

TF-Iron
Foreign Claims Cover Sheet

File # 8-IL9-018

Name (b)(6) _____ Iraqi ID # _____
ATT with POA _____
Date Received 8 July 08 Date and Time of Incident 170007
Claims Amount _____ Location Tikrit
Next Appt Aug 5th Contact Info (phone/email) (b)(6)
Type of case: MVA RAID NEGLIGENCE REAL PROPERTY LAND
 EOF OTHER _____

Additional Evidence Needed addl witness statements, proof of negligence of US soldiers, address

Check Upon Completion:	
Intake	_____
Tracker Updated	_____
Translation (b)(6)	<u>7-21-08</u>
SIGACTS/CCIR	<u>No Report 1 Aug 08</u>
Adjudication	<u>Denied Insufficient Evidence/Combat</u>
Notification	<u>5 Aug 08</u>
Appealed	YES NO
Tracker Updated	_____
Filed	_____
Recommend GWP	YES NO
Made GWP	YES NO
Tracker Updated	_____
Sent to USARCS	_____

1 Aug 08 CPT

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

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. _____ (b)(6)

(brother)

2. _____

3. _____

4. _____

Claim arose at:

(Town)

Tikrit

(City)

Claim arose on:

Day

17

Month

Jun

Year

07

Time of Day:

1000

Proof of Ownership:

Vehicle VIN Number Match

Sales Contract Provided

Land Deed (Name Match)

Other (explain) _____

Death Certificates

Original Seen - NO - court copy

Cause of Death Shot by CF

Name Match

Age of Decedent 36 yo

Medical Report/Legal Expert Opinion

Legal Expert Report Attached: (total damages \$ _____)

Medical Report (State type and severity of injury)

Brief statement

VIBED (
police stat

Name...

(b)(6)

Date...

Aug 5th 08

Foreign Language

Claim No...

8-018

Foreign Language

Reason .

Illegible Text

Appointment with...

Signature..

(b)(6)

worked near
mine

CENTCOM 008341

Witness Statements

1. *Witness #1:* (Name) _____ Eyewitness

Synopsis of Testimony: _____

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

Synopsis of Testimony: _____

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 Doesn't know how much to claim
his brother was his sole support.

(b)(6)

→ _____
(Signature of Claimant)

Subscribed before me this 20th day of April, 2008.

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

(Print Name)

(Signature)

Total Evidence Provided (Check all that apply)

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

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 _____

- Power of Attorney provided Original Seen
 Names Match If POA, state relation _____
- Decedents (if applicable list names below)

1. _____ (b)(6) 2. _____
3. _____ 4. _____

Claim arose at: _____
(Town) Tikrit (City)

Claim arose on: 17 Jun 07
Day Month Year

Time of Day: 1000

Proof of Ownership: _____

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

Death Certificates

- Original Seen Cause of Death _____
 Name Match Age of Decedent _____

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.

Claimant's brother was ~~attacked~~ killed accidentally it was explosion
at a (b)(6) The workers ran out while CT were
driving CT began shooting. His brother was shot in the
neck and died accidentally

Witness Statements

1. *Witness #1:* (Name) _____ Eyewitness

Synopsis of Testimony: _____

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

Synopsis of Testimony: _____

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

Total: _____

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

\$ _____ Iraqi Dinar _____

(b)(6)

→ _____
(Signature of Claimant)

Subscribed before me this 8 day of July, 2008

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

(b)(3)(b)(6) _____
(Signature)

Total Evidence Provided (*Check all that apply*)

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

1. I, the claimant, hereby agree that if I fail to provide any requested evidence to the CMOC Claims Office within (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 Claims Office to receive notification of the final disposition of my claim or request a written extension of the sixty (60) days period, the failure will result in denial of the claim. The claim will be administratively closed with the guidance above.

أنا المشتكى هنا أوافق على أنني إذا فشلت في إثبات طلبي بالأدلة الكافية إلى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوماً من تاريخ اليوم أو طلب التمديد (الاستئناف) خلال فترة ستون (60) يوماً، فهذا سوف يسبب عدم تكوين تأكيد قضيتي، وبسبب ذلك قضيتي سوف تُغلق و تغلق اداريا طبقا للقانون (د، ا، ب، ا، م، 162-27، من الفقرة 13-3 (ف)).

