[redacted] A0384

DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM
4TH INFANTRY DIVISION (MECHANIZED)
CAMP TAJI, IRAQ 09378

REPLY TO
ATTENTION OF:

September 29, 2006

Foreign Claims Commission I09

SUBJECT: Claim # 1/4ID-A0384

(b)(6)
Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the loss of your loved one. 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 the loss of your loved one from events occurring on November 26, 2006 However, in accordance with the cited references, statutory regulations, and the investigation into your claim, your claim is not compensable. You have submitted a claim as a result of events occuring outside of this Claims Office's area of responsibility. Unfortunately you must submit your claim to the claim office in the region of the incident. Accordingly, your claim is denied.

If you are dissatisfied with 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.

Sincerely,

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

Captain, Judge Advocate
Foreign Claims Commissioner

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HEADQUARTERS, 1ST BRIGADE COMBAT TEAM
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Sincerely,

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

Captain, Judge Advocate
Foreign Claims Commissioner

(9)(q)

Claim Number: 1/4ID-A0384

Name: (9)(q)

Date of Incident: 26-Nov-06

Date Received: 25-Sep-06

Summary: Claimants nephew was killed by a door breaching charge

Circle Decision, Fill-in Date, and initial

DENY	INVESTIGATE	PAY - $_____
DATE 28 Sep	DATE	DATE
IN (9)(q)'(3)(q)	INIT	INIT

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

NOTES: X **CERP**

(9)(q)

1/4ID Claims Coversheet

Claim #: 1/4ID- A0384 **Date Claim Submitted:** 09-21-06

Claimant Information

Last Name: (9)(q) Claimant Address: Baghdad

First Name: (9)(q) (9)(q)

Middle Name

Identification Number 2300

Incident Information

- o Vehicle Accident
- o Detainee Property
- o Damage During Raids
- o Small Arms Damage/Injury
- o Damage to Real Estate
- (o) Other

Incident Date: 11/26/05

Incident Location: Saqlawa

Amount Claimed: $ 20,000

Estimates Included? (YES) NO

Claim Card or Note? YES (NO)

Investigation Notes:

Adjudication Notes:

(b)(6)

Form

Name: الأ

Foreign Language

Address: العنو

(b)(6)

I am أنا

a. A national citizen of: Iraqi أ. أحمل جنسية:

Foreign Language

b. A permanent resident of: ب. عنوانى الدائم:

(b)(6)

c. Employed by: ت: أعمل لدي:

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

أننى أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابت التى نجمت من:(المنظمة , الوحدة العسكرية)

the Coalition

Foreign Language

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.)

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

Foreign Language

My claim a

(Country)

(b)(6)

Baghdad

البلد أو المحافظة المدينة القرية تظلمى قدم فى:

CENTCOM 006528

My claim arose on: 11 26 2005
Month Day Year

تظلمي قدم في: _____

السن يوم شهر

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.)

باختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك، سواء كانت جسدية أو ممتلكات. (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر

Foreign Language

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

Total: $ 20,000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شي لوحدة)

الشي المتضرر	تكلفته

إجمالي التكلفة: 20000 $

I explained the accident in detail in the papers attached with the claim

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

_____

_____

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

_____

_____

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

$_____ I.D._____

أطالب بتعويض للأضرار بوازي (أكتب بالدولار الأمريكى أو العملة المحلية)

$_____ العملة المحلية _____

_____

I (have/ have not) previously filed a claim relating to the incident described above.

سابقا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.
لحسن علمى طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة فى هذا التظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ، يحاكم من قبل السلطات

(b)(6)

_____ ture of Claimant)

(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this _____ day of _____, 200_____.

_____

(Signature of Witness)

_____

(Printed Name)

ENCLOSURE I (Claims Form)

CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1480, 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.

1. FROM	2. TO	3. DATE PREPARED (YYYYMMDD)	4. PAGE
MACP FALLUJAH	FALLUJAH MEMORIAL HOSP	2005 11 26	1 OF 1 PAGES

5. VEHICLE/AIRCRAFT ID NUMBER	6. EVACUATION NUMBER	7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state) a. NAME (Last, First, Middle Initial)	b. GRADE	c. SSN	d. ORGANIZATION
(b)(2)High, (b)(6)		UNIDENTIFIED	N/A	N/A	N/A

8. AIRCRAFT/VEHICLE DEPARTED	9. AIRCRAFT/VEHICLE COMMANDER a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION
a. TIME 1715	(b)(3)(b)(6)	[illegible]	(b)(3)(b)(6)
b. DATE (YYYYMMDD) 2005 11 26	b. SIGNATURE (b)(3)(b)(6)		c. DATE (YYYYMMDD) [illegible]

10. AIRCRAFT/VEHICLE ARRIVED	11. RECEIVING OFFICIAL	b. GRADE	c. ORGANIZATION
a. TIME 7:30 pm	(b)(6)	[illegible] officer	[illegible]
b. DATE (YYYYMMDD) 26 11 05			c. DATE (YYYYMMDD) 26 11 05

DD FORM 1075, JUL 1998 (EG) PREVIOUS EDITION MAY BE USED. Designed using Perform Pro, WHS/DIOR, Jun 06

CENTCOM 006531

Page 11 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language, (b)(6)

Foreign Language Text, (b)(6)

To \ The Respectable Judge Of Multi-National Forces In Fallujah

At 11:00 a.m. on Saturday 2005 a patrol of Multi-National forces broke into (b)(6) that is in (b)(6) where my nephew (b)(6) (b)(6) used to work. They put an explosive ordnance at the door of (b)(6) and exploded it causing in killing my nephew mentioned-above. I went there but the soldiers prevented me from getting in. After that they let me in after they took the body of the victim with them. I found the place where my nephew killed full of blood and torn clothes. Additionally, there is a nearby military point of the Multi-National forces that is about (b)(6) Getting you to know that the victim (my nephew) was seen by the Multi-National forces when he entered the farm.

