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(b)(6)

b)(3)(b)(6)

Claim Number: 08-I2A-A526

Name:

(b)(6)

Date of Incident: 22-Aug-07

Date Received: 12-Apr-08

Amt Req: \$15000

Summary:

Old Claim lost in the shuffle. Now back again looking for answers. I agree with MA. (b)(3), (b)(6) deny for jurisdiction and information unless TIGR says otherwise

Circle Decision, Fill-in Date, and initial

<u>DENY</u>	INVESTIGATE	PAY - \$ _____
DATE 14 Jul 08	DATE 14 Jul 08	DATE
INIT (b)(3), (b)(6)	INIT (b)(3), (b)(6)	INIT

- ___ Insufficient Evidence
- ___ Combat Exception
- ___ US Involvement
- ___ Lack of Causation
- ___ Statute of Limitations
- ___ Not a Proper Claimant
- ___ Non-Cognizable Claim

TIGRNET is empty
NO EVIDENCE!

- ___ TIGRnet
- ___ SIGACT
- ___ 15-6
- ___ Claims Card

NOTES:

___ CERP

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

Claims Checklist and Chronology of Action

Claim Number: <i>081921</i>	Claimant's Name (b)(6)		
Date of Incident <i>22 AUG 07</i>	Date Filed <i>29 JAN 08</i>	Date Received	Amount of Claim: <i>15000</i>
Claim Type:	Claim Arose From:	Paralegal Recommends: SGT Snyder	
<u>Vehicle Damage</u>	Combat Activities	Approved	Amount _____
Detainee Property	Non Combat Activities or Negligence	CERP	Amount _____
Damage during Raids		Denied	
SAF Damage/Injury	Claimant's Assertion: <i>Claimant states her husband was in an accident with coalition forces and was killed</i>		
Real Estate			
Other <i>DEATH</i>			
FCC Decision: CPT		(b)(3), (b)(6)	
FCC Decision Date: <i>29 MAR 08</i>	FCC Comments: <i>Deny claim - This is not from our area. This is likely forum shopping for a claim that has already been paid or was denied.</i>		
Approved	Amount _____		
SF 44	Settlement Agreement		
Less Than Letter	Action Memo		
CERP	Amount _____		
SF 1034	Denial Memo		
Condolence Memo	Settlement Agreement		
Action Memo			
	Denied	(b)(3), (b)(6)	
Denial Memo	Action Memo		
Date Action Taken: <i>29 JAN</i>	Action Taken By: (b)(3)(b)(6)	Action Taken: <i>Need to see if STGACCS or 18-6 exists</i>	



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM
4TH INFANTRY DIVISION
FOB FALCON, IRAQ 09361

SUBJECT: Claim # 08-I2A-A526

(b)(6)

(b)(2)High Iraq

Dear Sir:

You have submitted a claim seeking compensation for the loss of your loved one. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for the loss of your loved one from events occurring on August 22, 2007. However, in accordance with the cited references and our investigation of the operational records concerning your claim, your claim is not compensable. There is insufficient evidence to validate your claim. Accordingly, your claim is denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 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)

MAJ, JA USAR
Foreign Claims Commission I2A

CENTCOM 010726
08-I2A-A526-00004

Cell Phone Number:

(b)(6)

Claims Form

طلب تظلم

Name:

(b)(6)

الاسم:

Address:

(b)(6)

العنوان:

I am

أنا

a. A national citizen of: IRAQI أ. أصل جنسية: IRAQI

b. A permanent resident of: above address ب. عنواني الدائم: above address

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)

The vehicle accident. by CF
claim card attached.

أنتظلم لدي حكومي الولايات المتحدة للأضرار والإصابات التي لحقت 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.)

The vehicle Damaged and driver was died.

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء إحضار المستمسكات التي تخولكم وتؤكدكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إبدأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابهم.)

My claim arose in

(Town)

Amel

(City)

Baghdad

(Country)

IRAQ

البلد أو المحافظة

المدينة

البلد

تظلمي قدم في:

CENTCOM 010727

08-12A-A526-00005

My claim arose on: 5 / 24 / 2008
Month Day Year

قدم في: _____ شهر _____ يوم _____ الب

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.)

She said on 8-22-2007 her husband involved
in accident. When he was going to Baghdad and
The C.F vehicle came opposite direction hit the
car in front Resulting to damaged and driver
was died. that near Haloon-DORA closed
to Salaam bridge is location of accident.

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>The car damaged and driver was died.</u>	
<u>Model, Opel, Make, (b)(6)</u>	
<u>Total: \$ 15,000</u>	

بالتفصيل متى تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة التبرعات والتمسكات والفواتير الضرورية لكل شيء)

تكاليفه _____ لمقتصر
_____ الكلفة

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

No Insurance

أمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ 15,000

I.D. _____

أب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية _____

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

بقا (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.

من 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 مغلغل أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عواقب جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 24 day of 5, 2008.

