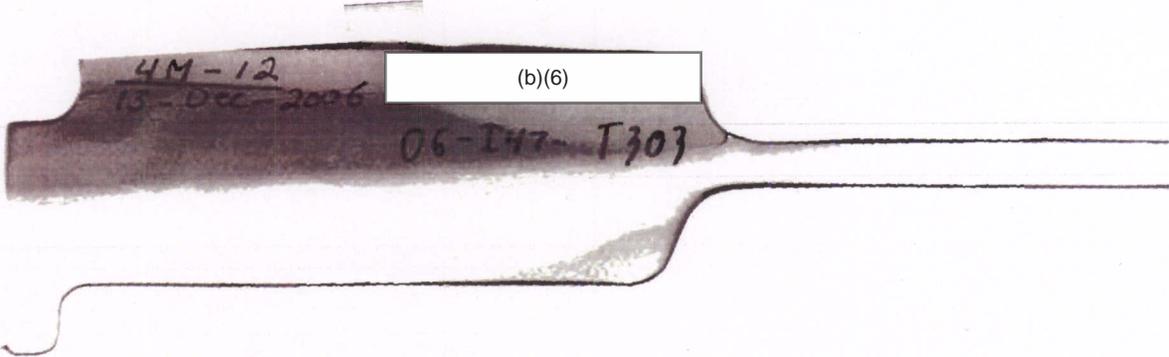


(b)(6)



4M-12  
13-DEC-2006

(b)(6)

06-147-T303

06-147-T303

Apper  
SAC /  
David

06-I47-T303

# CLAIMS LOG

BRIGADE OPERATIONAL LAW TEAM, 2d BCT, 10<sup>th</sup> MTN DIV (LI)



CLAIMANTS NAME: (b)(6)  
 DATE CLAIM SUBMITTED: 12/11/06  
 AMOUNT CLAIMED: \$9,000.00  
 DATE OF INCIDENT: 08/25/06

PARALEGAL RECOMMENDATION: Deny - Lack of evidence  
 Lack of evidence - no proof of negligence / possible CA.  
 FCC ACTION:  Y  APPROVE  OTHER

COMMENTS / REMARKS:

Needs translations / check sigacts  
Nothing in SIGACTS - could not find any info  
 9 Feb 07 Appel submitted new photos. Has photos document set, deny  
 27 Feb would you like to comment for combat zone  
DENY

b)(3)(b)(6)

27 FEB 07

\* Get original claim card  
\* translate new docs → what are they → what do they generally say?  
\* Condolence is likely, but I need the above things first.

5 MAR 07

DOCUMENTS ARE DEATH CERTIFICATES FOR  
FAMILY MEMBERS / NAVE FOR CLAIMANTS HUSBAND

(b)(5)

(b)(6) → ?

6 MAR 07 - Denied. See comments 27 FEB. Still could be condolence.

**AL- Mahmodia GIC center**

Case NO. : [redacted] (b)(6)

Claimer name: - [redacted] (b)(6)

**From studying the file we would like to clarify the following: -**

- 1. The claimer produce photo pictures show the damage to the car which probable after the driver death hit the the car with some thing.**
- 2. The claimer produce investigation report from AL-RESSALA police station with the testimony of the witness [redacted] (b)(6) and the support the claimant testimony that the M.N.F shoot her husband .**
- 3. The claimer ask for [9000,00\$] for killing her husband and the damage of the car.**

**We leave the case to your hands to decide with all respect.**



4M-12  
13-Dec-2006



**Claims Form**

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Baghdad (b)(6)

Iraq I.D. No. (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Iraq
- c. Employed by: (b)(6)
- d. Check one ( ) An insurer ( / ) Not an insurer
- e. Check one ( ) A subrogee ( ) Not a subrogee

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

M.N.F unit T.F. 1st ACR

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.)

My claim arose at: Abu Mneser (Town) Baghdad (City) Iraq (Country)

My claim arose on: July (Month) 25 (Day) 2006 (Year)

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.)

On 25 July 2006 my husband was driving his car (Type Kia) the M.N.F shot at him that cause of killing him and destroy his car. I ask for compensation.

Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

① the claimer husband (b)(6) is killed.

② destroy car type Kia - capetal Model (b)(6)

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
1- Amount for the killed husband	\$3000
2- Amount for the damaged to the car	\$6000
3-	
4-	
5-	
6-	

Total: \$9000

I was insured to the following extent against the damager or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(Address)

I claim as damages: (Indicate amount in U.S. dollars and local T.D.)  
\$ 9000 (b)(6)

(b)(6)  
(Signature of Claimant)

Subscribed before me this 14 day of Dec, 2006.

