

CERP OFFICE MEMO OF UNDERSTANDING

Claim No.: 349

Payee: \_\_\_\_\_ (b)(6)

CERP Amount Paid: \$2000

I, the claimant, accept the above-listed cash amount as a condolence gift from the U.S. Army in recognition of injury, damage, or death caused during combat operations. I understand this gift does not constitute an admission of guilt or liability by U.S. forces for said injury, damage, or death. I also understand that this gift is fully independent of any adjudication by Claims Office personnel of my case. I understand that I must follow up with the Claims Office if I wish to appeal an adverse decision of the Claims Office.

Date: 26 JUN 01

Payee Signature: X

(b)(6)

CERP Officer Signat

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

Nonresponsive, (b)(5),(b)(6), (b)(3)

CERP NO. <i>(As Annotated by TFF Blackhorse)</i>	CLAIMANT INFO	TYPE OF CLAIM	DATE OF INCIDENT	CLAIMANT'S SYNOPSIS OF INCIDENT	EVIDENCE SUBMITTED <i>(And Miscellaneous Notes)</i>	SIGACTS, SIR AND OTHER OF INFO REGARDING INCIDENT	STATUS	FINAL DECISION
349	(b)(6) (ID: (b)(6))	Son shot and killed during engagement btwn AIF and US	21-Dec-06	(RED'D: 28 JAN06) (b)(6) year old son was walking to a shop when an engagement between AIF and US Forces broke out. Son killed.	ID of Claimant, son and other family members; Death Certificate; Police Report and Witness Statements;	BDE SIGACT: (See File)	PAY	\$2,000
415	(b)(6) (ID: (b)(6))	Son was killed by HMMMWV convoy	29-Jun-05	(REC'D 2 MAR 06): Son was killed while a passenger in a taxi, by a convoy of HMMMWV's in Al Hadba. Taken to public hospital	Claimant's ID (b)(6) Police Reports and Witness Statements; Death Certificates and Police Reports; Medical Reports.	There are a few SIGACTS showing units near area of incident, however nothing specific. (See File)	PAY	\$2,500

nonresponsive, (b)(6)

**NOT FOR PUBLICATION - SECURITY DOCUMENT**

**CLAIMS RESEARCH NOTES**

CLAIM #: 349 -18 MAR APPT (C) 20 MAR APPT

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**SIGACT:** Yes, BDE SigAct attached.

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**DET FAC:** None.

**PREVIOUS FCA:** None.

**PREVIOUS CERP:** None.

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**SOLDIER'S NOTE:** None.

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**CIVIL AFFAIRS:** RFI emailed 12 Feb 06: 17 Feb 06, SGT b)(3), (b)(6) stated no CERP paid to this individual, or to anyone for this incident.

**15-6:** None.

**OTHER REFERENCE:** None.

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**OF NOTE:** Troops were in contact.

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**RECCOMENDATION:** DENY CLAIM

- Evidence does not clearly identify which force shot Claimant's son; AIF or US.
  - Evidence does not establish Claimant's activities at time of incident (Claimant's son could be one of the AIF wounded during the incident).
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**ASKING \$\$\$ AMOUNT/ESTIMATE TOTAL(S):**

- \$2500 for condolence for death of family member

Pay claim \$2000 ?

201745DEC05: A/2-1 RPTS (b)(2)High OVERLOOKING THE (b)(2)High  
INTERSECTION (b)(2)High WITNESSED A DISMOUNTED MAM WITH A RIFLE ATTEMPT TO SHOOT  
A FAKE CAMERA. SNIPERS ENGAGED AND WOUNDED THE MAM. THE WIA MAM WAS PICKED UP BY  
A (b)(6) WHICH THEN PROCEEDED TO FLEE THE SCENE WEST ON (b)(2)High SNIPER  
OVERWATCH ENGAGED VEHICLE WITH M240B, POSSIBLY HIT SEVERAL INDIVIDUALS INSIDE. A  
(b)(6) VEHICLE SHORTLY AFTER ENTERED THE INTERSECTION FROM THE NORTH, ON THE (b)(2)High  
EXTENSION, TO ASSESS THE SITUATION. THE OCCUPANTS WERE ARMED, AND 1 X MAM INSIDE  
WORE BLACK MASK. SNIPER OVERWATCH ENGAGED WITH M240B AND VEHICLE SPED WEST ON  
(b)(2)High . APPROX. FIVE MINUTES LATER, ODA ELEMENT IN OP2, (b)(2)High TO THE EAST,  
SPOTTED 1 X MAM WITH AN AK-47. ODA ELEMENT SHOT TWICE AND KILLED MAM. APPROX. 9 X  
CIVILIANS GATHERED AROUND THE DEAD INSURGENT. ONE CIVILIAN GRABBED THE AK-47 AND  
ATTEMPTED TO FLEE. ODA ELEMENT ENGAGED AND WOUNDED HIM IN THE LEG. WIA LAST SEEN  
MOVING INTO NEARBY ALLEY. ODA ELEMENT SPOTTED A THIRD MAM ARMED WITH A RIFLE  
CROSSING THE FAR END OF THE STREET NEAR (b)(2)High, ODA ENGAGED AND HIT. THE MAM FELL TO  
THE GROUND, THEN MOVED OUT OF OP2'S LINE OF SIGHT. 2/A/2-1 MOVED TO ASSIST – SEARCHED  
DOWN (b)(2)High AND HOSPITALS IN THE BALADIAL NEIGHBORHOOD. (b)(2)High PROVIDED  
OVERHEAD COVER. BDE REQUESTED JCC CONTACT ALL HOSPITALS AND INQUIRE IF ANYONE HAD  
RECENTLY ARRIVED WITH A GSW. THE IPS WERE CONTACTED AND ALERTED TO THE POSSIBILITY  
OF MULTIPLE AIF WITH GSWs SEEKING MEDICAL ATTENTION. THEY CANVASED ALL HOSPITALS IN  
THE AO. 3/C/2-1 MOVED TO AND WITHDREW OPS 2 AND 3. 3/A/2-1 ARRIVED ON SCENE AND  
SEARCHED ADJACENT BUILDINGS, NEGATIVE RESULTS. ELEMENT RECOVERED 1 X EKIA BODY, AND  
1 X BELT OF PKC AMMUNITION FROM THE FIRST AIF SHOT AT THE CAMERA. TOTAL 1 X AIF KIA, 3 X  
AIF WIA. ALL OVERWATCH POSITIONS EXFILLED. NFTR

