

(b)(6)

27-20

(b)(6)

(07)

2/82-023
(\$11,000.00)

Denial, but
recommend
CERP Condolence

Claim Number: 2/82-023

Name: (b)(6)

Date of Incident: 20 Nov 06

Date Received: 14 Feb 07

Summary:

Claimant's husband was shot by CF, and vehicle was destroyed.

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

Circle Decision, Fill-in Date, and initial'

DENY <input checked="" type="checkbox"/>	INVESTIGATE	PAY - \$ _____
DATE 16 Aug 07	DATE	DATE
INIT (b)(6)	INIT	INIT

- Insufficient Evidence
- Combat Exception
- US Involvement
- Lack of Causation
- Statute of Limitations
- Not a Proper Claimant
- Non-Cognizable Claim

NOTES:

? CERP

16 Aug 07 - Nothing on CPOF

Can't find evidence
this result of
CF. If there is
would be paid
w/ ~~insurance~~ CERP.



DEPARTMENT OF THE ARMY
 HEADQUARTERS, 2nd BRIGADE COMBAT TEAM
 82nd AIRBORNE DIVISION
 CAMP TAJI, IRAQ APO AE 09378

Foreign Claims Commission I75

SUBJECT: Claim # 2/82-023

Baghdad, Iraq

Dear (9)(9)

You have submitted a claim seeking compensation for loss or damage to personal property. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss. However, in accordance with the cited references and the investigation into your claim, your claim is not compensable. The reason(s) are indicated below.

- Incomplete Evidence: There is not sufficient evidence to investigate your claim.
- Combat Damage: The damage you have claimed is related to combat operations. Any damage that is directly or indirectly related to combat operations is not compensable.
- Lack of US Involvement: You have not provided a name or unit for the individuals who caused the damage you have claimed. Therefore, you have not provided sufficient evidence to show that the damage was caused by US Forces.
- Lack of Causation: You have failed to show that the damage happened from the event you claimed.

Other/Notes: _____

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,

(9)(a)(8)(a)

CPT, JA (9)(a)(8)(a)
 Foreign Claims Commission

CENTCOM 017375

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 any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) (b)(6) (b)(6) Iraq, Baghdad		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH (b)(6)	5. MARITAL STATUS -Select-	6. DATE AND DAY OF ACCIDENT [20 Nov 2007] -Select Day-	7. TIME (A.M. OR P.M.) 3:30 A.M.	
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.) C.F started shooting while the claimant and his family intent to go to the midwife and cause a bad injury to his mother, wife, father (then he pass away) and a huge damage in his car (burne completely).					
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code)					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED (See instructions on reverse side.) The claimants' car burne completely					
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. The claimants' mother and wife had a bad injury The claimants' father has a bad injury which cause death after that.					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 5500,00 \$	12b. PERSONAL INJURY 3000,00 \$	12c. WRONGFUL DEATH 2500,00 \$	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 11000,00 \$ \$0.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse) (b)(6)		13b. Phone number of person signing form (b)(6)		14. DATE OF SIGNATURE 27-Jan-2007	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS (b)(6)		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. 267, 1001.)			
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.)					

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property	
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number <input type="checkbox"/> No	
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No Full Coverage <input type="checkbox"/> Deductible <input type="checkbox"/>	17. If deductible, state amount
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code) <input type="checkbox"/> No	
INSTRUCTIONS	
<p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.</p>	
<p style="text-align: center;">DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES</p> <p>The amount claimed should be substantiated by competent evidence as follows</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 501, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14</p>	<p>B. Principal Purpose: The information requested is to be used in evaluating claims</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid"</p>
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

Page 8 redacted for the following reason:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

The Claimant
Nationality Certificate

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

His son's
claimants

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

ID Card of
the Dead man

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Nationality
The Dadd Man
Certification

(b)(6)

Foreign Language Text, (b)(6)

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Page 14 redacted for the following reason:

Foreign Language Text, (b)(6)

Police Report.

Foreign Language Text

Statement of "

(b)(6)

in the date of 20/11/2006. During I, my husband, my son
wife taking the car of my son while we going to do one
("going to midwife")
of our doing we got gunfire from the American forces in

AL-Falah Street - A Sadir City. The car description is
Car (b)(6) Kia White Model (b)(6) which is caused to kill my husband
and me, my son's wife wounded both. Notes: At first my
husband got wound and sent to Iran to get Medical
treatment but he dead in Iran. The car burnt as
the gunfire. This why I am
claim to get compensation.