(b)(6)  
(Print Name)  
(b)(6)  
(Signature)



**AL\_Mahmodia Claim Department**



**"THE CLAIM'S CONTAINS"**

The Claimant name:-

(b)(6)

- 2 Photo Pic for the damage happened to the car.
- A copy of investigation report of the incident.
- Personal document for the claimer.
- Death certification for the claimer husband.
- 
- 

(b)(6)

**AL\_Mahmodia Claim Department**

Date:- 14 Dec 2006



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
Headquarters, 2d Brigade Combat Team  
10th Mountain Division (Light Infantry)  
Camp Striker, Iraq APO AE 09322

Foreign Claims Commission I47

22-Dec-06

SUBJECT: Claim # 06-I47-T303

(b)(6)

(b)(6)

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. 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 you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):  
Lack of Evidence - There is not enough evidence that US Forces' Negligence is the proximate cause of your damages.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be forwarded to this office for Foreign Claims Commission consideration. 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. Thank you for your kind attention.

Sincerely,

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

Captain, Judge Advocate  
Claims Attorney I47

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

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

**IRAQI CLAIMS  
POCKET  
CARD**



... pay claims to Iraqi civilians for  
... damage, injury and death caused by  
... US Forces.

... is involved in an incident resulting  
... to property of an Iraqi civilian, or  
... death or injury of an Iraqi civilian:

Fill out the requested information below.

1. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
2. Direct claimant to the nearest General Information Center or the Iraq Assistance Center. Do not provide them anything.
3. Upon return to your FOB, complete DA Form 2073. Describe the incident completely and forward to legal office. NOTE: This information is not to be used in a court of law and will be used to determine liability of the soldiers involved and will be used to process a claim against the US Army.

UNIT *TF 11th ACR - CD*  
DATE *2 July 2005*  
LOCATION *ABN MAN*  
TYPE OF INCIDENT *Personnel*  
*CRU-7*

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

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(b)(6)

Foreign Language Text, (b)(6)

*Residence Card*

(b)(6)

Foreign Language Text, (b)(6)

Not legible enough

statement

\* We were informed from BSC office about a collision on the highway ... and when we reached the collision site we found that the accident was involving the American forces  
... (b)(6) ... life. Upon that he was moved ... and the vehicle to the center.

\* ... (b)(6) ... took his statement and asked to get hold of the body and the car hit ... (b)(6) Temp. Baghdad. KIA ...  
\* took statement of witness (b)(6)

1st Lt.

(b)(6)

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Foreign Language Text, (b)(6)

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Foreign Language Text



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TF 1/11 AeR

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-5

Foreign Language

\$ 9000

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\$ 9000

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Foreign Language Text

*Ration card*

Foreign Language Text

(b)(6)

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Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text, Foreign Language

Foreign Language Text

Illegible Text

(b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, Illegible Text

Foreign Language Text, (b)(6)

Illegible Text, Foreign Language Text

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

*not legible.*

Death Certificate

#

(b)(6)

not legible

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Language Te

(b)(6)

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

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Language

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ang

Foreign Language Text, (b)(6)

Foreign Language Text

statement  
Date 05/08/2005  
Witness [redacted]

(b)(6)

\* One of my relatives [redacted]  
was subjected to fire from the  
Coalition forces and as a result  
his vehicle was totalled. I want  
to add that Coalition forces (killed)  
him with no reason and this is  
my statement.

(b)(6)

(The document is very hard  
to read)

Translation might  
not be too accurate.

Foreign Language Text

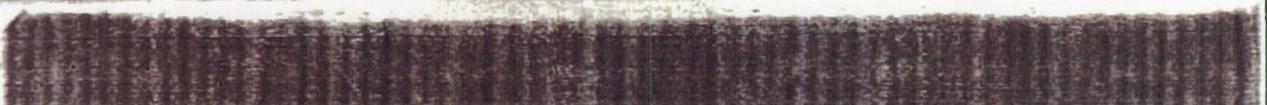
Foreign Language Text

Foreign Language Text

(b)(6)

Foreign Language Text, (b)(6)

*Very hard to read.  
I think the translation  
might not be accurate*



foreign language, (b)(6)





Appeal

SAF/Insur Damage

Appeal 4M-12  
13 Dec 07

(b)(6)

Foreign Language Text, (b)(6)

Page 39 redacted for the following reason:

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



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**

Headquarters, 2d Brigade Combat Team  
10th Mountain Division (Light Infantry)  
Camp Striker, Iraq APO AE 09322

Claims Office

SUBJECT: Claim # 06-I47-T303 / 4M-12

11-Feb-07

(b)(6)

Dear Claimant:

You have submitted a request for reconsideration of a claim seeking compensation for damages allegedly caused by U.S. Forces. 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 your loss, however, in accordance with the cited references and after further investigation of your claim, I find that your claim is **not compensable**. The claim was denied for the following reason(s):

Lack of Evidence - There is not enough evidence that US Forces' Negligence is the proximate cause of your damages.

