

see 491-1

Jan 05

~~62-3-2~~  
~~16-2-2~~ 2005

(b)(6)



**DEPARTMENT OF THE ARMY**

HEADQUARTERS, 256 BRIGADE COMBAT TEAM  
CAMP AL-TAHEREER  
APO AE 09344

FIVA-BDZ-SJA

1 March 2005

MEMORANDUM FOR RECORD

SUBJECT: Claim of - [redacted]  
Address - [redacted] (b)(6)  
Date Filed - 16 Feb 05  
Date Received - 21 Feb 05  
Amount Claimed - \$6,762.00  
Claimed Loss - Shooting

1. Facts - Claimant alleges that, on or about 27 Jan 05, the claimant's son was driving his taxi from Baghdad to Al-Ka'im when he was shot and killed by Coalition Forces.

2. Your above mentioned claimed is denied based on the following reasons:

Disapproved based on the combat activities bar to compensation;

Disapproved based on improper claimant;

Disapproved based on lack of evidence showing negligence of US personnel;

Disapproved based on failure to show a loss;

Approved

Adjudication Explanation: We are sorry and very sympathetic to your loss, however your claim must be denied because U.S. law prohibits awarding compensation for claims resulting from and/or related to combat operations in any way. We determine that your loss is due to combat operations.

3. 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 each request. However, it should describe the legal and/or factual basis for relief. Claimants may also provide new and additional evidence to support their claim. 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.

4. POC for this memorandum is WO1 [redacted] (b)(3), (b)(1) 256<sup>th</sup> BCT.

Claim# 628-2

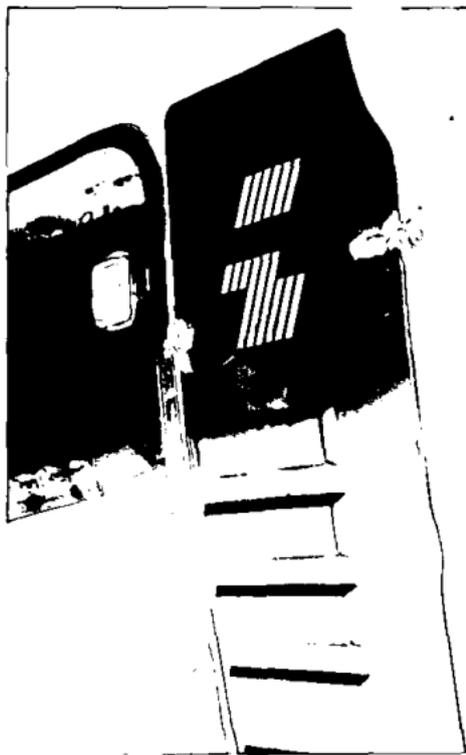
[redacted] (b)(6), (b)(3)

Claims Certifying Officer

CENTCOM 004873



CENTCOM 004874



OLN100M604875



# Claims Form

To: United States Army Foreign Claims Commission

From: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ (b)(6) \_\_\_\_\_

- I am
- a. A citizen and national of: Baghdad - Iraq
  - b. A permanent resident of: Baghdad - Iraq
  - c. Employed by: Worker
  - 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)  
Multi National Forces

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.) \_\_\_\_\_ (b)(6)

My claim arose at: The high way To Ramadi Anbar Iraq  
(Town) (City) (Country)

My claim arose on: 8 January 27th 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.)

On Janu 27th, 05 and when my son was working as driver (Taxi driver) on his car: (b)(6) and during his work when he was moving some passengers from Baghdad to Al Ka'im an American force shot my son's car which led to kill my son (b)(6) after that they searched the car, but they couldn't find any thing, after that they took my son's body to IBN SINA hospital by Helicopter, and when I went to Ibn Sina hospital they gave me my son's body.

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

1- Killing my son (b)(6)  
2- Shooting my car by many rounds.

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
1- For Killing my son (b)(6)	5000 \$
2-	
3- For the damages of my car according to the receiveds, 194, 169	1762 \$
4-	
5-	
6-	

Total: 6762 \$

I was insured to the following extent against the damager 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)

\$ 6762 local 9 804 200 Iraqi Dinar

*[Handwritten signature]*

(Signature of Claimant)

Subscribed before me this 17<sup>th</sup> day of FEB, 2005.

(Print Name)

(Signature)

(b)(6)

DEPARTMENT OF THE ARMY  
HEADQUARTERS, TASK FORCE 1-156  
CAMP LIBERTY  
BAGHDAD, IRAQ

FIVA-256-BDB-CMO

18-Feb-05

MEMORANDUM FOR RECORD

SUBJECT: UCO Report, Claim of: (b)(6)

1. Pursuant to AR27-20, I have investigated the claim of (b)(6)
2. AMOUNT OF CLAIM AND PLACE OF FILING
  - a. AMOUNT \$6,762.00
  - b. DATE AND PLACE OF FILING. The claim was filed on 16-Feb-05 GIC(Radwaniya)
3. DATE AND PLACE OF INCIDENT.
  - a. DATE 1/27/2005
  - b. PLACE. The highway to Ramadi
4. CLAIMANT'S ADDRESS. (b)(6)
5. CHAPTER(S) THE CLAIMS WAS CONSIDERED UNDER, AND BRIEF DESCRIPTION OF THE INCIDENT TO THE ISSUES RAISED BY THE CLAIMANT: Foreign Claims act and chapter 10, AR 27-10, paragraph 10-3.; claim filed for damage to real and personal property resulting from negligent and wrongful acts of soldiers of the U.S. Armed forces.
6. FACTS OF INCIDENT.
  - a. CLAIMANT'S BACKGROUND. NA
  - b. THE INCIDENT. On 27 JAN 05, (b)(6) was a taxi driver carring passengers from Baghdad to Al-Ka'im when the US Forces shot (b)(6) car which led to his death afterwards the US Forces searched the car, they then took his body to IBN Hospital by hellicopter.
7. OPINION (b)(6) has a death certificate, the reciepts for fixing the car, and pictures of the damages done to thecar.
8. RECOMMENDATION: approve the claim:because of (b)(6) mother pain and sufferig
9. POC for this information is the undersigned at DNV (b)(2)High, IRAQNA: (b)(2)High