(Signature of Witness)

(Printed Name)

ENCLOSURE I (Claims Form)

CENTCOM 010729

08-12A-A526-00007

Claims Form

Foreign Language

Name: (b)(6) الاسم:

Address: (b)(6) العنوان:

Phone Number: (b)(6)

I am Iraq أنا
a. A national citizen of: Iraq ا. اهل جنسية: Iraq

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

c. Employed by: / ت: اعمل 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)

CEO 2-14 Sep

انني اتظلم لدي حكومي للولايات 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.)

Car Accident Death

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

My claim arose at: High Way near Aldura Area Baghdad Iraq
(Town) (City) (Country)

تظلمي قدم في: القرية المدينة البلد أو المحافظة

CENTCOM 010730

08-12A-A526-00008

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

_____ JO INSURE _____

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ 15000 _____ I.D. _____

أطالب بتعويض للأضرار يوازي (أكتب 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 _____ 1 day of Dec, 2007.

(Signature of Witness)

(Printed Name)
CENTCOM 010732

08-12A-A526-00010

foreign language

full story

The claimant said while her husband was [redacted] (b)(6)
on the high way at Adura area he exposed to [redacted] foreign language
An accident by Coalition forces [redacted] caused him [redacted] foreign language
Death - and her husband was sole provider for the [redacted] foreign language
family - and she asks for compensation -

(b)6 Foreign Language

Sir,
Claimant said she was
turned in the claim on
NOV. 2007 it lost in our
OFFICE, this one is
Second claim .
Thanks &

Pages 14 through 15 redacted for the following reasons:

(b)6 Foreign Language

(b)(6), foreign language

death certificate

Page 17 redacted for the following reason:

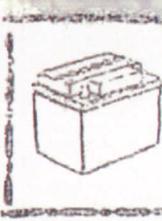
(b)6 Foreign Language

Foreign Language Text, (b)(6)

Dear Carl protect Echmeba

CENTCOM 010740

08-12A-A526-00018



Foreign Language Text



№ 1

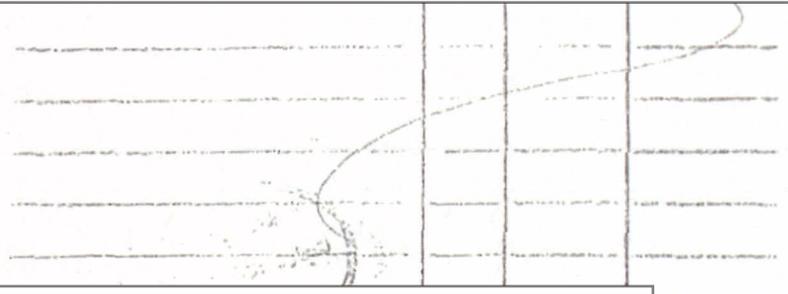
(b)(6)

Receipt low car

Foreign Language Text

Batter
tire

foreign language



foreign language, (b)(6)

Foreign Language Text

القطار

Foreign Language Text

foreign language

foreign language

foreign language

المبلغ الكلي

\$ 200

\$ 600

\$ 350

\$ 150

\$ 400

\$ 3600

\$ 450

\$ 350

\$ 400

\$ 500

Spare parts of the vehicle

foreign language

foreign language

\$ 6500

foreign language

6350

foreign Language T

Language

foreign language

foreign language, (b)(6)

\$ 800

\$ 700

\$ 1500

foreign language

Page 22 redacted for the following reason:

(b)6 Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

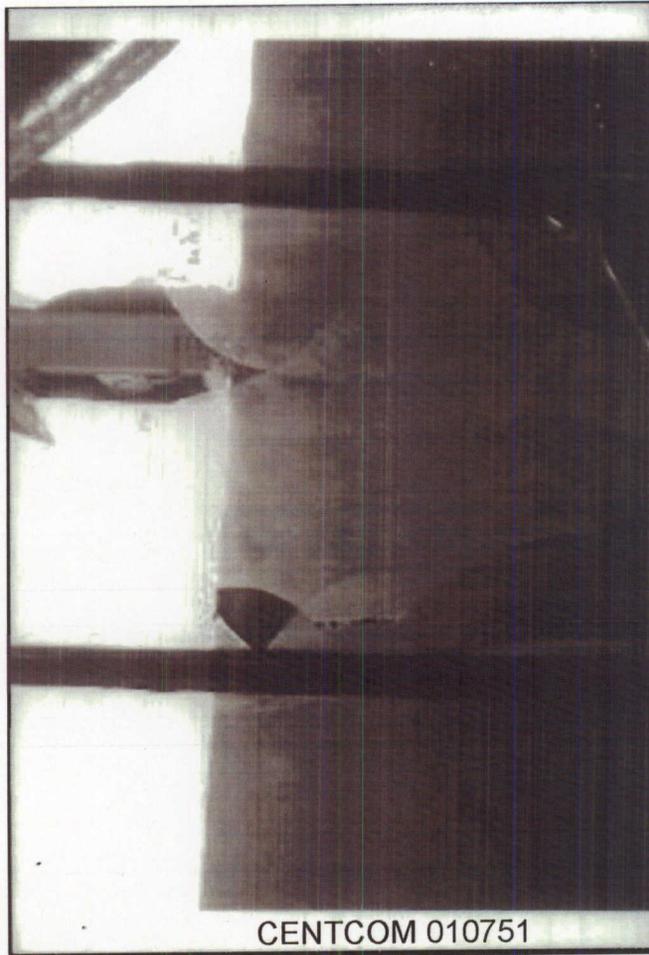
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