(b)(6)

Notes: That family were intended to go to a midwife
during the accident happened.

Page 16 redacted for the following reason:

Foreign Language Text, (b)(6)

Police Report

Statement of the (Dead Man's) Son



(b)(6)

(b)(6)

He say like the former page.

Page 18 redacted for the following reason:

Foreign Language Text, (b)(6)

Statement of'

(b)(6)

"Before H Dead" at first he wounded after that h.
dead.

he say same thing in the former papers.

Pages 20 through 26 redacted for the following reasons:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 28 through 30 redacted for the following reasons:

(b)(6), Foreign Language Text
Foreign Language Text, (b)(6)

Pages 32 through 37 redacted for the following reasons:

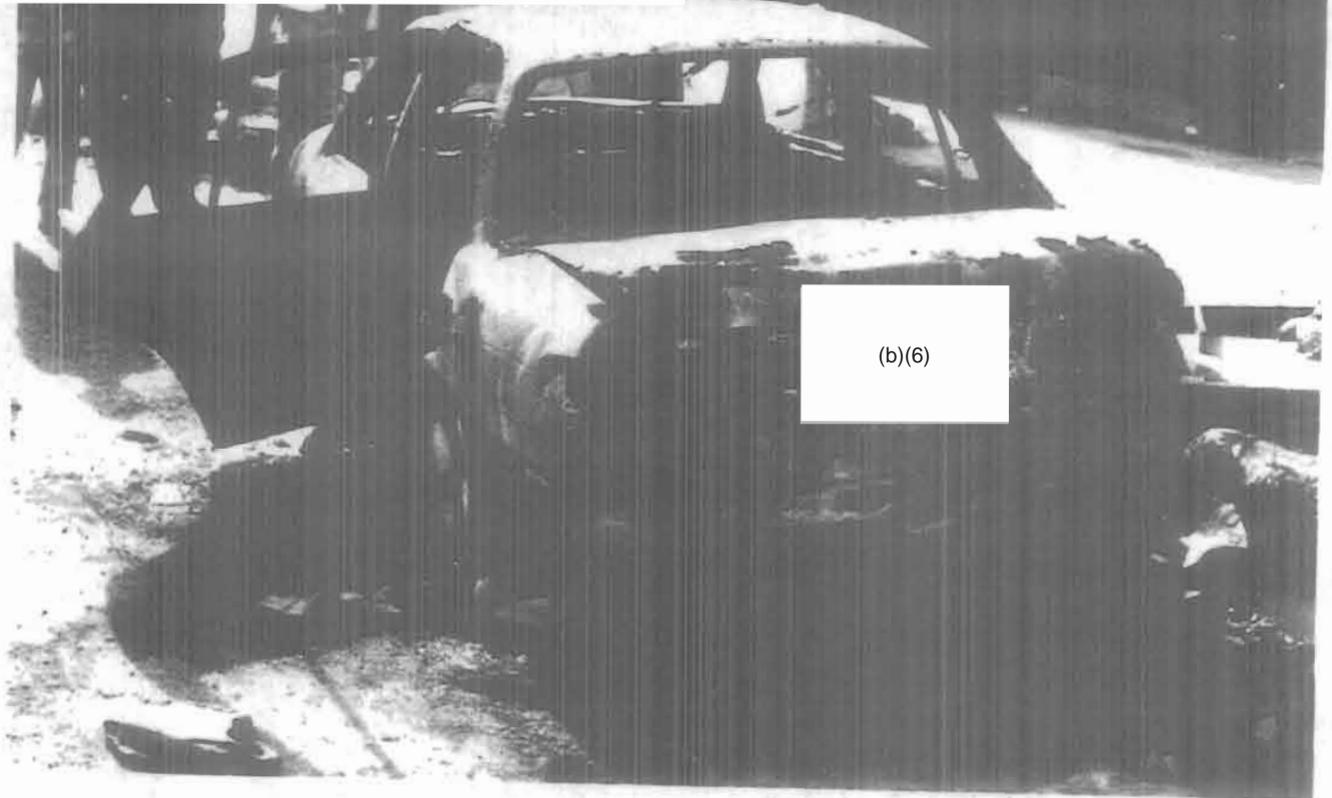
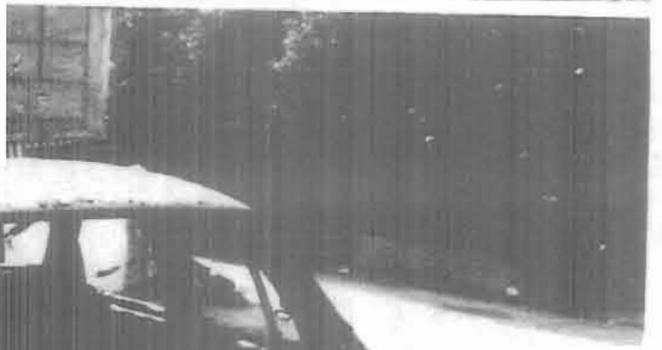
(b)(6), Foreign Language Text
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

