

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 4.0082

USARCS NUMBER: 1463-05

DoI
4/05

Date Received: 21-Sep-05

Name: (b)(6)

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

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

Date of Incident: 17-Apr-05

Amount Requested: \$15,000.00

Recommendation: [] Approval [x] Denial []
Investigation *D.C.I*

Date Reviewed by OIC:

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

Denied. Denial Code 1

[] On hold pending investigation findings.



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 24-Sep-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM I18T1463-05:

Claim of: (b)(6)

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

Date Filed: 21-Sep-05

Amount Claimed: \$15,000.00

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

Claim Number: 4.0082

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, @ VOIP (b)(2)High

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

FOREIGN CLAIMS COMMISSION

CENTCOM 004467

To: United States Claims Commission
From: Name: (b)(6)
Address

- I am
- a. A citizen and national of: Iraq
 - b. A permanent resident of: Iraq
 - c. Employed by:
 - d. Check one () An insurer (X) not an insurer
 - e. Check one (X) A subrogee () Not a subrogee

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

C troop 1-11 ACR CPT (b)(3),(b)(6)

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

My claim arose at: Adhamigia Baghdad Iraq
(Town) (City) (Country)

My claim arose on: Apr 17 2005
Month Day Year

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.)

(b)(6) claims that on the above date at AL-Khandat Highway Al-Son (b)(6) was shot by the U.S. Military Troop at 9 o'clock in the evening and was taken by Iraqi Police injured to AL-Khandat hospital and died in the hospital of Baghdad.

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

Lost at Life

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

Item	Amount
lost of life	15,000 U.S Dollars
Total: 15,000 U.S Dollars	

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

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

(Name)

(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)
\$ 15,000 U.S Dollars local ---

(b)(6)

(b)(6)

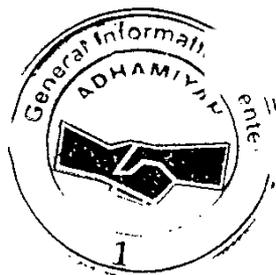
(Signature of Claimant)

Subscribed before me this 14 day of Sep. 2005

(b)(6)

(Print Name)

(b)(6)



To / C troop 1-11 ACR captain

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

Subj. / Death Certificate

Hereby attaching the formal papers that concern my son
(b)(6)) unintentional get shot in his
abdomen and chest that caused him death by the coalition forces
and previously your majesty had made personal visit to us in
the hospital in Baghdad Educational Hospital to check the state
of my son whom died after few days of your visit on 20/4/2005 ,
so please I request personal compensation for my son's death
and what I had bear from big loss as he was the only one who is
responsible of my family(bread winner) of taking care of it .

With my thanks and highly estimation

(b)(6)

Father of the martyr

(b)(6)

Certificate No. :654199
Organizing date : 20/4/2005

Republic of Iraq
Ministry of Health

Statistic and health and biology dep.

Death certificate

1. name of the dead and his surname : (b)(6)
2. gender : male
3. nationality : Iraqi
4. religion :Moslem
5. career : free job
6. marital status : (b)(6)
7. date of birth : (b)(6)
8. place of birth : AL- Rusafa - Baghdad
9. his permanent residence : (b)(6)
10. place of death :
11. date of his death : 20/4/2005 at eight o'clock morning
12. name of dead 's father : (b)(6)
13. name of the dead' s mother : (b)(6)
14. informer of death : Dr. (b)(6)
15. his relation of the dead : Dr. of the section
16. address of the informer : Baghdad Educational Hospital
17. reason of death : he had shot in his chess and abdomen by the coalition forces and he was provided with a document of not anatomy the body No. (b)(6) on 20/4/2005
18. the death happened in : hospital
19. name of the doctor : Dr. (b)(6)
20. address of doctor's work : Baghdad Educational Hospital
21. information special in nationality and civil identity

Record number: (b)(6)

Page No. : (b)(6)

Governorate : Baghdad

No. Of civil identity (b)(6) it had been depending information on the father's Identity because the dead Identity lost in the accident

CENTCOM 004471

In the name of God most gracious most merciful

To / Baghdad Educational Hospital

Subj. /delivering a body / without anatomy

AL- Selikh police center

No.: (b)(6)

Date : 20/4/2005

On 15/4/2005 proved to us that (b)(6)
confront gun shot by the coalition forces and he was transferred to your
hospital please organize death certificate for the above mention dead and
deliver him to his family without anatomy according to the issued
instructions from the ministry of health and notify us with appreciation.

Major

(b)(6)

Center officer

Pages 8 through 11 redacted for the following reasons:

foreign language text

AL-Salaikh Police Station.

12-June-2005

Foreign Language

Foreign Language

Claimant:-

born in 1945

(b)(6)

was

(b)(6)

I was told in my house that my son was shot by the U.S troops at AL-Qanat Highway - at eleven o'clock at night and was taken to AL-Kindi hospital

CENTCOM 004478

Adhamiya-Civil-Court
13-June-2005

Foreign Language

Foreign Language

Foreign Language Text

living at AL-Suqab
at the 17-April-2005
My friend

(b)(6)

(b)(6)

... took me I was going with
and my friend

(b)(6)

(b)(6)

(b)(6) with our car (passat-Volkswagen) driving at AL-
Qanat High-Way when we where shot by an un...
Military U.S troops leading to the al...
CENTCOM (b)(6)

Pages 15 through 29 redacted for the following reasons:

foreign language text
foreign language text, (b)(6)

1452

Ref. # 68/05

Adhamiya GIC

Name:

(b)(6)

Subject: lost of life

Contents:

- (1) claim form.
- (2) witnesses statements
- (3) Adhamiya court reports
- (4) ID cards
- (5) Death Certificate