CENTCOM 010750

08-12A-A526-00028



CENTCOM 010751

08-12A-A526-00029



CENTCOM 010752

08-12A-A526-00030



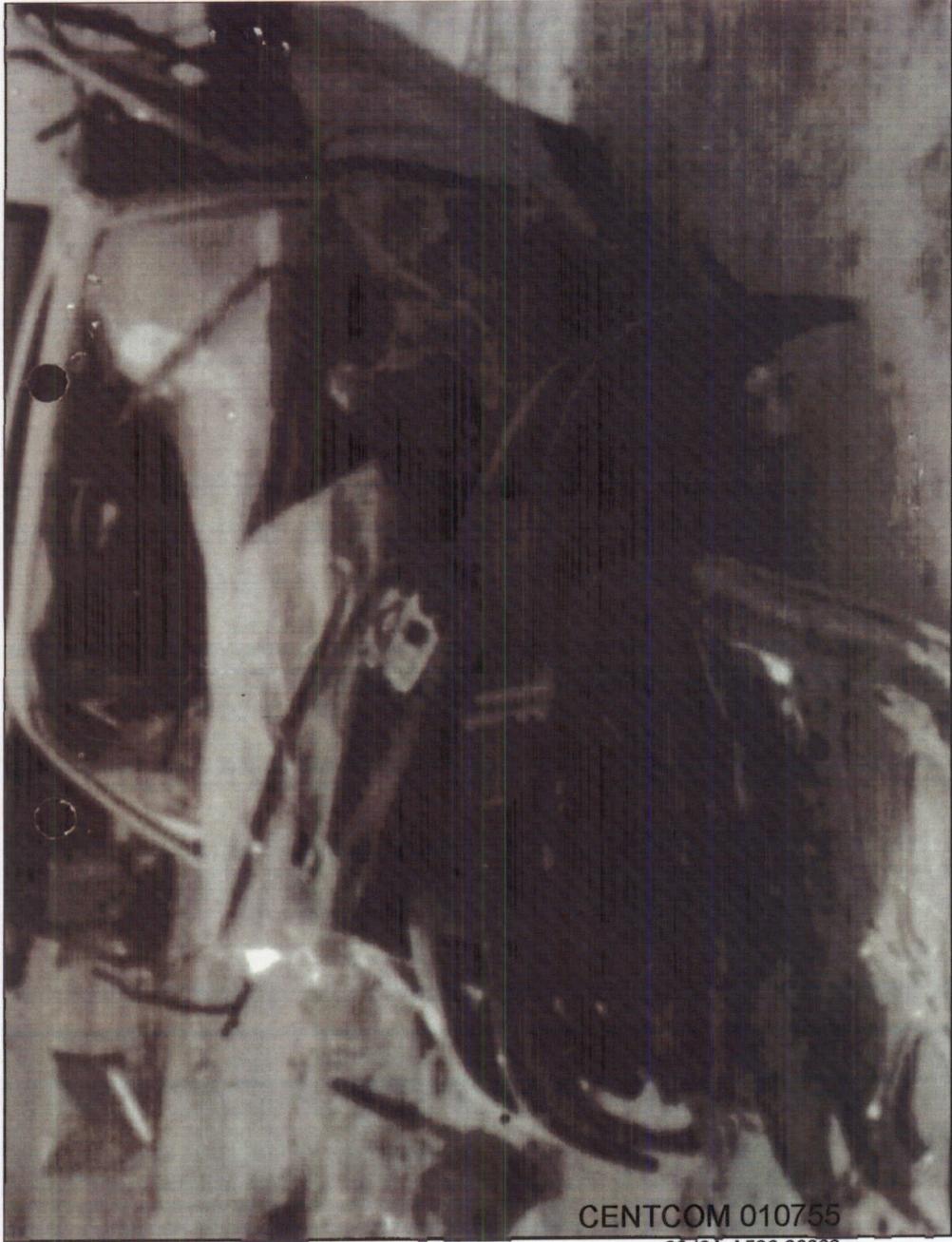
CENTCOM 010753

08-I2A-A526-00031



CENTCOM 010754

08-12A-A526-00032



CENTCOM 010755

08-I2A-A526-00033