

Page 1 redacted for the following reason:

(b)6 Foreign Language

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0527

USARCS NUMBER: 1416-05

Date Received: 15-Sep-05

Name: (b)(6)

Address: (b)(6) Baghdad, Iraq

Claim Summary: Claimant's vehicle was engaged at a check point causing the death of his son.

Date of Incident: 18-Feb-05

Amount Requested: \$10,000.00

Recommendation: [] Approval [X] Denial []
Investigation *d.c. 1*

Date Reviewed by OIC:

Claim Is: [] Approved in the amount of \$_____.

[X] Denied. Denial Code 1

[] On hold pending investigation findings.



Iraqi Claims Form



Iraqi Claims Form

The Army may pay claims to Iraqi civilians for property damaged, injury and death caused by US Forces.

If your unit is involved in an incident resulting in damage to property of an Iraqi civilian or injury or death of an Iraqi civilian:

1. Fill out the required information below:

2. Give this card to the Iraqi civilian or other

appropriate person in the case of death.

3. Direct them to the Government Information Center

located at either the 9 Nisan District Advisory Council

Building in Mahaba 731 (Old Military Hospital) or the State

City District Advisory Council Building located in Mahaba

514

UNIT Unknown

DATE 18 Feb 85

LOCATION Fuel Station in Salman Park

DAMAGE Boatman Killed

NAME (optional)

Damage to vehicle bullet holes in windshield
Back windows broken out, left front corner dented,

بطاقة طلب تعويض

العراقيين

1- سألتم هذه البطاقة من جندي أمريكي عندما سئركم طاقك للتعويض محفوظاً

لدى المركز الحكومي للمعلومات في إحدى المراكز التالية:

1- مديرية الصدر (الفرس) - المركز الحكومي للمعلومات - بناية المجلس

الاستشاري في

المجلس - صفة 514 قرب مقر القيادة العامة.

2- 9 نيسان - المركز الحكومي للمعلومات - بناية المجلس الاستشاري المحلي

صفة 731

المستشفى العسكري التابع

إطلب منك هذه البطاقة وسئركم هناك كترجم عن الذي سئركم عند أخذ طابك

التعويض.

من قوات الولايات المتحدة.

لواء الحصان الحديدي

CENTCOM 003830



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
FOB LOYALTY, IRAQ
APO AE 09380

AFZP-VB-JA

Date: 19-Sep-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1416-05:

Claim of: (b)(6)

Address: (b)(6)

Date Filed: 15-Sep-05

Amount Claimed: \$10,000.00

Claimed Loss: Claimant's vehicle was engaged at a check point causing the death of his son.

Claim Number: 2.0527

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
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 SPC (b)(3), (b)(6) FOB Loyalty, @ VOII (b)(2)High

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

CPT, JA
FOREIGN CLAIMS COMMISSION

CENTCOM 003831

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 2-057-5

CLAIMANT NAME _____ (b)(6)
ADDRESS _____
SEC./ 3 ST./ 3 H./ 15 Salman Park
PHONE# _____

I AM
a. A Citizen and National Of: Iraq Baghdad
B. A Permanent Resident Of: _____
C. Employed By: _____
d. Check one () an insurer () Not an insurer
e. Check one () A subrogate () Not a subrogate

HAVE YOU FILED A CLAIM BEFORE (circle one) YES OR NO

TYPE OF CLAIM (circle which applied)
INJURY: DEATH
PROPERTY DAMAGE: VEHICLE, BUILDING, FIELD, ANIMAL, OR OTHER
NAME _____
RELATIONSHIP victim's father AGE: (b)(6) DOB DALEY (b)(6)

DATE INCIDENT OCCURRED: /D/ 18 /M/ Feb /YYYY/ 2005
PLACE INCIDENT OCCURRED Salman park
SEC./ _____ ST./ _____ H./ _____

SITUATION The victim was driving and faced him An American check point as the father says the victim didn't see any sign to show the check point so he didn't stop for that reason they shot him

List in detail the amount of property damage and itemized expense resulting from the damage or personal injury: (Attach bills and receipts, if applicable)
Item Amount

We wish the compensation

TOTAL AMOUNT: US DOLLAR 10,000.00 OR DINAR _____

Today date 18th Aug. 05 Ten thousands U.S.D

Signature _____ (b)(6)

