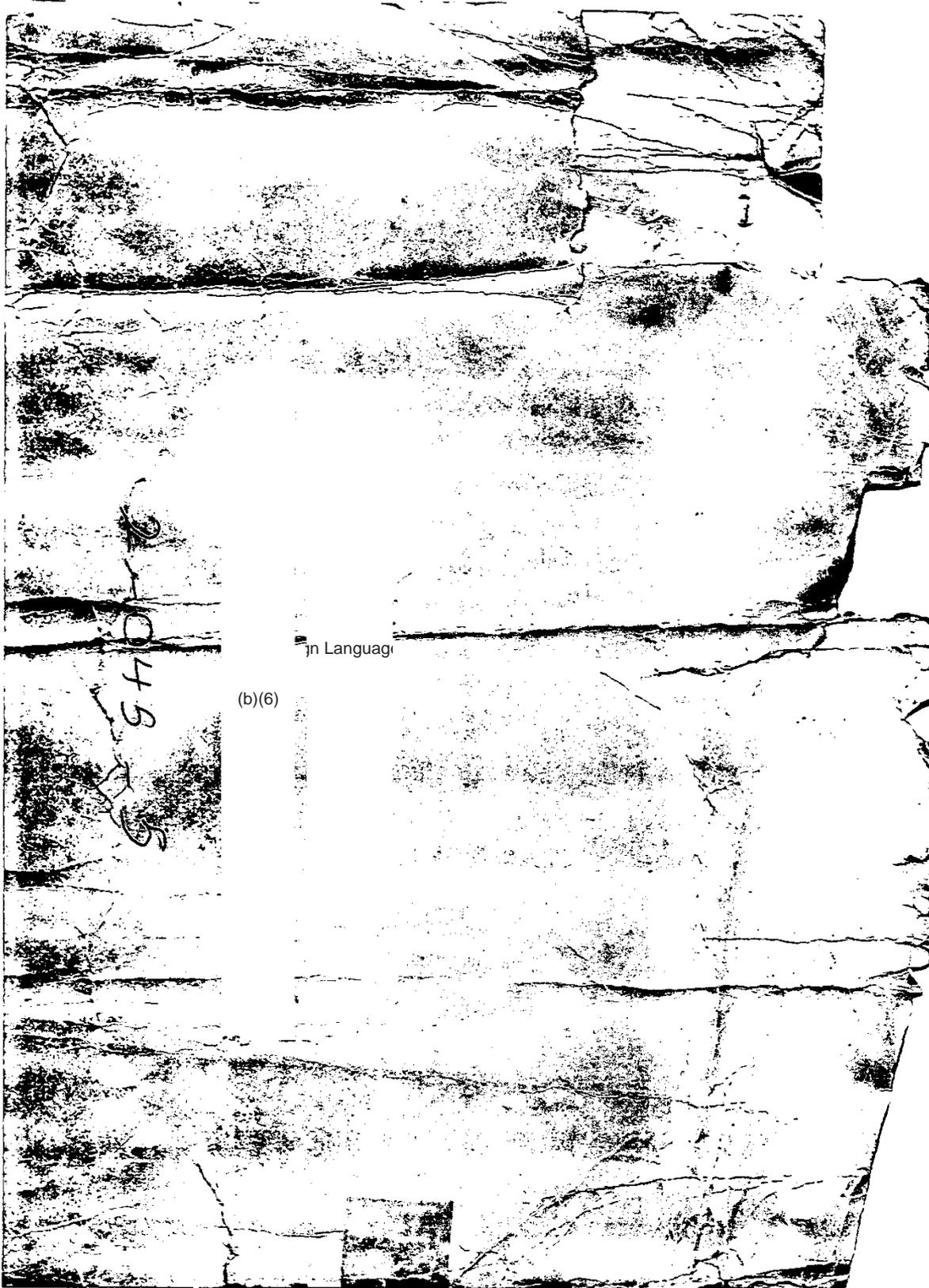


Foreign Language



CENTCOM 003568



in Language

(b)(6)

045
55



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 28-Jul-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1200-05:

Claim of: (b)(6)

Address: (b)(6) Baghdad, Iraq

Date Filed: 21-Jul-05

Amount Claimed: \$7,000.00

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

Claim Number: 2.0452

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

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

CPT, JA
FOREIGN CLAIMS COMMISSION

CENTCOM 003570

122

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0452

USARCS NUMBER: 1200-05

Date Received: 21-Jul-05

Name: (b)(6)

Address: (b)(6) Baghdad, Iraq

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

Date of Incident: 08-Feb-05

Amount Requested: \$7,000.00

Recommendation: [] Approval ^{D. C. 1} [x] Denial []
Investigation While there is evidence to support we did it. It is still "combat operations" and we can't pay it.

Date Reviewed by OIC: 27 July 05

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

Denied. Denial Code 1

[] On hold pending investigation findings.

