DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE FREEDOM (MNF-NW)
MOSUL, IRAQ, APO AE 09334

REPLY TO
ATTENTION OF

CIFN-SPZ-FC

Date: 16 Nov 06

MEMORANDUM FOR Chief of Claims, 101st Airborne Division (Air Assault)

SUBJECT: Seven-Point Memorandum and Recommendation: Claim, # 504

INTRODUCTION: Pursuant to AR 27-20, I have investigated the claim of (b)(6)

1. Amount of Claim and Date and Place of Filing.

a. Amount. $ 2,500

b. Date and Place of Filing: 21 Sept 06 FOB Marez

2. Type of Claim. Foreign Claims Act. The claim is cognizable under the provisions of AR 27-20.

3. Date and Place of Incident.

a. Date: 28 Apr 05

b. Place: (b)(6)

4. Claimant's Address: (b)(6) Mosul.

5. Facts of Incident.

a. Facts:
Daughter killed by gunfire

b. Evidence: The file contains the following evidence:

(1) Pictures —
(2) ID —
(3) POV registration —
(4) Estimates —
(5) Other

6. Brief of Applicable Law.

a. AR 27-20

b. JA's Claim's Authority. (b)(2)High US Dollars.

c. 10 USC 2734

7. Opinion and Determination.

a. Opinion. Pay/Deny Deny

b. Final Determination/Total Paid: Deny.

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

LTC, JA
Foreign Claims Commission

Notes for File:

Claim # 504

172 SBCT/TF Band of Brothers Claims Form

To: United State Army Foreign Commission.

☐ FCA ☒ CERP

Clamant Full Name: (b)(6)

Clamant ID Number: 260689 **DOB:**

Clamant Address (b)(6) Mosul **Phone #** (b)(6)

Location of Incident: (b)(6)

Date and time of incident: 28 Apr 05 (origional file Apr 06 claim lost in turnover)

~~**Decedents:**~~ Deceased (b)(6)

~~**Power of Attorney:**~~ DOB (b)(6)

Power of Attorney provided and interpreter approved:

Sponsor Full Name: —

Sponsor ID Number: —

☐ **Car incident** ☒ **Death & Personal Injury** ☐ **Home & Property Damage**

Vehicle Licenses Number_____, **Year**_____, **Model**_____, **Make**_____

Proof of Ownership:

Summary of Action

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)

origionally filed w/ IP. Then told to file w/ CF

daughter was driving to work as passanger in car pool. At traffic light a over flying Helocopter engaged her vehicle. Pilot missed but daughter was killed from shrapnel.

The other claims for other passangers were paid by 401st.

Evidence: IDs, death certificates, P/R, witt statements med reports.

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills, receipt, estimate if applicable)

Item	Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		

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

US [redacted] 500.00 Iraq Dinar Local Currency (ID): _____

(b)(6)

(b)(6)

Clamant Signature

Subscribed before me this: 21 Day of Sept, 2006

(b)(3),(b)(6) LT (b)(3),(b)(6) USN

(Print Name)

160CT return

Pages 5 through 13 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

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 (90) days of the date below or to request a written extension of the 90 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 90 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 the90 day period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance.

1. انا المشتكي هنا اوافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة(90) يوما من تاريخ اليوم او طلب التمديد (الأستئناف) خلال فترة تسعون (90) يوما ,هذا سوف سوف يسبب عدم تكوين تاكيد لقضيتي , وبسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ا,م 27-162, من الفقرة 13-3(ف).

2. وانا كذلك اوافق على اني اذا انتظرت اكثر من (90) تسعون يوما من التاريخ المحدد من دائرة (السيماك) لأستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (90) تسعون يوما ,هذا سوف يتسبب برفض قضيتي . و القضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature:__ __

Sworn before LT (b)(3),(b)(6) on 21 day of Sep 2006.

. WITNESS STATEMENT.

NAME: (b)(6)

IN AUG 24TH 2005 IN MORNING TIME I WAS RIDDING A CAR WITH SOME OF MY FRIENDS GOING TO WORK WHEN WE ARRIVE INTERSECTION AL MASARF AND ASKR BEFORE THE BRIDGE I HEARD SOUND OF HELICOPTER ~~THE~~ AND BIG EXPLOSION ON LEFT SIDE OF THE CAR AND SOME OF FRAGMENT HIT THE CAR AND KILLED IMMEDIATELY TWO OF MY FRIEND AND THE DRIVER AND ME GET INJURED.

. WITNESS STATEMENT.

(b)(6)

IN AUG 24TH 2005 AT WAS ~~MORNI~~ MORNING TIME I WAS A PASSENGER IN THAT CAR WE WERE 5 PEOPLE IN THAT CAN 4 FEMALE AND ONE MALE. MAKE OF THE CAR OPEL WHITE COLOR. WHEN WE ARRIVE IN HAY AL SUKR WE HEARD SOUND OF EXPLOSION WAS ROCKET FROM HELICOPTE HIT NEAR OUR CAR KILLED ~~TOO~~ TWO OF MY FRIEND ME AND THE DRIVER AND DINA GET INJURED.

. DEATH PARTICIPATE

NAME OF DECEASED: (b)(6)

CAUSE OF DEATH: FRAGMENT IN HEAD AND RAPTURE IN SKULL.

SHE DIE ON AUG 24TH 2005.

DATE OF BIRTH: (b)(6)

SEX: FEMALE.

. POLICE REPORT.

THE CLAMANT NAME: (b)(6) (DRIVER)

IN AUG 24TH 2005 I WAS DRIVING MY CAR AND THEY WERE 4 FEMALE PASSENGER WITH ME IN CAR. THERE NAME

1- . SHE DIE

2- (b)(6) SHE DIE

3- INJURED

4- INJURED

AND I HEARD EXPLOSION NEAR US AND I GET INJURED IN FACE BY FRAGMENT. AND SOME FRAGMENT HIT THE PASSENGER AND KILL THEM SOME GET INJURED.

THE EXPLOSION WAS ROCKET FROM US HELICOPTER.

Foreign Language Text, (b)(6)