(b)(6)

SSG, FS  
Claims NCO

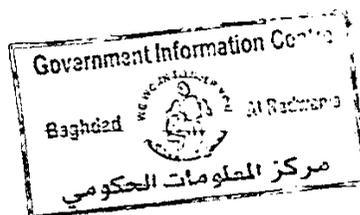
CENTCOM 004878

Mr-

(b)(6)

Claim Contains:

1. I.D Card + living card.
2. The death document for the victim Fu'ad Lefta
3. Pictures For the damage Car and the Victim.
4. The Receipts in No. 194 & 169 for Fixing the car



DRAFT

0751

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme
b)(3)(b)(6) UNIDENTIFIED		b)(3)(b)(6) NA	b)(3)(b)(6) NA
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance
NA		IRAQ	ND
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire	PROTESTANT Protestant
NEGROID Négre		MARRIED Marié	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du décédé avec le susdit	
STREET ADDRESS Domicile à (Rue)		CITY OR 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 <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>			Immed.
ANTECEDENT AUSC Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition mortelle, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>			
MODE OF DEATH Condition du décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> 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			
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste	SIGNATURE Signature	DATE Date
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès	
0115 26 JAN 2005		AL THORADUM.	
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	
(b)(6)		MD.	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
LDCR	S-378 TA		
DATE Date	(b)(6)		
26 JAN 2005		(b)(6)	

PRAYER SAID BY CHAPLAIN

DD FORM 1 APR 73 2005

CENTCOM 004880

RECORD OF IDENTIFICATION PROCESSING (Effects and Physical Data)			DATE		
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number)			GRADE	SERVICE NO. SSAN	CIL CASE NUMBER (If applicable)
(b)(3)(b)(6) UNIDENTIFIED IRAQI			NA	NA	NA
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER			PLOT	ROW	GRAVE
0205 USMC DET 1/2			NA	NA	NA
RECEIVED FROM			IMPRINT OF IDENTIFICATION TAG		
TO FLIGHT LINE			<div style="border: 1px solid black; padding: 10px; text-align: center;">N/A</div>		
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification)					
3 FORMS OF IRAQI IDENTIFICATION					
NONE FURTHER (b)(3)(b)(6)					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM 10-2861)					
(b)(6)					
NONE FURTHER (b)(3)(b)(6)					
FINGERPRINTS TAKEN		X-RAYS MADE		FLUOROSCOPE STATEMENT ATTACHED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN		ANTHROPOLOGICAL STATEMENT MADE		CHEMICAL STATEMENT ATTACHED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT	MUSCULARITY	COLOR OF HAIR	RACE OR NATIVITY		
(b)(6)	MEDIUM	BLACK	(b)(6)		
TATTOOS, SCARS OR MARKS ON BODY					
NONE NOTED					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS					
NONE FOUND					
WOUNDS OR INJURIES					
NONE NOTED					
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.					
NAME, GRADE, AND ORGANIZATION				SIGNATURE	
(b)(3)(b)(6) E3 MA Co ANACOSTIA				(b)(3)(b)(6)	

<b>MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL</b>	1. DATE (YYYYMMDD) <b>20050128</b>	2. PAGE <b>1 of 1</b>	PAGES
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**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

**PURPOSE AND USE:** This form is used to establish initial identification of deceased personnel.

**DISCLOSURE:** Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

3. TENTATIVELY IDENTIFIED DECEDENT					
a. NAME (Last, First, Middle Initial) (or Unidentified) <b>(b)(3)(b)(6) UNIDENTIFIED TRAC</b>	b. GRADE <b>NA</b>	c. S <b>(b)(3)(b)(6)</b>	d. ORGANIZATION <b>NA</b>	e. STATUS <b>DECEASED</b>	f. DATE OF STATUS (YYYYMMDD) <b>20050127</b>
4. PLACE OF RECOVERY (Include grid coordinates) <b>TO FIGHT LINE</b>			5. DATE OF RECOVERY (YYYYMMDD) <b>20050128</b>	6. EVACUATION NUMBERS <b>(b)(2)High</b>	

7. INVENTORY OF EFFECTS				
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
6	MISC. PAPERS	CMP	POOR	TH BIAP
1	MISC. PICTURE	CMP	POOR	BIAP
<del>NOTHING FURTHER (b)(3)(b)(6)</del>				

8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS				
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
14	250 DINAR			
<del>NOTHING FURTHER (b)(3)(b)(6)</del>				

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)

ALL KNOWN EFFECTS   
 ALL KNOWN EFFECTS RECOVERED FROM UNIT   
 ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL				
a. NAME (Last, First, Middle Initial) <b>(b)(6), (b)(3)</b>	b. GRADE <b>E 3</b>	c. ORGANIZATION <b>MA CO. AMACOSTIA</b>		e. DATE SIGNED (YYYYMMDD) <b>20050128</b>

11. RECEIVING OFFICIAL				
a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION		e. DATE SIGNED (YYYYMMDD)
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)

12. RECEIVING OFFICIAL				
a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION		e. DATE SIGNED (YYYYMMDD)
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)

Pages 12 through 20 redacted for the following reasons:

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(b)(6)

foreign language

foreign language, (b)(6)