Consequently, I address this claim asking for taking legal actions and for compensation for the personal and material damages I have suffered.

Claimant

(b)(6)

FALLUJAH INVESTIGATING COURT

7/12 /2005

Sub.\ Claim

Claimant's Name: (b)(6)

Date of Birth: (b)(6)

Occupation: (b)(6)

Address: (b)(6)

Claimant's Statement:

At 11:00 a.m. on Saturday 2005 a patrol of Multi-National forces broke into (b)(6) that is in (b)(6) where my nephew ((b)(6) (b)(6)) used to work. They put an explosive ordnance at the door of the farm and exploded it causing in killing my nephew mentioned-above. I went there but the soldiers prevented me from getting in. After that they let me in after they took the body of the victim with them. I found the place where my nephew killed full of blood and torn clothes. Additionally, there is a nearby military point of the Multi-National forces that is (b)(6) Getting you to know that the victim (my nephew) was seen by the Multi-National forces when he entered the farm.

Consequently, I address this claim asking for taking legal actions and for compensation for the personal and material damages I have suffered

The claimant mentioned-above attended before me and verified his sayings after taking oath.

(b)(6)

FALLUJAH INVESTIGATING COURT

7/12 /2005

Sub.\ Testimony

1st Witness:

Name:
Date of Birth:
Occupation:

(b)(6)

Witness' Statement:

At 8:00 a.m. on Saturday 2005 I left the deceased ((b)(6) (b)(6) in (b)(6) where he used to work. At 11:00 of the same day a patrol of Multi-National forces broke into (b)(6) that is in (b)(6) in (b)(6) They put an explosive ordnance at the door of the farm and exploded it causing in killing the victim mentioned-above.

2nd Witness:

Name:
Date of Birth:
Occupation:

(b)(6)

Witness' Statement:

At 11:00 a.m. on Saturday 2005 a patrol of Multi-National forces broke into the (b)(6) that is in (b)(6) where the deceased ((b)(6) (b)(6) used to work. They put an explosive ordnance at the door of the (b)(6) and exploded it causing in killing the person mentioned-above (I was near the accident site). Additionally this explosion caused in destroying the door of (b)(6) and all the window glass was smashed. After about 25 minutes I saw the soldiers of the patrol bearing the body of the victim while his blood was flowing.

The witnesses mentioned-above attended before me and verified their savings after taking oath.

(b)(6)

FALLUJAH INVESTIGATING COURT

7/12/2005

Sub.\ The Judge's Recommendations

1- The sayings of the claimant and witnesses have been verified.
2- The claimant shall be provided with a copy of the investigation papers.
3- The decision is to be registered.
4- The investigation has been suspended as the Multi-National Forces have legal impunity.
5- These papers are to be referred to the Attorney General.

(b)(6)

REPUBLIC OF IRAQ

Ministry of Health

Dept. of Health & Life Statistics

No. (b)(6)

Date: 26/11/2005

CERTIFICATE OF DEATH

Deceased's full Name: (b)(6)

Mother's Name:

Sex: Male

Religion: Muslim

Occupation: (b)(6)

Marital Status: Bachelor

DOB: (b)(6)

Address: (b)(6)

Place of Death:

Date of Death Month: November Day: 26 Year: 2005

Disease or state that leads to death directly:

US army military actions

Other causes lead to death:

Dr.: (b)(6)

Works in: Fallujah General Hospital

Signature: *(signed)*

This certificate has been registered in the health authorities of: Fallujah

Under serial no.: (b)(6)

On : 2005

[redacted] (2)H

SEAL # [redacted] (b)(6)

Foreign Language, (b)(6)

NEEDS TO SEE -16 SJH

IRAQI CLAIMS POCKET CARD

CAPT [redacted] about nephew who was killed in chicken coop w/ 2/6 COMPANY

The Army may pay claims to Iraqi civilians fo property damage, injury and death caused b US Forces.

If your unit is involved in an incident resultin in damage to property of an Iraqi civilian, o the death or injury of an Iraqi civilian:

1. [redacted] (b)(6) ...tion below.
2. [redacted] appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything. A0384 NOV 1 reding
4. Upon return to your FOB, complete SF 91. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the individuals involved and will be used only to substantiate a claim against US forces.

UNIT 2/6 COMPANY

DATE 2005.12.04

LOCATION [redacted] (b)(6)

TYPE OF INCIDENT SEARCH OF LOCKED DEV

NEEDS TO SEE -16 SJH

IRAQI CLAIMS POCKET CARD

CAPT [redacted] about nephew who was killed in chicken coop w/ 2/6 COMPANY

The Army may pay claims to Iraqi civilians fo property damage, injury and death caused b US Forces.

If your unit is involved in an incident resultin in damage to property of an Iraqi civilian, o the death or injury of an Iraqi civilian:

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete SF 91. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the individuals involved and will be used only to substantiate a claim against US forces.

UNIT 2/6 COMPANY

DATE 2005.12.04

LOCATION [redacted] (b)(6)

TYPE OF INCIDENT SEARCH OF LOCKED DEV

Foreign Language, (b)(6)

Page 21 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Foreign Language, (b)(6)