وكذلك أوافق على أنني إذا انتظرت أكثر من (60) ستون يوماً من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لقضيتي أو لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوماً، فهذا سوف يتسبب برفض قضيتي والقضية سوف تغلق اداريا وفقاً للقانون.

(b)(6)

(Signature of Claimant, Print Name)

Foreign Language Text

Subscribed to me this 8 day of April, 2008

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

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

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. أنا المشتكى هنا أوافق على أنني إذا فشلت في إثبات طلبي بالأدلة الكافية إلى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوماً من تاريخ اليوم أو طلب التمديد (الاستئناف) خلال فترة ستون (60) يوماً، فهذا سوف يسبب عدم تكوين تأكيد قضيتي، وبسبب ذلك قضيتي سوف تُغلق و تغلق اداريا طبقا للقانون (د، ا، ب، ا، م، 162-27، من الفقرة 13-3 (ف)).

2. وأنا كذلك أوافق على أنني إذا انتظرت أكثر من (60) ستون يوماً من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لقضيتي أو لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوماً، فهذا سوف يتسبب برفض قضيتي. والقضية سوف تغلق اداريا وفقاً للقانون.

(b)(6)

Claimant Signature: _____

Sworn before (b)(3)(b)(6), on 20th day of April 2008.

Pages 7 through 8 redacted for the following reasons:

Foreign Language Text, (b)(6)

8-IL9-018
5 Aug 08



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

Foreign Language Text

(b)(6)

Foreign Language Text

(b)(6)

CENTCOM 008348



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

1 August 2008

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 8-IL9-018

- 1. Identifying Data:** (b)(6)
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred 1 km away from the concrete factory in Tikrit on 10 June 2007.
- 3. Amount of claim and date it was filed:** On 8 July 2008 the claimant submitted evidence requesting a condolence payment for the death of his brother.
- 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 properly filed in a timely manner.
- 5. Facts:** Claimant alleges that his brother (b)(6) was killed by CF. Claimant alleges that there was an explosion at the (b)(6) where (b)(6) was a worker. Claimant alleges that after the explosion everyone ran from the (b)(6). Claimant alleges that at the same time, CF was arriving on the scene. As the workers ran towards the CF, claimant alleges that CF fired on the workers, killing (b)(6).
- 6. Opinion:** Claimant initially filed this claim on 26 April 2008. The file was misplaced and the claimant submitted new documentation on 8 July 2008. Recently, the claimant's old file was found. However, the documents submitted by the claimant from April and July do not match. Furthermore, the claimant has changed the dates of the incident. This claim can also be denied because the CF EOF that killed (b)(6) was combat activity. Claims arising "directly or indirectly" from combat activities of the U.S. armed forces are not payable. Damages caused by enemy action, or by the U.S. armed services resisting or attacking an enemy or preparing for immediate combat with an enemy, are certain to be considered as arising from combat activities. DA PAM 27-162, paragraph 10-3b.
- 7. Recommendation:** This FCA claim should be denied. This claim lacks sufficient evidence for a CERP Request Payment to be submitted.

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

CPT, JA
Claims Judge Advocate

CENTCOM 008349

8-IL9-018

Page 1

CP-CL

(b)(6) (b)(6) years old lives in (b)(6) claims that on June 10th 07 his brother was killed by the CF while there was an explosion in a (b)(6) were the deceased use to work, everybody run out of the (b)(6) to the streets and during this time the CF was arriving to the scene and saw the people running toward them they start shooting randomly and one of the bullets hit his brother in his head and killed him instantly, and the deceased (b)(6) he was a single man who help supporting his parents.

Document date July 13 08

Page 2

WS1

(b)(6) (b)(6) years old he worked at the same (b)(6) with the deceased person (b)(6) (b)(6) the witness indicates that on June 10th 07 there was an explosion in the (b)(6) building that is 1km far from the (b)(6) everybody run out of th (b)(6) to the streets and during this time the CF was arriving to the scene and see the people running toward them they start shooting randomly and one of the bullets hit (b)(6) in his head and I hurried to take him to the hospital but he died in a way so I had to take back to his parents house where he lived, and the deceased (b)(6) he was a single man who help supporting his parents.