This determination is final and is **not** subject to further appeal or reconsideration.

Sincerely,

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

Captain, Judge Advocate  
CLAIMS ATTORNEY I47



GENERAL INFORMATION CENTER  
AL-MAHMODYIAH



Sub/Appeal request

I am

(b)(6)

I had made a claim in No. 4.M-1.2... At 13 Dec 2006.... and the case was rejected, I would like you to appeal my case and I offer a new evidences to support my case:-

1. Cop of claim card
2. New pics For the damage
4. Death certificates
5. The heritage document and Power of Attorney

\_\_\_\_\_  
The claimant signature

(b)(6)

\_\_\_\_\_  
The claimant name

The date: 27 Jan 2007.



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
Headquarters, 2d Brigade Combat Team  
10th Mountain Division (Light Infantry)  
Camp Striker, Iraq APO AE 09322

Foreign Claims Commission I47

22-Dec-06

SUBJECT: Claim # 06-I47-T303 / 4M-12

(b)(6)

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. 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 you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):  
Lack of Evidence - There is not enough evidence that US Forces' Negligence is the proximate cause of your damages.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be forwarded to this office for Foreign Claims Commission consideration. 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. Thank you for your kind attention.

Sincerely,

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

Captain, Judge Advocate  
Claims Attorney I47

Foreign Language Text

Foreign Language Text



Foreign Language Text

b)(3)(b)(6)

Foreign Language

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

**IRAQI CLAIMS  
POCKET  
CARD**



... claims to Iraqi civilians for  
injury and death caused by  
US Forces.

... involved in an incident resulting  
to property of an Iraqi civilian, or  
death or injury of an Iraqi civilian:

1. Fill out the required information below.

2. This form covers the Iraqi civilian, or other appropriate  
persons in the case of death.

3. Direct delivery to the nearest General Information  
Center or the Iraqi Assistance Center. Do not provide  
this anything.

4. Upon return to your FOB, complete DA Form 2022  
Describe the incident completely and forward to  
legal office. NOTE: This information is NOT  
liability by the soldiers involved and will  
specimens a cause against the US Army.

UNIT 1st Marine Air

DATE 2 July 2007

LOCATION HB

TYPE OF INCIDENT ...

Foreign Language Text, (b)(6)

Foreign Language

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Foreign Language  
Foreign Language

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Handwritten text: KHA, Debit, Certif, of W...

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..... عنوان المبلغ الكامل : ١٦

