

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

2-070-5

07.0057

(b)(6)

Foreign Language Text, (b)(6)



REPLY TO  
ATTENTION OF:

AFZS-B-JA

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 4TH BRIGADE COMBAT TEAM  
10TH MOUNTAIN DIVISION (LIGHT)  
CAMP LOYALTY, IRAQ 09390

16 February 2008

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM I16/07-0657:

Claim of: (b)(6)  
Address: (b)(6)

Date Filed: 11/1/2007 12:00:00 AM

Amount Claimed: \$12000.00

Claimed Loss: Claimant's son killed by small arms involving C.F.

Claim Number: 2.0705

1. Your above-mentioned claim is disapproved.
2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code 1:
  1. Loss was a result of Combat Operations
  2. The filing claimant is an improper claimant
  3. Claim lacked evidence supporting U.S. negligence or fault
  4. Claim lacked evidence to prove a loss
  5. Loss was a result of Anti-Coalition Forces
  6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
  7. Statute of Limitations Expired.
4. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.
5. POC for this memorandum is SSG (b)(3)(b)(6) FOB Loyalty, @ VOIP 675-1018.

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

CPT, JA  
FOREIGN CLAIMS COMMISSION

CENTCOM 017899

I16-07-0657-00003

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0705

USARCS NUMBER: 07-0657

Date Received: 01-Nov-07

Name: (b)(6)

Address: (b)(6)

Claim Summary: Claimant's son killed by small arms involving C.F.

Date of Incident: 13-Jul-07

Amount Requested: \$12,000.00

(b)(5), (b)(3)(b)(6), (b)(2)High

CERP CONDOLENCE CONSIDERATION

EOF: Yes No  
CJA recommend CERP in the amount of \$ \_\_\_\_\_  
\_\_\_\_ Memo for COL Bannister  
\_\_\_\_ Coversheet  
\_\_\_\_ Memo Notifying Claimant  
\_\_\_\_ Log in Tracker

Form as of: 20 Aug 06

Date entered into USARCS Database: \_\_\_\_\_

CENTCOM 017900

116-07-0657-00004

(b)(6)

Claims Form

Claim# 2-070-5

Date: 30<sup>th</sup> Oct 2007

GICof / 9 NISSAN

To: United States Army Foreign Claims Commission.

Claimant Name (b)(6)

Relationship: The victim's father

(b)(6)

National of: Iraqi Claimant's Address: Neighborhood

Q 779 St# 9 H# 1 Ph: (b)(6)

Have you filed a claim before?  Yes  NO

Damage type:  Death  Injury  Car  House  Furniture  Other

Place of incident: St. Kamaliyah main road Town, Kamaliyah

City: Baghdad Country: Iraq

Date of incident: Time 1100 AM Day: 13<sup>th</sup> Month: July Year: 2007

Give a brief statement of the accident or incident. An American patrol was shooting randomly shot the bus which the victim was riding and killed him.

Did you receive a claims card from the military unit that caused the incident?

Yes  No  They didn't stop

List in detail the value of the property damage and itemized expenses resulting from the property damage or personal injury:(Attach bills)

| Item  | Amount: \$ | Amount: ID |
|-------|------------|------------|
| Death | 12,000.00  |            |
|       |            |            |
|       |            |            |
|       |            |            |
|       |            |            |

Total 12,000.00 U.S.D

List of attached document.

|                            |                                     |                |                          |
|----------------------------|-------------------------------------|----------------|--------------------------|
| Identity                   | <input checked="" type="checkbox"/> | House document | <input type="checkbox"/> |
| Certificate of Nationality | <input checked="" type="checkbox"/> | Car document   | <input type="checkbox"/> |
| Ration card                | <input checked="" type="checkbox"/> | Claim card     | <input type="checkbox"/> |
| Residence card             | <input checked="" type="checkbox"/> | Bill           | <input type="checkbox"/> |
| Picture                    | <input type="checkbox"/>            |                |                          |
| IP Report                  | <input checked="" type="checkbox"/> |                |                          |
| Certificate of death       | <input checked="" type="checkbox"/> |                |                          |

Signature of claimant (b)(6)

Date: 30<sup>th</sup> Oct 2007

Print Name (b)(6)

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheets if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008

1. Submit To Appropriate Federal Agency:

506th RCT Legal Office  
Camp Loyalty, Iraq  
APO AE 09390

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)

(b)(6)

3. TYPE OF EMPLOYMENT

MILITARY  CIVILIAN

4. DATE OF BIRTH

17 July, 1952

5. MARITAL STATUS

Married

6. DATE AND TIME OF ACCIDENT

13<sup>th</sup>, July, 2007 1100 AM

7. Cause of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof.) (Use additional pages if necessary.)

An American patrol was shooting randomly shot the bus which was my son riding and killed him.