Date of this document July 15th 2008

Page 3

WS2

(b)(6) (b)(6) years old lives in (b)(6) Tikrit says on June 10th 2007 there was an explosion in the (b)(6) Building is 1km far from the (b)(6) everybody run out of the factory to the streets and during this time the CF was arriving to the scene and see the people running toward them they start shooting randomly and one of the bullets hit (b)(6) in his head and he died in the way to the hospital, and the deceased (b)(6) he is my uncle and I use to work with him at the same (b)(6) he was a single man who help supporting his parents.

Document dated July 15th 2008

Extra info, some of this case was translated back in April it is a death certificate and medical report, but the new statements we have shows he never made it to the hospital, and at the intake day when we asked the claimant did they do an Autopsy for his brother, his answer was in a Muslim religion the Autopsy it's forbidden.. When a person dies he has to be buried right the way. Also there are 2 intakes for this case one was taken on April 26th 2008 and the other one July 8th 2008 with 2 different statements.

CENTCOM 008350

Foreign Language Text, (b)(6)

CENTCOM 008351

Foreign Language Text, (b)(6)

CENTCOM 008352

Foreign Language Text, (b)(6)

CENTCOM 008353



DEPARTMENT OF THE ARMY
Office of the Staff Judge Advocate
1st Armored Division, Iraq, APO AE 09384

Foreign Claims Commissioner

رئيس قسم الدعاوى الأجنبية

قائمة تبين البيانات والدوراف المطلوبة من المشتكى عند تقديم لدكوى

AT THE CLAIMS OFFICE CHECKLIST FOR FILING CLAIMS

دليل اثبات ملكية العقار أو الشيء المتضرر المذكور بالعريضة

Proof of ownership of the property in question

الصور الفوتوغرافية كدليل مؤيد لحدوث الأضرار المذكورة بالعريضة

Photographic evidence of the damage

الفواتير الطبية أو تقارير الأطباء المؤيدة للإصابات المذكورة

Medical Bills/Doctors written assessment of injury

شهادات شهود العيان

Additional witness statements

دليل على اهمال جنود القوات الأمريكية (شهادة الجندي أو العلامة المميزة للوحدة المتسببة في الضرر)

Proof of negligence of US Soldiers (statement of soldier, or identifying unit)

عدد 2 شهادة رسمية معتمدة لتقدير حجم الأضرار والخسائر من شخص متخصص بتصليح أو تأمين الشيء

المتضرر (مهندس، ميكانيكي، تاجر سيارات، كهربائي.... أو أي شخص آخر متخصص بإنشاء المتضرر

Two written estimates of damages by a certified repair shop, engineer, auto dealer, or other professional as required by the nature of your claim

تقدير قيمة التعويضات المطلوبة بالدولار الأمريكي

Requested amount in US Dollars

التوقيت و التاريخ و المكان المحدد لوقوع الأضرار المذكورة

Exact date, time and location of accident

شهادة الوفاة الرسمية (إذا كانت مطلوبة)

Death certificates (if applicable)

تحقيق إثبات الشخصية

Proof of identity

عنوان و رقم تليفون الشخص المتضرر

Address and phone number where you can be reached

عقد التوكيل الموقع

Agency agreement

wrong #

8-19C-057

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
I-Lease

P-picture
O-other (list)

Death Certificate

The dead name: (b)(6) Gender: male IRAQI

Religion: muslim - marital status: single

Birth date: (b)(6) Birth place: (b)(6)

deat date: 10, Jun, 2007

father name: (b)(6)

deat. informed: hospital police

Reason of death: Bleeding from fire

I signed (Dr) (b)(6)

Dr. in judicial medical

I Autopsed ^{The} Body for (b)(6)

and The sender from hospital police According
The form 460 on 27 Jun, 2007

(b)(6)

CENTCOM 008355

Translator (S-J-A)

8-19C-057

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

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

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

P-picture
O-other (list)

Judicial Report

Result

appear from the marks and after Autopsed
The Body for (b)(6)) and
No Reason of death Bleeding and breaks
from Blow up (Truck) in Highway Radds
district .

Signature

Dr-

(b)(6)

Judicial medical

Foreign Language Text, (b)(6)