

Foreign Language



27-Jan-2009
09-M-341

(b)(6)

Foreign Language

(b)6 Foreign Language

Claim Number: 08-I2A-M341

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

Name: (b)(6)

Date of Incident: 6-May-07

Date Received: 29-Jan-09

Amt Req: \$4166

Summary:

CF opened fire on claimants son killing him. Includes police report and death certificate.

Circle Decision, Fill-in Date, and initial

<u>DENY</u>	INVESTIGATE	PAY - \$ _____
DATE 30 Jan 09	DATE	DATE
INIT (b)(3), (b)(6)	INIT	INIT

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

- TIGRnet
- SIGACT
- 15-6
- Claims Card

NOTES:

 CERP

Page 3 redacted for the following reason:

(b)6 Foreign Language

foreign language

The claimant reported incident
to the judge

foreign language, (b)(6)

foreign language, (b)(6)

foreign language

مع التقدیر

The Police Reported the claimant
incident to the Judge

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The witness confirmed the claimant
incident to the police that her
son was killed by the CF on 5-6-2007

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foreign language, (b)(6)

The witness confirmed the claimant ^{Abuse} incident to
the Police that her son was killed by the CF
on 5-6-2007.

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Foreign Language Text

The Police Reported that investigation
Papers work was done by his OFFICE.

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foreign language, (b)(6)

The Judge Reported that the corporal
son was killed.

(b)(6), foreign language



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foreign language, (b)(6)

Court death information

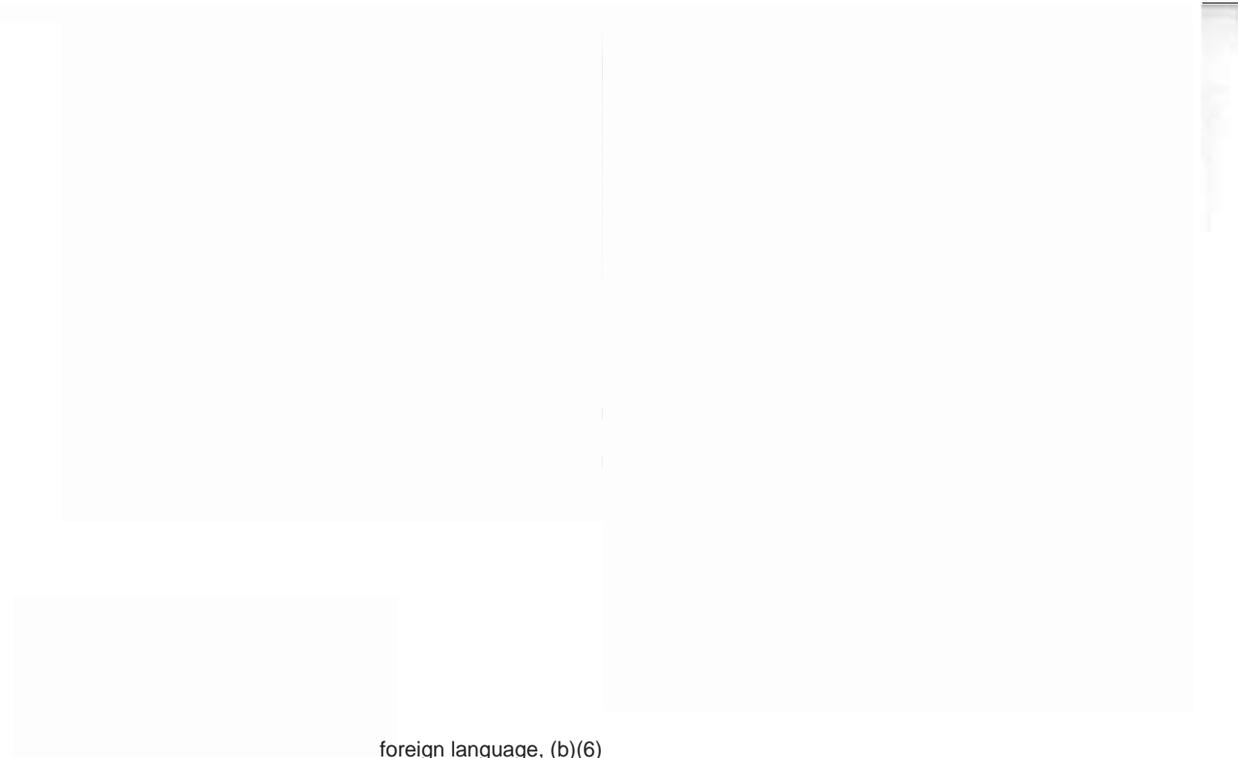
(b)(6), Foreign Language Text

Name omer (b)(6)

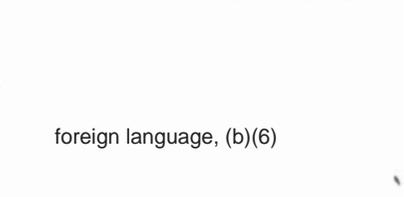
Date of death. 5-6-2007

Place of death. Baskdal.

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foreign language, (b)(6)



foreign language, (b)(6)

from. health Department
information about the victim

Name: omer

(b)(6)

Date of death: 5-6-2007

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foreign language, (b)(6)

The claimant she owed the Government
50,000 Dinar as bail.

foreign language, (b)(6)

the same statement

foreign language, (b)(6)

The Judge Statement

CENTCOM 010802

Foreign Language Text, (b)(6)

The same

Foreign Language Text

The Judge Reported

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

POWER ATTORNEY

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Foreign Language Text

Foreign Language Text, (b)(6)

Copy of death
Certificate.

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

SUBJECT: Claim # 08-I2A-M341

(b)(6)

Baghdad, 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 May 6, 2007. However, in accordance with the cited references and our investigation of the operational records concerning your claim, your claim is not compensable. After a search of records of the date in question, the evidence provided showed that damages were the result of combat operations. Damages directly or indirectly related to combat operations are not compensable. 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
Foreign Claims Commission I2A.

CENTCOM 010807

Cell Phone Number: _____

Claims Form
طلب تظلم

Name: _____ (b)(6) الاسم:

Address: _____ (b)(2)High العنوان:

I am

a. A national citizen of: IRAQI أنا احمل جنسية:

b. A permanent resident of _____ (b)(2)High ب. عنواني الدائم:

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)

The incident shot by the C.F and unknown Armed

انني اتظلم لدي حكومي الولايات المتحدة للاضرار والاصابت التي نجت 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 claimant son was died -

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب، أو عائل فالرجاء اخطار المستمكات التي تحولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين.
املأ التظلم بالاسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: ALDoura
(Town)

Peshdad
(City)

IRAQ
(Country)

CENTCOM 010808

البلد أو المحافظة

المدينة

القرية

تظلمس قدم في:

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)

\$ 4,166 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 (قلت) (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 تعظماً (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 مغفلق 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 27 day of Jan, 2009.

(Signature of Witness)

(Printed Name)

ENCLOSURE 1 (Claims Form)

CENTCOM 010810

Pages 23 through 25 redacted for the following reasons:

(b)6 Foreign Language

Foreign Language Text, (b)(6)

CENTCOM 010814

[REDACTED]

Foreign Language Text, (b)(6)

[REDACTED]