

claimant
needs to be
notified

TF Iron
Foreign Claims Cover Sheet

File #: 8-I9C-035

Name: _____ (b)(6) _____

POA/ATT: None

Date Received: 29 Mar 08 Date of Incident: 29 Oct 07

Claim Amount: CC NOT SURE Location: _____ (b)(6) TKRIT

Next Apt: _____ Contact Info: _____

Additional Evidence / Further Investigation:

Check Intsum Check Sigacts _____
Check Investigation Spreadsheet _____

Approved Denied I/E

Goodwill Payment Recommended: _____
 Approved: _____ Denied: _____

MVA RAID LOST NEG FIRE REAL LAND
 OTHER: _____

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST ARMORED DIVISION
MULTI NATIONAL DIVISION NORTH
CONTINGENCY OPERATING BASE SPEICHER, APO AE 09393

AETV-THH-CL

15 April 2008

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 8-I9C-035

1. **Identifying Data:** (b)(6)
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 29 October 2007 in the (b)(6) of Tikrit.
3. **Amount of claim and date it was filed:** On 29 March 2008 the claimant filed a claim. however he did not specify the amount.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, (FCA) 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20 and Department of the Army Pamphlet 27-162, Chapter 10. This claim was not properly filed because of the amount, but in a timely manner.
5. **Facts:** The claimant alleges that Coalition Forces ("CF") helicopters fired on a playground where the claimant's son played and killed him. The claimant stated that this occurred on 29 March 2007. There are three additional statements. (b)(6) said that around 1700 there was an explosion and he was injured in his chest and he believed the explosion was caused by a rocket from a helicopter. (b)(6) stated that at around 1700 on 29 October 2007 he heard a noise. He dropped to the ground and injured his right leg. (b)(6) (b)(6) said that something fell down from the sky and injured him.
6. **Opinion:** Based on the facts, the claimant provided insufficient evidence to substantiate the claim. There are conflicting statements as to whether CF or not killed the claimant's son. One person stated that something came from the sky and injured him and the other person stated that he thought the rocket came from a helicopter. A search of SIGACTs did not reveal any information confirming the details. A helicopter firing rockets inside of Tikrit would most definitely be reported in SIGACTs. The claimant also stated tha the incident occurred on 29 March 2007 but all other documents list 29 October 2007. Since the statements do not indicate that CF killed the claimant's son and this event is not listed in SIGACTs, this claim is denied under the FCA. The claimant also failed to state the amount claimed for the death. The claimant did not provide sufficient evidence to substantiate this claim.
7. **Recommendation:** This claim is disapproved.

CENTCOM 008323

AETV-THH-CL
SUBJECT: Claim of

(b)(6)

8-I9C-035

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

CPT, JA
Claims Judge Advocate

CENTCOM 008324

TF Iron Claims Intake Form

Name of Claimant

(b)(6)

- Iraqi ID Card seen and identity verified Iraqi Resident
 Copy of Iraqi ID Provided (Hometown is _____)

POA/Attorney Name None

- Power of Attorney provided Original Seen
 Names Match If POA, state relation _____

Decedents (if applicable list names below)

1. _____ 2. _____
3. _____ 4. _____

Claim arose at: _____

Claim arose on: 29 (Town) Oct (City) 07
Day Month Year

Time of Day: 5 pm

Proof of Ownership:

- Vehicle VIN Number Match Sales Contract Provided
 Land Deed (Name Match) Other (explain) _____

Death Certificates

- Original Seen Cause of Death Legs broken, legs & hands cut bleeding
 Name Match Age of Decedent & child.

(b)(6)

Medical Report/Legal Expert Opinion

- Legal Expert Report Attached: (total damages \$ _____)
 Medical Report (State type and severity of injury)

Brief statement of the incident on which the claim for damages is based.

Helicopters were over head - working on street shot & killed his son.

In his house & heard shots fired from helicopter. Went outside & saw son was killed.

Witness Statements

1. *Witness #1:* (Name) (b)(6) Eyewitness

Synopsis of Testimony: ~~In his house at night he was injured~~
~~by a bullet fired from~~
~~the air. He was injured~~
@ 5pm was playing soccer in village & was shot in the chest

2. *Witness #2:* (Name) (b)(6) Eyewitness Consistent w/ First
 Same Story as First Witness

Synopsis of Testimony: @ 5pm was near soccer field heard something
in the air. Injured in right leg

Itemized expenses/damages resulting from the property damage or personal injury:

<u>Item</u>	<u>Amount</u>

Total: _____

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

\$ _____ Iraqi Dinar _____
Not sure

(b)(6)

→ _____
(Signature of Claimant)

Subscribed before me this 1st day of April, 2008.