CENTCOM 008592

(b)(2)High

2/9/2006

Police REPORT.

NAME OF CLAIMANT:

(b)(6)

I DID NOT SEE THE INCIDENT HOW MY SON WAS KILLED

(b)(6)

(b)(6)

PUT AROUND 1800 I WAS AT HOME AND HE WAS NOT AT HOME AT HE DID NOT COME BACK ON TIME THAT DAY SO I WENT OUT SIDE TO LOOK FOR HIM AND I SAW HIM HE WAS ON GROUND KILLED SO I ASK FOR BLANKET FOR SOME NEIGHBOR TO COVER HIM UP. AND TAKE HIM TO OUR HOME. AND I SAW AT SAME TIME US FORCES ON TOP OF NEIGHBOR ROOF ON NEIGHBOR HOUSES THEN HIS FRIEND CALL'S ME AND TALK ME THAT MY SON WAS DRIVING A MOTORCYCLE NEAR FALLS: AND HE GET OFF THE MOTORCYCLE WHEN HE HEARD GUN SHOT IN THAT AREA AND HE WAS TRY RUN FOR SAFE PLACE. THEN THEY SHOT HIM IN CHEST NEAR HIS ARM AND IS LIKE HE GET SHOT FROM SOMEONE WAS IN HIGH PLACE. AND US STRYKER WERE THERE IN THAT AREA.

WITNESS STATEMENT.

NAME:

(b)(6)

BORN

(b)(6)

ON DEC 20TH 2005 AROUND 1800 I HEARD THAT THAT

(b)(6)

AGE (b)(6) YEARS OLD HE LIVE IN

(b)(6)

I WENT WITH SOME OTHER

FRIEND TO GET HIS BODY FROM STREET I KNEW THAS HE WAS KILLED

BY US FORCES THEY WERE ONLY ONE ~~WAS~~ IN THAT AREA. AND

HE WAS GOING TO BUY SCHOOL ACCESSARY. AND US FORCES WERE

IN AREA WERE HE WAS KILLED.



TF Freedom, MNB-NW  
Staff Judge Advocate Claims Division  
Claims Chronology Sheet

001P7341

STATUS:

CLAIM # 349

Full Name: (b)(6)

Address: Al Kahira

(b)(2)High, (b)(3), (b)(6)

FOR CLAIMS USE ONLY

Date Incident: 21 Dec 05 CLAIMANT ID# (b)(6)

LICENCE PLATE NUMBER \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

Date	Summary of Action	Initials
RE SANCO CERP	① Around 1730, son went to shop when engagement broke out.	(b)(6)
	② Son began running and was shot.	
	(Nobody saw actual shooting)	
	③ After an hour and half claimant went to look for son and found him dead in street.	
Appt 27 Feb 06	④ Soldiers were still in area searching, setting up TCP's @ this time.	
	⑤ Soldier's went to claimant's home apologized - took pics. (Different group from engaging unit).	
	⑥ Father kept son @ home, then the next day he took him to the hospital.	

Claims Division  
OIC: CPT (b)(3)(b)(6)  
Claims Examiner: SSG (b)(6)(b)(3)

CENTCOM 008594

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0000

1. Submit To Appropriate Federal Agency:

2. Name, Address of claimant and claimant's personal representative if any. Code: (b)(6)  
*41 KOWIA*

3. TYPE OF EMPLOYMENT  
 MILITARY  CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT  
*21 DEC 05*

7. TIME (A.M. OR P.M.)  
*1800*

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)  
*Claimant's son killed during engagement btwn U.S and AF*

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM, OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT

(b)(6)

*IX#* (b)(6)

*DOB#* (b)(6)

11. WITNESSES

NAME	ADDRESS (Number, street, city, State, and Zip Code)

12. AMOUNT OF CLAIM (in dollars)

2a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
		<i>\$2500</i>	

CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT AID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13. SIGNATURE OF CLAIMANT (See instructions on reverse side.) (b)(6)

14. DATE OF CLAIM  
*20 Jan 06*

**CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM**  
The claimant shall forfeit and pay to the United States the sum of \$10,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)  
Previous editions not usable.

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**  
Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Pages 9 through 11 redacted for the following reasons:

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foreign language text, (b)(6)

# Father Statement

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

The claimant  
Father

CENTCOM 008599



Pages 14 through 20 redacted for the following reasons:

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foreign language text

foreign language text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)

police station

20-12-2005