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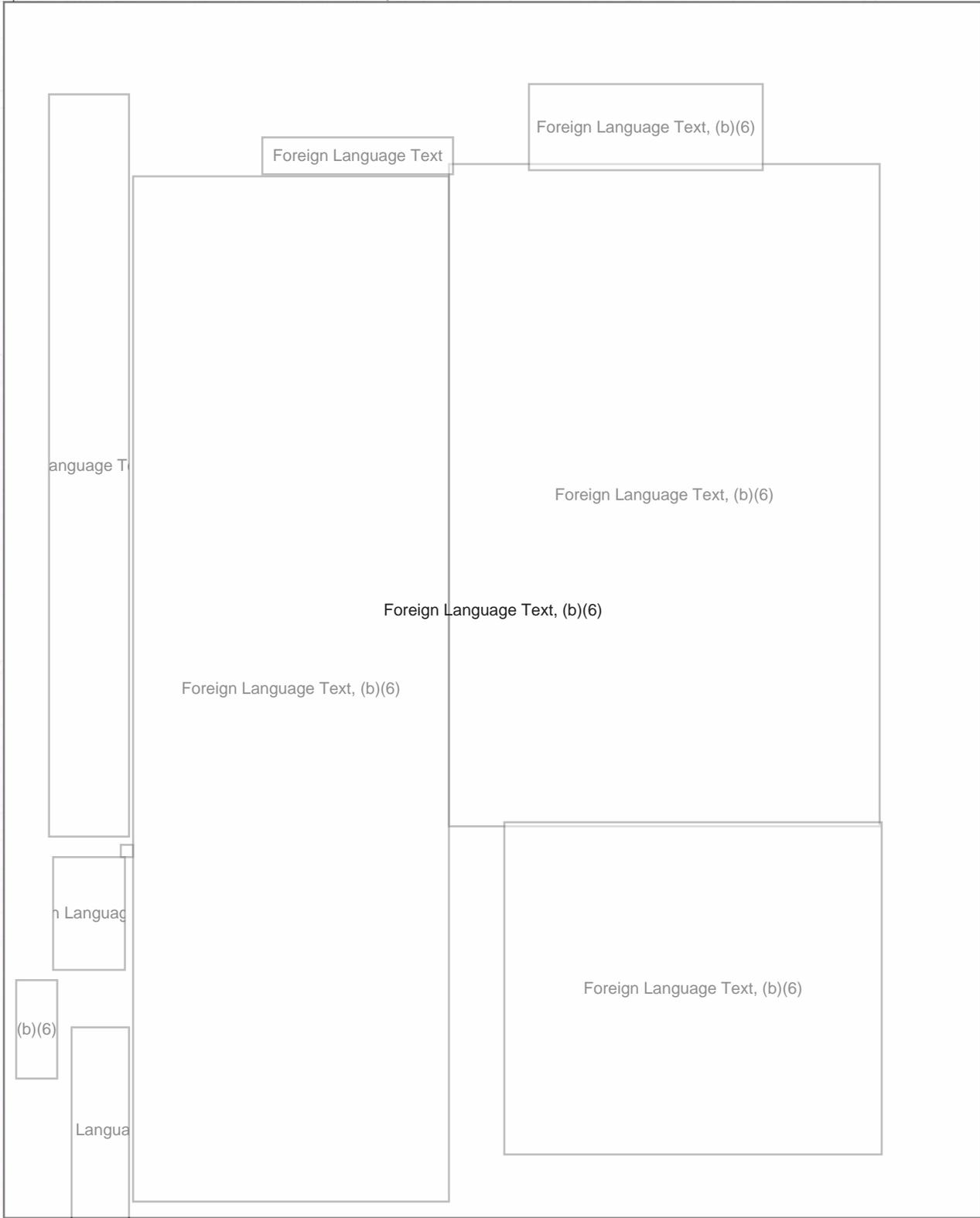
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language Te

*Birth of Child  
A11*

*30 Aug - Issued  
2005 Date*



Foreign Language Text

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(b)(6)

(b)(6)



**IRAQI CLAIMS  
 POCKET  
 CARD**



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

If your unit is involved in an incident resulting in damage to property of an Iraqi civilian, or 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 General Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete DA Form 2623. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT TF 11th ABN - CPT P...

DATE 2 July 2005

LOCATION ...

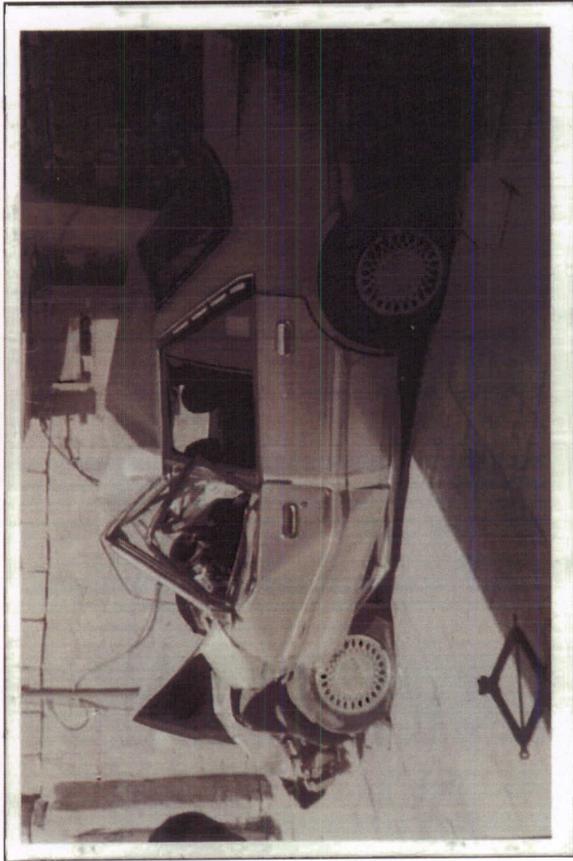
TYPE OF INCIDENT ...

I received the death certificate  
for [redacted] DN - 2 July 2005

(b)(6)

[redacted]  
(b)(3)(b)(6)

CPT MS  
TF 1/11 ACR



CENTCOM 019357 06-147-T303-00053