2 0295
-0970-05

2-033-5

122

FOREIGN CLAIMS COMMISSION
COVER SHEET

Claim Number: 2.0295 **USARCS NUMBER: 0970-05**

Date Received: 03-Jun-05

Name:

Address: Baghdad, Iraq

Claim Summary: Claimant's father killed by small arms fire caused by combat involving C.F.

Date of Incident: 03-May-05

Amount Requested: $10,000.00

Recommendation: [ ] Approval [X] Denial [ ] Investigation

D.U.I.3

Date Reviewed by OIC:

Charlie Co 720 - SSG

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

[X] Denied. Denial Code 1

[X] On hold pending investigation findings.

Figure out if this occured + the circumstances.

25 Oct

Sir, the SSG e-mailed me & said he wasn't there at the scene and used someone's word to write out a note and a Claims Card, even though he wasn't there, Combat OP's on both claims.

CENTCOM 003465

2.0295-00003

Iraqi Claims Form

Iraqi Claims Form

The [illegible] pay claims to Iraqi civilians for property damage, 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 in 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 Nissan District Advisory Council Building in Mahala 731 or Old Military Hospital or the Sadr City District Advisory Council Building located in Mahala 511.

UNIT C/720th MP
DATE 03 MAY 05
LOCATION Check Point - 9 Nissan
DAMAGE Father, Killed
NAME (Optional) SSG

Also, 1991 White Nissan Baghdad Plate

بطاقه طلب تعويض

للعراقيين

[illegible]

أواء الحصان الحديدي

CENTCOM 003466

2.0295-00004

THIS MAN,

FATHER WAS SHOT BY AMERICAN FORCES AT A CHECK POINT ON TEACHER ST NEAR RTE .

FATHERS NAME IS :

HE IS A YEAR OLD MALE, A , AND SPEAKS ENGLISH.

HIS FATHER WAS TREATED BY AMERICANS AT THE SCENE AND TAKEN TO A HOSPITAL.

HE WOULD LIKE TO FIND OUT WHERE HIS FATHER IS AND HIS CONDITION.

HE WAS DRIVING A 1991 NISSAN, WHITE

LIC PLATE : BAGHDAD PLATE

THANK YOU FOR YOUR ASSISTANCE

AL RASHAD IP STATION #51
C-Co 720TH MP
RUSTAMIYAH.

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CERTIFICATE OF DEATH *(OVERSEAS)*
Acte de décès *(D'Outre-Mer)*

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
	CIV		

ORGANIZATION Organisation	NATION *(e.g., United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe
	IRAQ		☒ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
☐ CAUCASOID Caucasique	☐ SINGLE Célibataire	☐ PROTESTANT Protestant
☐ NEGROID Négroïde	☐ MARRIED Marié	☐ CATHOLIC Catholique
☐ OTHER *(Specify)* Autre *(Spécifier)*	☐ WIDOWED Veuf	☐ JEWISH Juif
	☐ DIVORCED Divorcé	☐ OTHER *(Specify)* Autre *(Spécifier)*
	☐ SEPARATED Séparé	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicile à (Rue)	CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris)

MEDICAL STATEMENT Declaration médicale

CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort[1]	MASSIVE TRAUMATIC BRAIN INJURY	?
ANTECEDENT CAUSES — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	Gunshot wound	?
Conditions précurseurs de la mort — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
☐ NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
☐ ACCIDENT Mort accidentelle		
☐ SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
☐ HOMICIDE Homicide	SIGNATURE Signature / DATE Date	AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non

DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)*	PLACE OF DEATH Lieu de décès
1039 03 05 05	BAGHDAD, IRAQ

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplômé
	MD

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
04	86th CSH Baghdad, Iraq
DATE Date: 03 MAY 05	SIGNATURE Signature

[1] *State disease, injury or complication which caused death, but not mode of dying such as*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL: 86th CSH BAGHDAD

Instructions - Medical Officer in attendance will:
Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.
Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 1039 3 MAY 2005

