

A claim

(b)(6)

Father of Two Dead
people from CTS operations
in

(b)(2)High

in 28/10/2007
killed by
A Helicopter
Helicopter

1-
2-

(b)(6)

The Dead people are:

Claim Number: 1/1CAV-1492

Name: (b)(6)

Date of Incident: 28-Oct-07

Date Received: 31-Dec-07

Summary:

Claimants two sons were killed by CF helicopter (1007)

Circle Decision, Fill-in Date, and initial

<input checked="" type="radio"/> DENY	INVESTIGATE	PAY - \$ _____
DATE 7 Jan 08	DATE	DATE
INI (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

(b)(6), (b)(6) ALREADY BEEN PAID CERP.

NOTES:

 CERP

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

Claims Coversheet

Claim #: 1007

Date Submitted: 30 Dec 07

Claimant Information

Last Name: _____

Claimant Address: _____

(b)(2)High

Middle Name: _____

(b)(6)

Claimant Contact Number: _____

First Name: _____

Incident Information

- Vehicle Accident
- Loss of Property
- Raids/Cordon/Seizures
- Accident/Negligent Fires
- Real Property Damage
- Other

Incident Date: 28 Oct 07

Incident Location: CLS check point

Amount Claimed: 17,000 \$

Estimates Included? YES NO

Claim Card or Note? YES NO

Denial Reasons

- Insufficient Evidence
- Combat Exception (CERP)
- US Involvement
- Lack of Causation
- Statute of Limitations
- Not a Property Claimant
- Non-Cognizable Claim

Investigation Notes:

1 JAN 08 Everyone from CLC Engagement on 28 OCT 07 has already been compensated by Company Commander.

Adjudication Notes:



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM
1ST CAVALRY DIVISION
CAMP TAJI, IRAQ APO AE 09378

January 8, 2008

Foreign Claims Commission I94

(b)(6) - 1/ICAV-1492
(b)(2)High Iraq

Dear Sir:

You have submitted a claim seeking compensation for the loss of your sons. 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.

Allow me to express my sympathy for the loss of your loved ones from events occurring on October 28, 2007. However, in accordance with the cited references and the investigation into your claim, your claim is 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)

Captain, US Army
Foreign Claims Commission

CENTCOM 014090

1-CAV-1492-00005

CLAIMS INTAKE SHEET

Name:	(b)(6)
Phone #:	
Date Filed:	22 DEC 07
Date of Incident:	28 OCT 07
Location of Incident:	(b)(2)High
Amount Claimed:	
Claims Card:	Yes: _____ No: <u>X</u>
Unit Involved:	

Brief Description of Incident:

Helicopter attacked CLC CP,

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

Supporting Documents:

~~Already~~ Claimant spoke with CPT (b)(3), (b)(6) and gave them files on each sor

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

Claimant's Name

Foreign Language

Name:

(b)(6)

الاسم:

Address:

(b)(2)High

العنوان:

I am

a. A national citizen of:

Iraq

أنا أحمل جنسية:

b. A permanent resident of:

ب. عنواني الدائم:

c. Employed by:

CIS

ت: اعمل لدي:

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

US Forces

أنا أتقدم لدي حكومة الولايات المتحدة للأضرار والإصابات التي تسببت من: (الوحدة العسكرية، المنظمة، العنوان، العنوان المنزلي، المؤسسة، القسم العسكري، العنوان، ورقم الهاتف)

If 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)

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 بالاسم للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصيبتهم.)

My claim arose on: Oct 28 2007
Month Day Year

تظلمى قدم فى:

المن شهر يوم

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 helicopter attacked CLC CP,
killed my two sons

باختصار اشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسمية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر الكفى)

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

Total: 7000 \$

اشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسمية وتكلفتها (الزجاج إضافة الثبوتات والممتلكات والنواير الضرورية نكل متى لوحدة)

الشئ المتضرر

إجمالي التكلفة:

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

لدي تأمين على الممتلكات ضد الضرر الجسدي المتضرر بما يوازي:

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

\$ _____ I.D. _____

أطالب بتعويض لأضرار 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.

أحسن علمي طلبت نظام (قمت) (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.

بالتوقيع أسفل هذا النظام فإن تقسم على أن كل البيانات المقدمة في هذا النظام هي صحيحة وحقيقية أو شخص يحاول تقديم نظام كاذب أو مقلد أو يزور النظام ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع المتظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this _____ day of _____, 200_____

foreign language

Death & casualties declaration

Page 11 redacted for the following reason:

(b)6 Foreign Language

Death Certificate

foreign language, (b)(6)

foreign language, (b)(6)

Death certificate

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CENTCOM 014098

1-CAV-1492-00013

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Foreign Language



Foreign Language Text, (b)(6)



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