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

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

(Signature)

Total Evidence Provided (Check all that apply)

- Witness Statements (#5) Proof of Ownership Medical Documents
- Legal Expert Report Police Report Photographs
- Other _____ Other _____ Other _____

8-19C- 035

GPOA-general power of attorney
JF-judge finding
MR- Medical Report

WS-witness statement
CP-CL statement to police
EOR- Estimate of Repair
D-diagram

CJ-claimant statement to judge
DC-death certificate
L-Lease

P-picture
O-other (list)

1

cpcl claimant said
on 29/Mar/2007 on 5 pm I was in my house
in (b)(6) Area I was feed the sheep
during this time happenned fire from helicopter
to the play ground after the Explod ~~to~~ I went
to the incident Area I saw my son died
afte that I took it my house and I burn ~~it~~
I want compensation.

2

WS (b)(6) : (b)(6) witness said
on 5 pm I was nearby from playfield in ALBU
ABed Area. happenned plowup close from playfield
where ~~of~~ caused injured me in my chest - I think
this is Rocket from helicopter. This my statement

2

WS (b)(6) : (b)(6) witness said
on 5 pm I was nearby ~~play~~ field in ALBU ABed
Area. I heard voice where ~~of~~ caused fall down
me on the Ground and I injured in my Right
Leg after that transfer us to JAKRIT hospital -
This my statement.

2

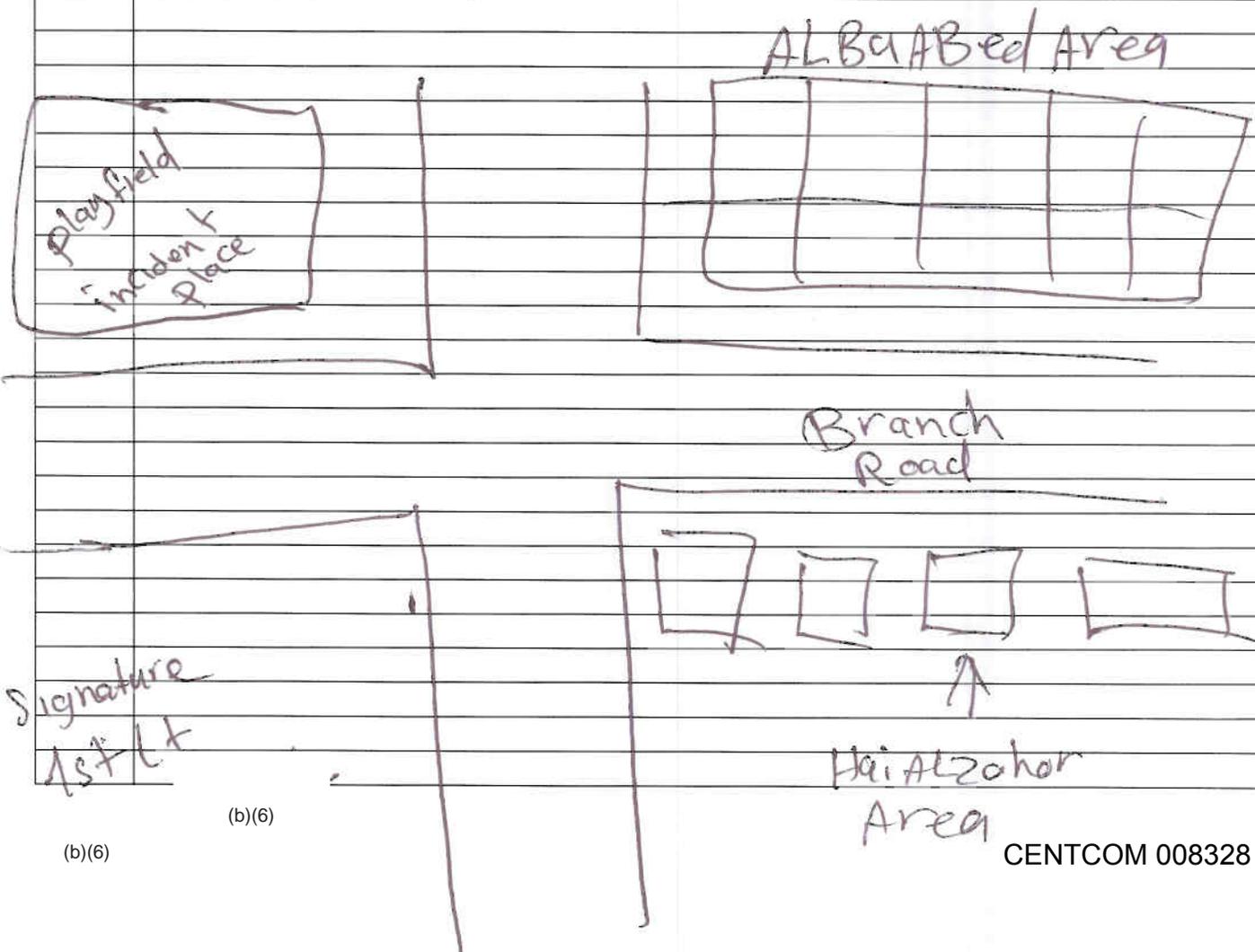
WS (b)(6) : witness said
about 5 pm I was close from playfield and from The Air some
thing fall down and plowup and caused injured me - after that
they transfer me to hospital - This my statement.

