gn Language (b)(6)

CENTCOM 003898

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0795 **USARCS NUMBER: 07-0672**

Date Received: 01-Dec-07

he will coming In tuesday 10. Dec. 07

Name: (b)(6)

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

Claim Summary: Claimant's son killed and wife injured by small arms fire involving Coalition Forces.

Date of Incident: 13 July 07

Amount Requested: $13,000.00

PARALEGAL RECOMMENDATION:	DISAPPROVAL CODES
☐ Approved in the Amount of $_____	1. Combat Operations
☒ Denied with the Disapproval Code 1	2. Improper Claimant
FCC ADJUDICATION:	3. Lack of Evidence Showing U.S. Negligence
☐ Approved in the Amount of $_____	4. Lack of Evidence Showing a Loss
☒ Denied with the Disapproval Code 1	5. Loss is Result of AIF
☐ Forwarded to MND-B: Yes/No	6. Reconsideration No New Evidence
Date Forward to MND-B_____	7. Statute of Limitation Expired
Date returned from MND-B_____	

PARALEGAL RESEARCH	
☒ SIGACTS Reviewed: Yes/No	☐ ~~Coordination with Battle Space Owner/Other Unit(s): Yes/No~~
☒ Interpreter Translated File	☐ ~~Previous Claim file reviewed (Reconsideration Claims Only)~~
☒ CERP Recommended: ~~Yes/No~~	☒ EOF Incident: Yes/No

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

Notes:

Translate death certificate for son and medical documents for wife. There is No Medical Care Reports ?

How old was his son? (b)(6) years old

8. Dec. 07 I call him and I told him why he doesnt put that medical Report of his wife injured

CERP CONDOLENCE CONSIDERATION

EOF: Yes No
CJA recommend CERP in the amount of $ 5,000
_____Memo for COL Bannister
_____Coversheet
_____Memo Notifying Claimant
_____Log in Tracker

Form as of: 20 Aug 06

Date entered into USARCS Database: _____

CENTCOM 003899

he said No body asked me about it

DEPARTMENT OF THE ARMY

HEADQUARTERS, 2nd INFANTRY BRIGADE COMBAT TEAM
2ND INFANTRY DIVISION
FORWARD OPERATING BASE LOYALTY, APO AE 09390

REPLY TO
ATTENTION OF

AFZC-B-CDR

8 December 2007

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I have approved the below individual for receipt of a Condolence payment from 2BCT 2ID, MND-B in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 13 July 2007

c. INCIDENT LOCATION: (b)(6) Baghdad, Iraq

d. INCIDENT DESCRIPTION: Claimant's son killed and wife injured by small arms involving Coalition Forces.

e. APPROVED PAYMENT AMOUNT(S):

Death of Son	$ 2500
Injury to Wife	$ 2500
Total	$ 5000

2. POINT OF CONTACT: The POC for this request WO1 (b)(3),(b)(6) PPO. POC can be reached at (b)(2)High (b)(3),(b)(6), (b)(2)High

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

COL, IN
Commanding

DEPARTMENT OF THE ARMY
Headquarters, 2d Brigade Combat Team (2ID)
1st Cavalry Division
Camp Loyalty, Iraq 09390

AFZC-B-CDR 8 December 2007

MEMORANDUM FOR (b)(6)

SUBJECT: Payment CERP Condolence

NAME: (b)(6)

ADDRESS: (b)(6) Q753, Baghdad, Iraq (b)(6)
(b)(6)

DATE FILED: 1 December 2007

AMOUNT CLAIMED: $13,000.00

CLAIMED LOSS: Claimants son killed and wife injured by small arms involving Coalition Forces.

1. You will be compensated for your loss through the CERP Condolence fund. Your claim was previously disapproved by this office. CERP compensation will not be based on the amount you requested in your claim. You will receive compensation in the amount of $5000.00.

2. You will need to contact personnel at the 9NISSAN GIC in order to confirm the date and time that you will need to present yourself at Camp Loyalty to receive payment.

3. POC for this memorandum is SFC (b)(3),(b)(6) Camp Loyalty, VOIP (b)(2)High .

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

MAJ, JA
FOREIGN CLAIMS COMMISSION

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

REPLY TO
ATTENTION OF:

AFZC-B-JA

7 December 2007

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM I48/07-0672:

Claim of: (b)(6)

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

Date Filed: 01-Dec-07

Amount Claimed: $13,000.00

Claimed Loss: Claimant's son killed and wife injured by small arms fire involving Coalition Forces.