Pages 6 through 20 redacted for the following reasons:

Foreign Language Text

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 2-045-5

CLAIMANT NAME (b)(6) -----

ADDRESS AL- Mashhal Quarter -----

SEC./----- (b)(6) -----

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 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 : ---- (b)(6)

RELATIONSHIP the claimant grandson AGE: (b)(6) DOB D/M/Y (b)(6)

DATE INCIDENT OCCURRED : /D/ 8 /M/ Feb. /YYYY/ 2003

PLACE INCIDENT OCCURRED Iron Horse Base , AL-Mashhal

SEC./----- ST./----- H./-----

SITUATION the claimant grandson was walking near the american Base watching tower No. 5 the sniper was on the tower and saw the child hold a school bag with his hand so the sniper thought that the school bag was something dangerous , so he shot at him and caused the death to the child.

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
<u>He asks a compensation</u>	

TOTAL AMOUNT : US DOLLAR 7,000 \$ OR DINAR Seven thousand US dollars

Today date 27 June 2003

Signature----- (b)(6)

Claims Form
عريضة المطالبات

To: United States Army Foreign Claims Commission.

From: Name: _____

(b)(6)

Foreign Language Text

من: الاسم الرباعي الكامل:

Address: _____

Baghdad, Al-Nassir Neighborhood (prev. Mashtal) ^{ex} ~~Naifex Security Center~~

Foreign Language Text

الع

I am

- a. A citizen and national of: Iraq
b. A permanent resident of: Baghdad, Al-Nassir Neighborhood. At accident time in Beldat near ex Security Center
c. Employed by:
d. Check one () An insurer () Not an insurer
e. Check one () A subrogate () Not a subrogate

انا
مواطن واحد راعيا: Foreign Language

(b)(6)

مقيم دائم في:

موظف في شركة:

اضع اشارة واحدة امام: () شركة تأمين () لست شركة تأمين

اضع اشارة واحدة امام: () من حل محل الغير واتحمل المسؤولية () لست من حل مح الغير ولا اتحمل المسؤولية

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

انا: وبناء عليه ادون مطلب ضد حكومة الولايات المتحدة لاضرار او اذاعات سببها: (الاسم المنظمة, الدائرة العسكرية, العنوان, رقم الهاتف)

Iron Horse Base, Baghdad, Al-Mashtal

Building of former security of Baghdad.

Foreign Language Text



CENTCOM 003588

The property damaged is owned by: (if the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

الملك المتضرر يملئ (إذا كانت المطالبة تدون من قبل عميل، والد، أو وضي، أو وفق توكيل رسمي أو بيثة تفويض، وأملئ العريضة أدناه للطرف الذي يعاني أو يتكبد العطل والاضرار.)

My claim arose at:

Al-Mashtal
(Town)

Baghdad
(City)

Iraq
(Country)

مطالبتي وقعت في: اسم المدينة Sign Language اسم البلدة Foreign Language T

اسم الدولة: Foreign Language Te

MY claim arose on:

02
(Month)

2
(Day)

2005
(Year)

مطالبتي وقعت بتاريخ: الشهر Foreign Language T اليوم Language السنة Sign Language

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

دون تقرير مختصر عن الحادث الطارئ، أو الحدث العرضي الذي كان الأساس للمطالبة بالعطل والضرر أو اذى شخصي. (إذا لزم الأمر استعمل ظهر هذه الورقة.)

American Sniper shot my grandson while
He was walking near the American Base watching
Tower No (5), the sniper was on a tower of
watching), and this happend
at 6:30 pm by one shot on the back
killed intendingly
my grandson and me and the family
were living in a compound near the base
of the accident. He was vendor and a Coalition
troops buy from him and they know him well he
took his bag of goods from them.

CENTCOM 003589

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

أصف طبيعة ومدى عطل الممتلك الخاص أو الأذى الشخصي الذي تعاني منه نتيجة للحدث العرضي

my grandson killed by sniper (American)

Foreign Language Text

List in detail the amount of property damage and itemized expenses resulting from the property damages or personal injury: (attach bills receipts, if applicable.)

Item Amount

None

Foreign Language Text

Total:

أضع قائمة بالتفصيل عن مقدار وكمية عطل الممتلك وأضع جدول عن المصاريف الناتجة عن عطل الممتلك أو الأذى الشخصي. (ارفق الفواتير والايصالات اذا كان ملائما.)