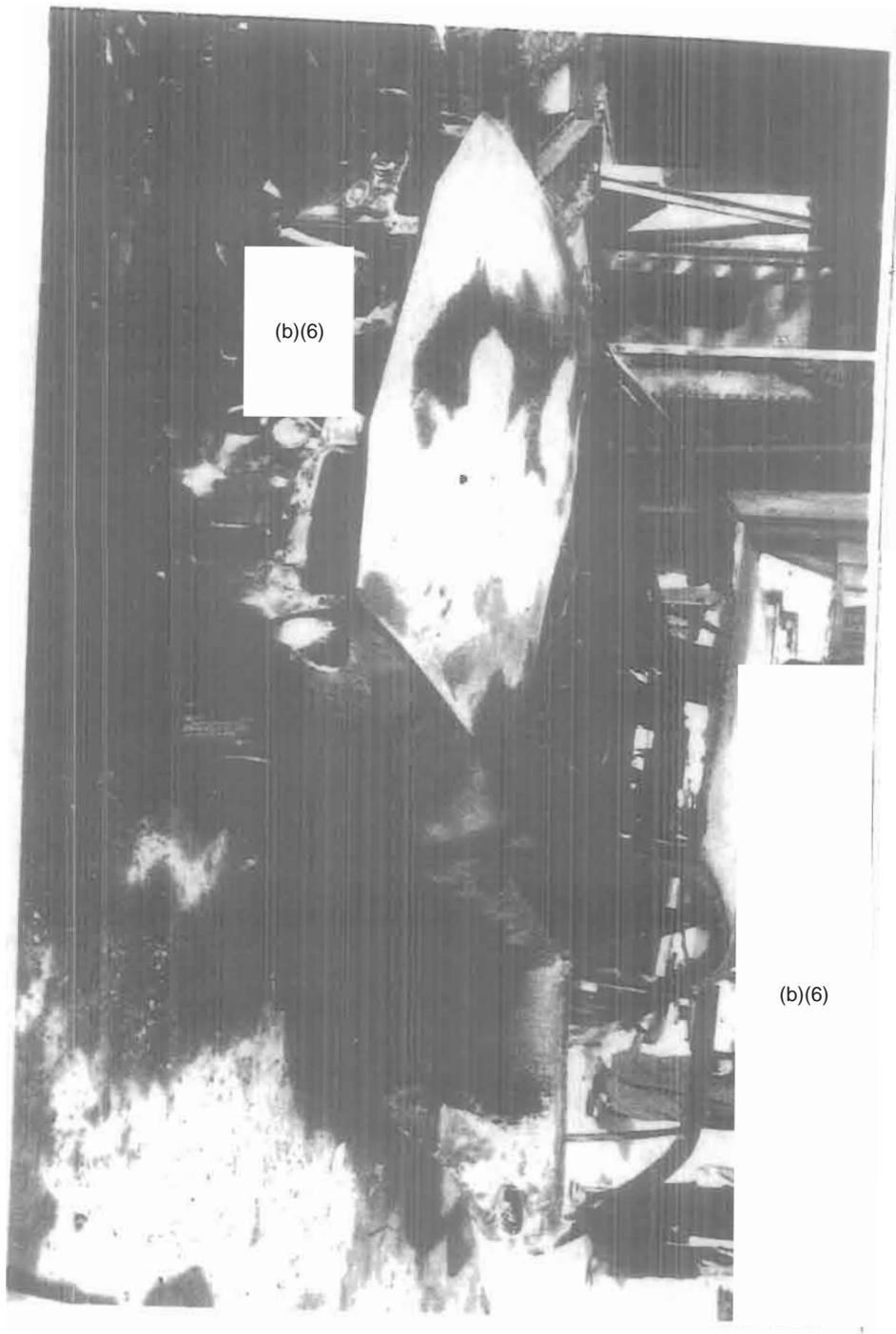
Page 39 redacted for the following reason:

Foreign Language Text, (b)(6)

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