HIGH PRIORITY
DED

(b)(3), (b)(6) no evidence

Deny
NO CERP

A706

Claim Number: 08-I2A-A705

Name: (b)(6)

Date of Incident: 31-Jul-06
Date Received: 4-Sep-08
Amt Req: $25000

Summary: Claim by R6 for woman with son shot in head

Circle Decision, Fill-in Date, and initial

DENY	INVESTIGATE	PAY - $_____
DATE 4SEP	DATE	DATE
INIT (b)(3), (b)(6)	INIT	INIT

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

___ TIGRnet
___ SIGACT
___ 15-6
___ Claims Card

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

NOTES:

X **CERP**
$2,500 PER R6
(b)(3), (b)(6)

COIN LADY

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

REPLY TO ATTENTION OF

AFYB-IN-CDR

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment - (b)(6)

1. I have conducted an initial review of the circumstances surrounding the events of 31-Jul-06, which resulted in a claim by (b)(6)

2. In accordance with the applicable statues and the investigation into your claim, your claim is not compensable. After a search of records of the date in question the evidence provided showed that the damages were not a result of negligence by the U.S. Military I do, however, authorize the payment of CERP condolence funds t (b)(6) in the amount of $2500.00 to paid in Iraqi Dinar. I have determined that a condolence payment is necessary and appropriate for the damage caused by U.S. Forces.

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

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

COL, AR
Commanding

I have reviewed the proposed condolence payment authorized by COL (b)(3), (b)(6) He is authorized to approve payments in the stated amount. Based on the circumstances of the accident, the use of CERP funds to make a condolence payment complies with the MNC-I CJ8 SOP, Money as a Weapons System, dated 15 May 2008.

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

MAJ, JA USAR
Brigade Judge Advocate

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

Ms. (b)(6)
(b)(2)High
SUBJECT: Claim # 08-I2A-A705

08 SEP 2008

Dear Ms. (b)(6)

I am writing to offer my sincere, heartfelt condolences to you for the tragic loss of your son. I am extremely sorry for the tragedy that has befallen your family. Even though I am a Soldier, I am also a father. I know firsthand the love that a parent has for their children. I can only imagine the tremendous pain and heartache that you must feel since the passing of a beloved son.

In sympathy for the tragic loss of your son and for the damage to your property, I have authorized that a payment of $2,500.00 be made to you as a gesture of condolence on behalf of the United States Government. I know that this sum of money may be of little consolation to you in light of your tremendous loss. However, I have conferred with my brigade's legal advisors and have been informed that $2,500.00 is the maximum amount of money that I am authorized to pay you pursuant to our laws and regulations under the circumstances surrounding the death of your son.

I earnestly wish and pray that there will be better days ahead for you and your family. I hope that your little grandson provides you with tremendous pride and joy, now and for many years to come. I trust that you will have fond memories of your son each time that you look into your grandson's eyes.

With deep respect and warmest regards,

Sincerely,

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

(b)(3)(b)(6) Colonel, United States Army
Commanding

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER

ORDER NO.
Requisition # (b)(2)High

PRINT NAME AND ADDRESS OF SELLER *(Number, Street, and State)**

PAYEE
Payee Name (b)(2)High
Address Iraq/ Baghdad

Furnish Supplies or Services to (Name and address) HQ, 1BCT, FOB Falcon, Iraq, APO AE 09361

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	1		

AGENCY NAME AND BILLING ADDRESS*

PAYOR
24th FINANCE COMPANY
CAMP LIBERTY, IRAQ
APO AE 09352

Total
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY *(Signature and title)*
SFC (b)(3)(b)(6) 1BCT PPO

PURPOSE AND ACCOUNTING DATA (block 19 of DA 3953)
(b)(2)High
(b)(2)High
(b)(2)High $50,000.00

PURCHASER – *To sign below for over-the-counter delivery of items*

RECEIVED BY
PAY AGENT
1LT (b)(3), (b)(6) SIGNATURE
TITLE
CERP Pay Agent/ HQ, 1BCT
DATE

SELLER – *Please read instructions on Copy 2*

PAYMENT RECEIVED
IQD

☐ PAYMENT REQUESTED
N/A

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER
(b)(6)
Signature see receipt
Date

I certify that this account is correct and proper for payment in the amount of

IQD = $2500.00 USD

DIFFERENCES
NONE

ACCOUNT VERFIED CORRECT FOR
BY

1LT (b)(3), b(6)
Authorized certifying officer **(PAYING AGENT ONLY)**

PAID BY CASH
OR
(Check No.)
DATE PAID
VOUCHER NO.

*PLEASE INCLUDE ZIP CODE

1. SELLER'S INVOICE
(See instructions on Copy 2)

STANDARD FORM 44A (Rev. 10-83)
PRESCRIBED BY GSA
FAR (48 CFR) 53.213(c)

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

REPLY TO
ATTENTION OF

04 SEP 2008

SUBJECT: Claim # 08-I2A-A705

(b)(6)
Baghdad, Iraq

Dear Ma'am:

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 July 31, 2006. However, in accordance with the cited references, applicable statues, and the investigation into your claim, your claim is not compensable. After a search of records of the date in question the evidence provided showed that the damages were not a result of negligence by the U.S. Military Accordingly, your claim is denied.