3. MEDICAL EXAMINER/ CORONER'S CASE: ☐ YES ☐ NO

4. RELIGION:

5. CHAPLAIN NOTIFIED: ☒ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH:

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication that caused death)*	DUE TO *(or as a consequence of)* MASSIVE TRAUMATIC BRAIN INJURY	?
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1) GUNSHOT WOUND	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
3 May 2005	MAJ MD	

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POLITICAL ADVISER GENERAL NOTIFIED					
14. IMMEDIATE KIN OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER *(Specify)*					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)*: ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*:

22. PROVISIONAL PATHOLOGICAL FINDINGS:

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPPC V2 00

2403
Doe, John
Leg #75-316

PATIENT'S IDENTIFICATION *(For plate imprint, typewriter or hand)*

PATIENT'S ...
For use of this form ...
... the C...

I have been ... a patient ... should deposit ...

FUNDS & VALUABLES RECEIVED

FUNDS

DATE	DEPOSITS	WITHDRAWALS	BALANCE
Not thing follows			

VALUABLES

NUMBER	DESCRIPTION OF VALUABLES	DEPOSITS DATE	DEPOSITS
1	ID I Mil	3 Mar 05	
2	Glasses		
3	1000 Dinars 115		
	Not thing follows		

DA FORM 3696, DEC 77 REPLACES EDITION OF 1 AUG 76, WHICH MAY BE USED ...

CENTCOM 003484

2.0295-00022

1. LAST NAME-FIRST NAME-MIDDLE INITIAL	2. GRADE
2403	3. SOCIAL SECURITY NO.
4. ORGANIZATION ~~86TH CSH~~	5. WARD

6. DEATH OCCURED				7. PLACE WHERE DEATH OCCURED
HOUR	DAY	MO.	YEAR	
1039	3	5	05	86 CSH

8. AUTHORIZED SIGNATURE

DA FORM 1 AUG 72 3910 REPLACES DA FORM 8-219, 1 MAR 63, WHICH WILL BE USED.

For use of this form, see AR 40-2; proponent agency is OSTG.

DEATH TAG

16-84331-1-R GPO

1. LAST NAME-FIRST NAME-MIDDLE INITIAL	2. GRADE
2403	3. SOCIAL SECURITY NO.
4. ORGANIZATION ~~86TH CSH~~	5. WARD

6. DEATH OCCURRED				7. PLACE WHERE DEATH OCCURRED
HOUR	DAY	MO.	YEAR	
1039	3	5	05	86TH CSH

8. AUTHORIZED SIGNATURE

DA FORM 1 AUG 72 3910 REPLACES DA I WHICH WILL BE

For use of this form, see AR 40-2; proponent agency is OTSG.

DEATH TAG

16-84331-1-R GPO

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TE OF DEATH *(OVERSEAS)*
le décès *(D'Outre-Mer)*

NAME OF DECEASED *(Last, First, Middle)*	GRADE Grade: CIV	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation	NATION *(e.g., United States)* Pays: IRAQ	DATE OF BIRTH Date de naissance	SEX Sexe: ☒ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
☐ CAUCASOID Caucasique	☐ SINGLE Célibataire	☐ DIVORCED Divorcé	☐ PROTESTANT Protestant	☐ OTHER *(Specify)* Autre *(Spécifier)*
☐ NEGROID Négroïde	☐ MARRIED Marié	☐ SEPARATED Séparé	☐ CATHOLIC Catholique	
☐ OTHER (Specify) Autre *(Spécifier)*	☐ WIDOWED Veuf		☐ JEWISH Juif	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicile à (Rue)	CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris)

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort[1]		MASSIVE TRAUMATIC BRAIN INJURY	?
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause première	GUNSHOT WOUND	?
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]			

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
☐ NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
☐ ACCIDENT Mort accidentelle		
☐ SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
☐ HOMICIDE Homicide	SIGNATURE Signature / DATE Date	AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non

DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)*	PLACE OF DEATH Lieu de décès
1039 030505	BAGHDAD, IRAQ

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme: MD
GRADE Grade: 04	INSTALLATION OR ADDRESS Installation ou adresse: 86th CSH Baghdad, Iraq
DATE Date: 03 MAY 05	SIGNATURE Signature

[1] *State disease, injury or complication which caused death, but not mode of dying such as*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort*

CLAIMS FORM
US ARMY FOREIGN COMMISION

CLAIM # 2-033-5

CLAIMENT NAME -
ADDRESS ------
SEC./----------
PHONE :----------

IAM
a. A Citizen and National Of :---Iraq---
b. A Permanent Resident Of:---Baghdad---
c. Employed By :----------
d. Check one ( ) An insurer ( ) Not an insurer
e. Check one ( ) A subrogate ( ) Not a subrogate

HAVE YOU FILED ACLAIM BEFORE (circle one) YES OR (NO)

TYPE OF CLAIM (circle which applied)
INJURU : (DEATH :)
PORPERTY DAMAGE : VEHICLE , BUILDING , FIELD , ANIMAL , OR OTHER
NAME : ----------
RELATIONSHIP Victim's Son **AGE:** **DOB D/M/Y-:**
DATE INCIDENT OCCURRED : /D/ 3 **/M/** May **/YYYY/** 05
PLACE INCIDENT OCCURRED Al Mashtel
SEC./----------**ST./**----------**H./**----------
SITUATION His father was shot by An American Check point when he was driving the Accedent made him dead body

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

Item	Amount
the claimant asks the compensation for the death	

TOTAL AMOUNT : US DOLLAR 10,000,00 **OR DINAR**----------

Today date 29, May, 2005

Signature ----------

CENTCOM 003501

2.0295-00039

REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 25-Nov-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T05-0970:

Claim of:

Address: Baghdad, Iraq

Date Filed: 03-Jun-05

Amount Claimed: $10,000.00

Claimed Loss: Claimant's father killed by small arms fire caused by combat involving C.F.

Claim Number: 2.0295

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.

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 FOB Loyalty, @ VOIP .

CPT, JA
FOREIGN CLAIMS COMMISSION

SPC 2BDE 3ID JAG

From: @us.army.mil
Sent: Tuesday, October 25, 2005 4:29 PM
To: SPC 2BDE 3ID JAG
Subject: Re: [U] C Co, 720th MP Foreign Claims

SPC ,

As you know this was quite a long time ago. I have reviewed all my reports surrounding that time frame to no avail. Although I don't remember all the particulars, I do remember giving this claims form out. I was not present at the time of the incident, this form was given out later and should be viewed as a relay of information, however, I never gave out claims forms that I did not have sufficient information to believe the circumstances. I hope this helps.

SSG

3rd PLT, 3rd Squad Leader

C-Co 1-182 FA 720th MP BN

FOB Rustimiyah, Baghdad, Iraq

Classification: UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

SSG ,

I am working two claims that arose in the Charlie Company, 720th MP AO. We are trying to close them out but we have a few questions concerning the incident. These are the two claims:

Claimant's father injured and vehicle damaged by small arms caused by combat involving C.F., **3 May 2005**, There is a note written by you to this gentlemen but it is not dated. Where you there at the scene or are you just relaying what was told to you? He also has a Claims Card given by you, was that given at the scene of the accident or at a later date?

The second claim is actually just a copy of the previous claim, with a different written name. All we need to know if is you were there during the incident, or if they saw you later on, and any further information you know if the incident. Thanks SSG, very respectively,

SPC

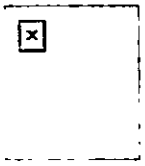
1-9 Field Artillery Legal Specialist

2d Brigade Operational Legal Team

3d Infantry Division "Rock of the Marne"

FOB Loyalty, Baghdad, Iraq

Keep the Fire! BATTLEKINGS!



"Alright, times up! Lets do this!" – Leroy Jenkins

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