المبلغ أو المقدار بند

None

Foreign Language Text

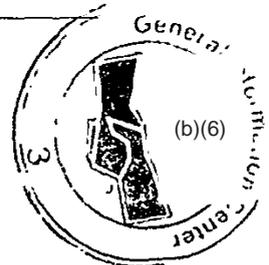
المجموع:

I was insured to the following extent against the damage or injuries I have sustained:

انا مؤمن لدى التالي ضد الضرر و الأذى الذي عانيت منه:

yes I am sure of what I've told

Foreign Language Text



The name and address of my insurer (if any) is:

(Name)

Address

اسم وعنوان المؤمن (شركة التأمين) اذا كان لديك شركة تأمين هو:
الاسم:

العنوان:

I claim as damages: (indicate amount in the U.S dollars and local currency)

\$

Local

(Signature of Claimant)

اطالب كضرر او اضرار: (اذكر المقدار بالدولارات الأمريكية والعملة المحلية)

\$

المبلغ بالدولار:

العملة المحلية:

امضاء المطالب:

Subscribed before me this _____ day of 18/06, 2005.

(b)(6)

(Print Name)

(Signature)

موقع بحضوري في تاريخ : اليوم: _____ Langua _____ الشهر _____ السنة _____ eign Language T

Foreign Language Text

الاسم:

الامضاء:



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
TASK FORCE 720th MILITARY POLICE
CAMP RUSTAMIYAH, BAGHDAD, IRAQ
APO AE 09390-2402

AFVP-720-CO

20 February 2005

MEMORANDUM FOR RECORD

SUBJECT: Task Force 720th Military Police Claim Procedure for incidents involving Soldiers and Iraqi civilians

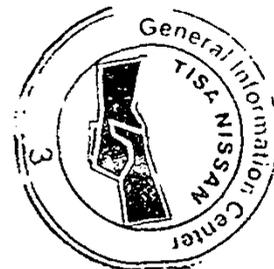
1. When a Service Member is involved in an accident in which an Iraqi wishes to make a claim against the United States, the service member will:
 - a. Claims forms and location sheets will be maintained in all vehicles. (2 copies)
 - b. Give the Iraqi a claims form to fill out.
 - c. Give the Iraqi a location sheet to file claims in Arabic. Instruct the claimant that he/she needs to file their claim at one of these locations.
 - d. Fill out an Iraqi claims form in English for our records. Ensure that you receive all pertinent information needed on form.
2. Bring the filled out (English) Claim Form to the legal office for proper tracking and accountability.
3. POC for this memorandum is the undersigned at DNVT (b)(2)High or email (b)(3), (b)(6) @centcom.smil.mil.

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

Encl

1. Iraqi Claims form in English/Arabic
2. Iraqi Claims location sheet

LTC, MP
Commanding



CENTCOM 003592

WHERE TO FILE A CLAIM IN BAGHDAD

اماكن تقديم الشكاوي في بغداد

Karadah & karkh

The Iraqi Assistance Center at the Convention Center located in the Green Zone

Monday – Sunday 9:00 AM to 3:00 PM

الكرادة – كراخ

مركز المساعدات العراقي بمقر بغداد للمؤتمرات, المتمركز بالمنطقة الأمنة
الاثنين- الأحد 9 صباحا الى 3 بعد الظهر

9 Nissan & Sadr

The General Information Center (GICs) in 9 Nissan and Sadr

9 نيسان – الصدر

مركز المعلومات العامة بمنطقة 9 نيسان و منطقة الصدر

Al Monsour & Kadhimiyah

The General Information Centers (GICs) in the Al Monsour & Kadhimiyah

المنصور – الكادمية

مركز المعلومات العامة بمنطقة المنصور و منطقة الكادمية

Al Rashid

The General Information Centers (GICs) in the Rashid

الرشيد

مركز المعلومات العامة بمنطقة الرشيد

Ad Hamyah & Rusafa

Castle Gate at Camp Cook (US military base in Taji)

Tuesday and Thursday, 9:00 AM to 12:00 PM

الادهامية- الرصافة

بوابة كاستل بمعسكر كوك (قاعدة عسكرية امريكية بمنطقة تاجي)
الثلاثاء و الخميس من 9 صباحا الى الساعة 12 ظهرا

Claimants that do not know where these places are located should contact their District Advisory Council (DAC) or Neighborhood Advisory Council (NAC)

على المطالبين الذين لا يعرفون أين تقع هذه المراكز الاتصال بالمجلس الاستشاري بالمنطقة التي يقيمون بها او بمجلس الاحياء
الاستشاري

Pages 28 through 36 redacted for the following reasons:

Foreign Language Text

In The Name of god

To / Mr . Iron Horse Commander

Sub. Case of Martyr (b)(6) who
have been shot dead by American forces .

We are witness of the accident witch can death of
(b)(6) we are reside at

(b)(6) residence compound in Meshtel .

We witness , approve and swore by God and in front
of you that saw (b)(6) laying dead on pavement
after .he was shot dead by American forces which took its
position in build of insecurity .

He was a good young man he was a vendor selling
goods near American camp American troops know him
well and some times they bought from him some goods .

This is our sayings and God bless you Martyr grand
father ask for interview with your honor .

Witness

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Witness

Witne

(b)(6)

(b)(6)

CENTCOM 003604

Pages 39 through 40 redacted for the following reasons:

(b)(6)

Foreign Language Text, (b)(6)