Based on the incident, I have recommended your claim for consideration under a different program which may compensate you for your loss.

Sincerely,

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

MAJ, JA USAR
Foreign Claims Commission I2A

Page 7 redacted for the following reason:
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Already Reviewed and Redacted for Release

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

REPLY TO
ATTENTION OF

CERP RELEASE AND SETTLEMENT AGREEMENT

I (b)(6), of **Baghdad, Iraq,** hereby agree to accept the sum of **$2500.00** to be paid in Iraqi Dinar as payment in full satisfaction and final settlement of any and all claims against the United States of America.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from events on 31-Jul-06.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10,

U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this _____ day of _____ 2008, at Baghdad, Iraq.

_____
Claimant Signature
Name: (b)(6)
Address: Baghdad, Iraq

_____
Witness Signature

_____
Witness Signature

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Already Reviewed and Redacted for Release

Claims/Condolence Form
طلب تظلم

Name: (b)(6) الأسم:

Address: (b)(2)High العنوان:

I am
أنا

a. A national citizen of: IRAQi أ. أحمل جنسية:

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

c. Employed by: / ت: أعمل 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 accident son was shot on Roof by C.F

أننى أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابت التى 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.)

Incident death

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطار الممتمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

My claim arose at: Doura (Town) Bashdad (City) IRAQ (Country)

تظلمى قدم فى: القرية المدينة البلد أو المحافظة

My claim arose on: 9 / 1 / 2008
Month Day Year

تظلمى قدم فى: _____
السن 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 the CIF Patrol came to their Area and his son went on Roof was looking

بإختصار أشرح ما حدث والأضرار التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء أستعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

at them and was shot in his head that caused the same time. Accident occurred on 7-31-2006 between 2:00 & 2:30 am.

Also witness stated that a victim was standing by window and was shot.

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
his son was shot and caused death.	

Total: $ 12,000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة: _____

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

NO INSURANCE

لدي تأمين علي الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

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

$ 12,000 I.D. _____

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكى أو العملة المحلية)

$ _____ العملة المحلية _____

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

سابقا (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 علمى طلب 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 فأن تقسم على أن كل المعلومات المقدمة فى هذا اتظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

_____
(Signature of Claimant)
(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 9 day of 9, 2008.

_____
(Signature of Witness)

_____
(Printed Name)

foreign language

foreign language

Foreign Language Text

foreign language

foreign language

foreign language

أد

التقدير

foreign language

Medical Reported

According to the Doctor au[illegible]

oreign Language Te:

foreign language

description that a victim was died because shot in his head caused fraction bone and bleeding it was reason of death.

foreign language

foreign language

foreign language

foreign language, (b)(6)

(b)(6), Foreign Language Text

foreign language, (b)(6)

Claimant Reported accident to Police.

foreign language, (b)(6)

Police Reported that he
saw a victim in YARMOUK
hospital and caused of
death.

foreign language, (b)(6)

Foreign Language Text

Police refused
consent of death

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

Foreign Language Text, (b)(6)

Police Reported accident
to Judge

Pages 19 through 20 redacted for the following reasons:
- -
(b)6 Foreign Language

)(2)High, (b)(

(b)(6)

(b)(2)High

CENTCOM 010776

08-I2A-A705-00021

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(b)6 Foreign Language

foreign language, (b)(6)

أدناه:

foreign language, (b)(6)

General Information Center
AL-RASHID
Caseworker
AL-RASHEED GIC
14/9/2006

Claimant Statement

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(b)6 Foreign Language

AL RASHEED GENERAL INFORMATION CENTER

مركز معلومات قاطع الرشيد

NO: 14
DATE: 4 October 2006

TO: CA Team – MAJ. (b)(3), (b)(6)

SUBJECT: Complaint

Sir,

Mr. (b)(6) claims that his son was killed by a U.S. sniper while he was trying to look from the roof of his house on July 31st, 2006. The time was between, 2:00 AM & 2:30 AM. The family lives in (b)(2)High

(b)(2)High

This is the operational area for (2 – 6) infantry. Please verify with them if this is true so to accept or deny the claim.

With Best Regards...

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

(b)(6) GIC

Foreign Language Text, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

Claimant Statement
to Judge Report
accident that [illegible]
heard the CF Patrol he went on
Roof and was shot by CF

Foreign Language Text

foreign language, (b)(6)

foreign language, (b)(6)

The claimant Reported
accident to Judge.

foreign language, (b)(6)

Foreign Language Text

the Same Reported
to Judge

foreign language, (b)(6)

Witness Statement said that
the victim was standing behind curtain
in house was looing for C.F Patrol
and got shot in his head. and
was died at the same time

Foreign Language Text

foreign language, (b)(6)

Foreign Language Text

Judge Reported confirmed
the claimant accident.

foreign language, (b)(6)

Certificate Death
Date of Death. 7-31-2007
Reason of death. Shot

Foreign Language Text, (b)(6)