Claim Number: 2.0795

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

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

MAJ, JA
FOREIGN CLAIMS COMMISSION

Claims Form

Claim#. 2-079-5

Date: 27th/Nov/2007

GICof / 9 NISSAN

To: United States Army Foreign Claims Commission

Claimant Name: (b)(6) onship: The Victim's Father

National of: Iraqi Claimant's Address :Neighborhood Fedhiliyah

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

Have you filed a claim before? ☐ Yes ☒ NO

Damage type: ☒ Death ☒ Injury ☐ Car ☐ House ☐ Furniture ☐ Other

Place of incident: St. Same address Town. Fedhiliyah

City. Baghdad Country. Iraq

Date of incident: Time 1100 AM Day: 13th Month: July Year: 2007

Give a brief statement of the accident or incident.

An American patrol was shooting randomly shot my son and killed him, injured my wife in her arm.

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	
Medical care	3,000.00	

Total 13,000.00 U.S.D

List of attached document.

Identity	☒	House document	☐
Certificate of Nationality	☒	Car document	☐
Ration card	☒	Claim card	☐
Residence card	☒	Bill	☐
Picture	☐		
IP Report	☒		
Certificate of death	☒		

Signature of claimant Date: 27th

Foreign Language Text, (b)(6)

Print Name (b)(6)

CENTCOM 2003903

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. 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

(b)(6)

Fedhiliyah (b)(6)

3. TYPE OF EMPLOYMENT ☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH (b)(6)

5. MARITAL STATUS Married

6. DATE AND DAY OF ACCIDENT 13, July, 2007

7. TIME (A.M. OR P.M.) 1100AM

8. Basis 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 my son and killed him, injured my wife in her arm.

9. PROPERTY DAMAGE

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

Same as above.

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

U.S Forces killed my son, injured my wife

10. PERSONAL INJURY/WRONGFUL 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. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
	1,000.00	12,000.00	13,000.00 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.)

13b. Phone number of claimant (b)(6)

14. DATE OF CLAIM 27th Nov 07

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of $ of damages sustained by the United States. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING 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. 287, 1001.)

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

USAPPC V1.00

Foreign Language Tex

Certificate of Death.

Number certificate. 254179
organizing Date. 13 Jul 07

Republical Iraq.
ministry of health of
Counting Section
of Lifeing

(1) Name of dead person (b)(6)
(2) Sex. Male
(3) Nationality. Iraqi
(4) religon. muslem
(5) Job. Child
(6) Date of Birth (b)(6)
(7) place of Birth (b)(6)
(8) Residence. (b)(6) Al Fedhiliyah
side Baghdad Governer.
(9) Date of death. time 11:00 Am 13 Jul 2007
(10) place of death. House
(11) Name of his father. (b)(6)
(12) " of his mother. (b)(6)
(13) Name of Reporter of Death. (b)(6)
(14) relation. father
(15) address of the Reporter of death. same address
(16) Medical Certificate of death reason
(A) fire Shooting in his neck
by C. Forces.
according by Al Khansaa police
station

Name of Dr. (b)(6)

Place of Work:
Hospital of (b)(6)

Number of file
page Number (b)(6)
Governor of Baghdad
Identity Number (b)(6)

Page 12 redacted for the following reason:
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Foreign Language Text

بسم الله الرحمن الرحيم

مركز شرطة الخنساء
العدد / ١٥٠١٨
التاريخ / / ٢٠٠٧
٦ ١١

إلى / لجنة التعويضات

الموضوع / أوراق تحقيقيه

نرفق طيا نسخة من الأوراق التحقيقية الخاصة بـ ([illegible]) والذي تعرض إلى حادث ([illegible]) بتاريخ ١٢ / ٧ / ٢٠٠٧ راجين استلامها وإجراء ألازم من قبلكم . مـــع التقدير ...

الرائد
ماهر عبد موســـى
ضابط المركز

المرفقات
نسخه من الأوراق التحقيقية

CENTCOM 003910

Foreign Language

Pages 15 through 27 redacted for the following reasons:
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Foreign Language Text
Foreign Language Text, (b)(6)