13

D Diagram

According to the order on 29 Oct 2007 we moved to incident area we saw

- 1- The distance from police station to the incident about (4) KM
- 2- The incident involved plow up Rocket To play field in Abal Abed Area
- 3- I saw some of flinders on the ground
- 4- I saw hole from the exploding
- 5- I didn't see anything else



(b)(6)

(b)(6)

CENTCOM 008328

8-19C-

085

GPOA-general power of attorney
JF-judge finding
MR- Medical Report

WS-witness statement
CP-CL statement to police
EOR- Estimate of Repair

CJ-claimant statement to judge
DC-death certificate
L-Lease

P-picture
O-other (list)

4



Republic of IRAQ
ministry of health
medicine of college

Number / _____
Date / _____
Number _____

Report of judicial medical for males

To hospital police

I am the signed down (Dr)

(b)(6)

I did Autopsy for (

(b)(6)

The

sender from your police station number

(b)(6)

on 29/10/2007 and that in judicial
medical / I write on 29/10/2007 - and

The Result came like this

The description for the Body.

The high ft: middle

skin color Brown

Hair color Black

Eye color Black

Age _____ (b)(6)

The outside damage

We saw Breaking injuries and cut The ~~Legs~~ Legs
and hands and shatter in Bones and shatter
The head and Bleeding

5

8-19 CO 35

Office: Takrit

Republic of IRAQ

M - O - I

ID number

Record:

(b)(2)High, (b)(6)

page:

Personal ID

(b)(6)

Name:

(b)(6)

Grandland fathername:

(b)(6)

Surname:

(b)(6)

Gender male

Date of ID

(b)(6)

Religion: muslim

Birth of date:

(b)(6)

Birth place:

(b)(6)

unique marking: healthy

marital status: married

wife name:

(b)(6)

Record place: marriage

Physical Description:

Eye color: Black

face color: Brown

Hair color: Black



CENTCOM 008330

6/11

Death Certificate

Number: (b)(6)

Date: 6-Nov-2005

Name of deceased: (b)(6)

Gender: male

Nationality: IRAQ

Religion: muslim

Marital status: married

Birth date: (b)(6)

Birth place: Takrit

Date of death: 29-Oct/2007

Father name: (b)(6)

The name of informed: The hospital

Dr. name: (b)(6) Dr. in Judicial medical

hospital / police station

Form number: (b)(6) on 29/10/2007

Record numbers: (b)(6), (b)(2)High M

Page: 2 (b)(6), (b)(2)High

Province: Salah Al deen -

ID number: (b)(6)

Pages 13 through 16 redacted for the following reasons:

Foreign Language Text
Foreign Language Text, (b)(6)



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST ARMORED DIVISION
MULTI NATIONAL DIVISION NORTH
OFFICE OF THE STAFF JUDGE ADVOCATE
CONTINGENCY OPERATING BASE SPEICHER, APO AE 09393

REPLY TO
ATTENTION OF:

AEPV-THH-CL

MEMORANDUM FOR RECORD

SUBJECT: Waiver of Notification

1. I, the Claimant, hereby agree that if I fail to provide any requested evidence to the CMOC Claims Office within sixty (60) days of the date below or to request a written extension of the sixty (60) day period, such inaction shall constitute an affirmative act of abandonment of my claim, and my claim shall be administratively closed in accordance with the provisions of DA PAM 27-162, paragraph 13-3(f).
2. I further agree that if I wait longer than sixty (60) days from the date below to return to the CMOC to receive notification of the final disposition of my claim or to request a written extension of the sixty (60) days period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance above.

1. انا المشتكي هنا وافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة ستون (60) يوما , هذا سوف يسبب عدم تكوين تأكيد لقضيتي , وبسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ا,م 162-27, من الفقرة 13-3(ف).

2. وانا كذلك وافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما , هذا سوف يتسبب برفض قضيتي . و القضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature: _____

Sworn before

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

_____, on 1st day of April 2008.

CENTCOM 008336