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Pages 9 through 13 redacted for the following reasons:

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Pages 15 through 16 redacted for the following reasons:

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Pages 18 through 20 redacted for the following reasons:

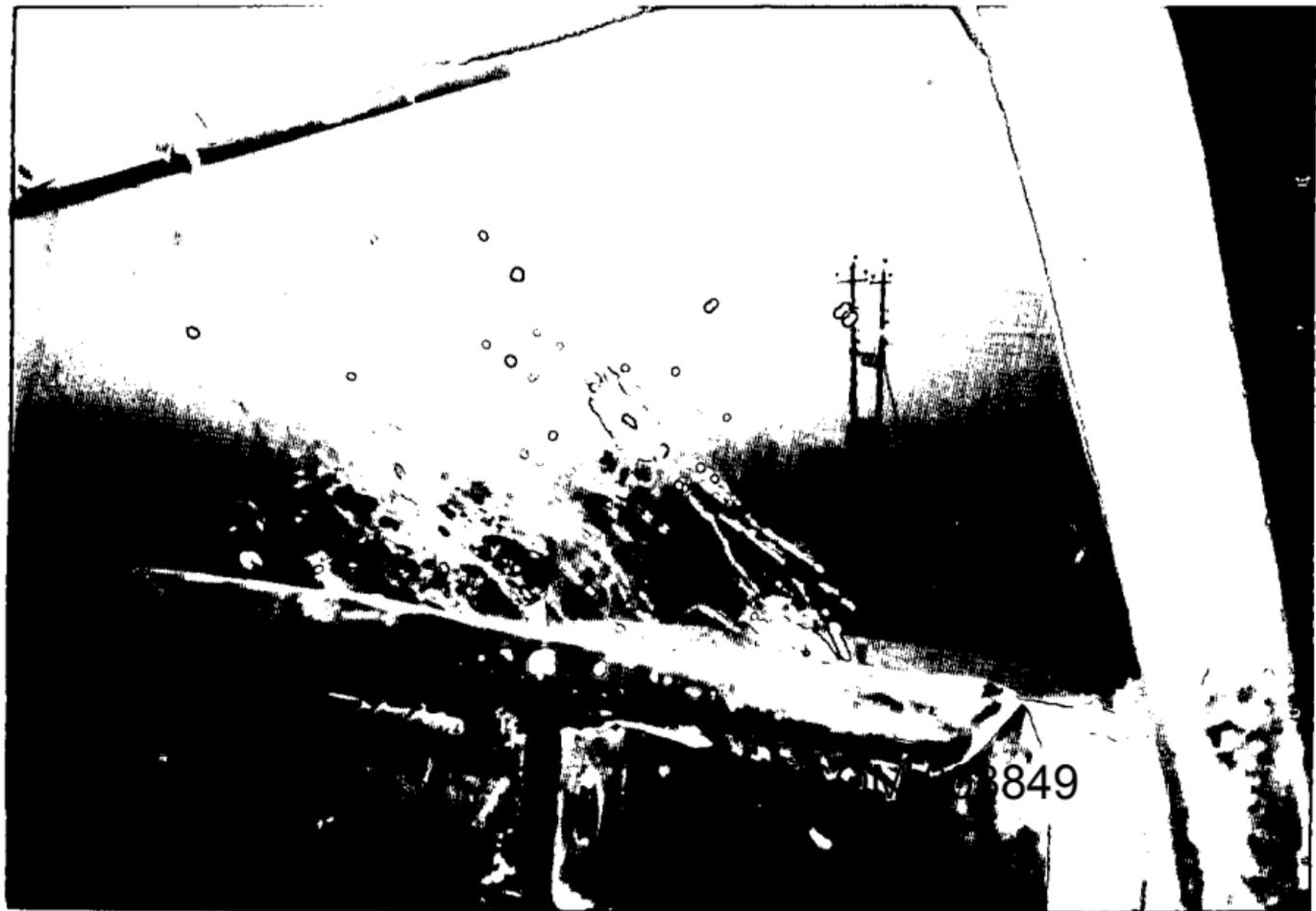
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Foreign Language Text

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(b)(6)

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Pages 27 through 30 redacted for the following reasons:

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