

Page 1 redacted for the following reason:

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(b)(2)High, (b)(6)



DEPARTMENT OF THE ARMY  
Company C, TASK FORCE RANGER  
2<sup>ND</sup> INFANTRY BRIGADE COMBAT TEAM, 2<sup>ND</sup> INFANTRY DIVISION  
FOB RUSTAMIYAH, IRAQ APO AE 09390

REPLY TO  
ATTENTION OF:

AFZN-BCB-C

30 MAY 2007

MEMORANDUM FROM TASK FORCE RANGER

SUBJECT: Death of (b)(6) 's Son

1. On 12 May 2007 (b)(2)High accidentally killed (b)(6) son. (b)(6) received an undisclosed amount of money for a grievance payment for this unfortunate accident.

2. POC for this memorandum is the undersigned @ (b)(2)High

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

1LT, FA  
FSO

CENTCOM 011768



REPLY TO  
ATTENTION OF:

AFZC-B-JA

DEPARTMENT OF THE ARMY  
Headquarters, 2<sup>nd</sup> Brigade Combat Team (2ID)  
1<sup>st</sup> Cavalry Division  
Camp Loyalty, Iraq 09390

14 June 2007

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM I48/07-0386:

Claim of: (b)(6)

Address: (b)(6) baghdad, Iraq (b)(6)

Date Filed: 09-Jun-07

Amount Claimed: \$10,000.00

Claimed Loss: Claimant's son killed by small arms involving CF

Claim Number: 0.0170

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 SF(b)(3), (b)(6), FOB Loyalty, @ VOIP (b)(2)High

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

CPT, JA  
FOREIGN CLAIMS COMMISSION

CENTCOM 011769

Claim# 2-018-5

Date: 22<sup>nd</sup> May 2007

GICof / 9 NISSAN

(b)(6)

To: United States Army Foreign Claims Commission

Claimant Name (b)(6) Relationship: The Victim's father

National of: Iraq Claimant's Address: Neighborhood (b)(6)

Q (b)(6) St# (b)(6) H# (b)(6) Ph (b)(6)

Have you filed a claim before?  Yes  NO

Damage type:  Death  Injury  Car  House  Furniture  Other

Place of incident: S (b)(6) Town: New Baghdad

City: Baghdad Country: Iraq

Date of incident: Time 4:00 AM Day: 13<sup>th</sup> Month: May Year: 2007

Give a brief statement of the accident or incident. An American patrol raided his son's house and opened fire inside the house and shot his son 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	10,000.00	

Total 10,000.00 U.S.D

List of attached document.

Identity	Memo. for task force Ranger
Certificate of Nationality	
Ration card	
Residence card	
Certificate of death	
I.P. Report	

Signature of claimant (b)(6) Date: 22<sup>nd</sup> May 07

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 sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1505-0018

1. Submit to Appropriate Federal Agency

2. Name, Address of claimant and claimant's personal representative, if

1a. Brigade combat team (3ID)

1b. Army division

(b)(6)

1c. Camp Loyalty Iraq 098390

3. TYPE OF EMPLOYMENT 1. MILITARY <input type="checkbox"/> 2. <input checked="" type="checkbox"/> <b>CIVILIAN</b>	4. MARITAL STATUS <b>Married</b>	5. DATE AND DAY OF ACCIDENT <b>13<sup>th</sup>, May, 2007</b>	6. TIME (A.M. OR P.M.) <b>4:00 AM</b>
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7. STATE OF CLAIM (State to 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).)

(b)(6) An American patrol raided my son's house. During the patrol got into the house opened fire toward (b)(6) 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 DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

U.S Forces killed my son.

**PERSONAL INJURY OR DEATH**

10. 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 DECEASED.

**WITNESSES**

11. 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. WRONGFUL DEATH

12d. TOTAL (Failure to specify may constitute forfeiture of your rights.)

10,000.00

10,000.00 U.S.D

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND LOSSES 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. Phone number of signatory

(b)(6)

14. DATE OF CLAIM

22<sup>nd</sup> May 07

**CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM**

Whoever claims 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. 3728.)

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**

Fine of not more than \$70,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

STANDARD FORM 95 (Rev. 7-85)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 FEB 88

CENTCOM 011771

Page 6 redacted for the following reason:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 011773

Foreign Language Text, (b)(6)

Pages 9 through 12 redacted for the following reasons:

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(b)(6), Foreign Language Text  
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Pages 14 through 17 redacted for the following reasons:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)