDRESS**

(b)(6)

(b)(6)

**Amount of claim (IN Dollars)**

12A PROPERTY

12b PERSONAL INJURY

12c WRONGFUL DEATH

\$2,500.00

12A

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

16<sup>th</sup> Sep.07

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

**Identification card**

**Office:** (b)(6)

**Number:** (b)(6)

**Name:** (b)(6)

**Father's name :** (b)(6)

**Mother's name:** (b)(6)

**Gender: Male**

(b)(6), Foreign Language Text

**Issue date:** (b)(6)

**Religious: Muslim**

**Date of birth:** (b)(6)

**Place of birth:** (b)(6)

**Statues: Married**

**Wife's name:** (b)(6)

**Physical disablement:-----**

**Identification card**

**Office:** (b)(6)

**Number:** (b)(6)

**Name:** (b)(6)

**Father's name :** (b)(6)

**Mother's name:** (b)(6)

**Gender: Female**

**Issue date:** (b)(6)

**Religious: Muslim**

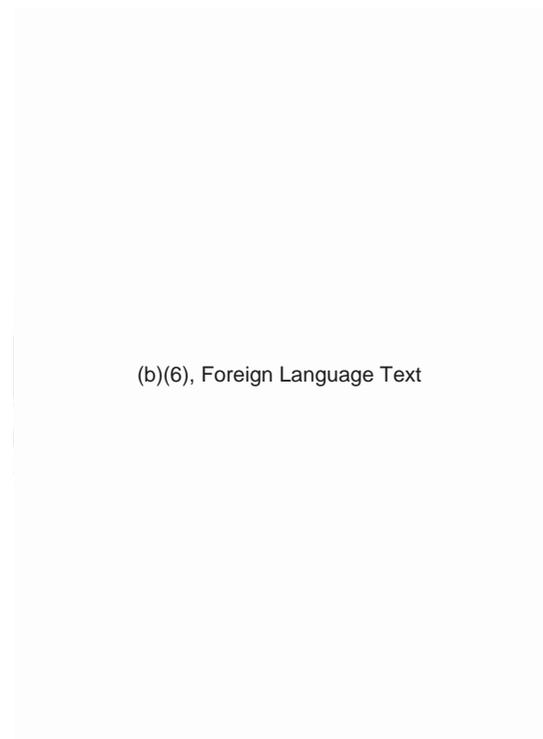
**Date of birth:** (b)(6)

**Place of birth:** (b)(6)

**Statues: Single**

**Wife's name:**-----

**Physical disablement:**-----



(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Witness Statement

I'm (b)(6) certified that CFS helicopter shut wrongfully two missile on (b)(6)  
(b)(6) house caused (b)(6) ears old daughter killed . That's I signed.

Witness

(b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Witness Statement

I'm (b)(6) certified that CFS helicopter shut wrongfully two missile on (b)(6)  
(b)(6) house caused (b)(6) years old daughter killed . That's I signed.

Witness

(b)(6)

Foreign Language Text, (b)(6)

To: Claim Office  
Sub: Memo

We certified that (b)(6) has been wrongfully killed by CFS during tracing insurgent on 22<sup>nd</sup> Jun.07 .

CPT.  
(b)(6) Alryath Police Station