PROPERTY DAMAGE

8. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

Same as above.

9. BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGES AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

U.S Forces killed my son.

10.

PERSONAL INJURY/PERSONAL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

11.

WITNESSES

NAME

ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WHOLE OR PARTIAL DEATH

12,000.00

12d. TOTAL (Factors to specify may cause forfeiture of your rights.)

12,000.00 U.S.D

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)

(b)(6)

13b. (See number of signatory)

(b)(6)

14. DATE OF CLAIM

30<sup>th</sup> Oct 07

CIVIL PENALTY FOR FRAUDULENT  
FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

CIVIL PENALTY FOR FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 202, 1001.)

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-65)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

USGPO: 1978

CENTCOM 017903

116-07-0657-00007

Page 8 redacted for the following reason:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

(b)(6), Foreign Language Text

Page 10 redacted for the following reason:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017907

I16-07-0657-00011

Page 12 redacted for the following reason:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

Certificate of Death

Certificate Number

(b)(6)

original date

13 Jul 07

Republic of

Iraq

Ministry of Health

The Counting of  
Life and Health  
Section

1. Name of death person

(b)(6)

2. Sex - m

3. Nationality - Iraqi

4. Religion - muslim

5. Job

(b)(6)

6. marital status - married

7. Date of Birth

(b)(6)

8. Place of Birth

(b)(6)

9. Governor - Baghdad

10. Residence

(b)(6)

11. Date of Death 13 Jul 07 time 10:00 Am

12. Place of Death - Al Fedhiliyah

13. Name of Dead's father

(b)(6)

14. Name of Dead's mother

(b)(6)

15. Name of the Reporter

(b)(6)

16. Relationship - article

17. his address - Same address

18. Certificate of medical death

(A) Fire shooting in his chest  
result by accident from  
American forces received  
by memorandum of Al-Khansab police station

The Dr. place work

(b)(6)

Name of the Dr.

(b)(6)

Stamp of

Ministry of health

Al-Rusafah office.

(b)(6), Foreign Language Text

CENTCOM 017911

116-07-0657-00015

Pages 16 through 18 redacted for the following reasons:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

Al-Khansaa police

station

15 Jul 07

Site Judgment of Al-Jazeera Baghdad  
Investigation of honorabul

① on time 1100 on date 15 Jul 07 and where the area is an  
Patrol passing on high way in Al-Fadhiliyah area.  
near in (Garbage area) I.E.D blow up and after  
the forces <sup>above</sup> undertake to fire shooting and randomly  
shoot on the peoples who was near in accident place  
and caused to merge many of peoples and injured  
others. and we organized the continer investigation

② I record all the statements of Reporter

(b)(6)

and he Report where the

randomly shooting.

and the merge brother of

(b)(6)

Birth

(b)(6)

③ I record also all the statement of

(b)(6)

(b)(6)

when the

randomly shooting

and his brother son get murther

his name

(b)(6)

Birth

(b)(6)

④ I record down all the statement of Craig

(b)(6)

and she report the same thing randomly shooting

his friend get killed his name

(b)(6)

⑤ I record all the statement of

(b)(6)

and he reporting randomly shooting.

(b)(6)

Birth

(b)(6)

murther during the accident

⑥ I record all the statement of

(b)(6)

and he reporting the randomly shooting.

his brother get killed his name

(b)(6)

and he killed during the

accident

Pages 21 through 25 redacted for the following reasons:

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FOREIGN LANGUAGE DOCUMENT

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

(b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

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CENTCOM 017922

116-07-0657-00026



Foreign Language Text

