(b)(6)

(b)(6)

1645-12
20-Dec-2005

06-IS1-T093

06-IS1-T093-00001

CENTCOM 019380

2d BRIGADE COMBAT TEAM

Brigade Operational Legal Team

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

LEGAL ACTION ROUTING SHEET

ACTION: CERP Condolence Payment – (b)(6) (b)(6)

DATE:

SYNOPSIS: On 30 September 2005, A Co, 2-70 AR was conducting a TCP mission in Abu Graib. (b)(6) (b)(6) (b)(6) (b)(6)'s husband (b)(6) (b)(6) was approaching the TCP and was shot a number of times, leading to his death. The recommended condolence payment is $2,500.00 for the death of (b)(6) (b)(6) This is a condolence payment that was received by 2-101 (AASLT), but not paid.

2d BCT BOLT **INITIALS:** (b)(3),(b)(6) (b)(3),(b)(6)

REMARKS:

(b)(5)
(b)(5)

2d BCT CSM **INITIALS:** _____

REMARKS:

2d BCT CDR **INITIALS:** _____

REMARKS:

POC: MAJ (b)(3),(b)(6) (b)(3),(b)(6)

COMMANDOS!!

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

REPLY TO ATTENTION OF

AFZS-LF-Z

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I have approved the below individual for receipt of a Condolence payment from 2d BCT (10th MTN DIV (LI)), MND-B in the amount indicated.

a. NAME OF PAYEE: (b)(6) (b)(6) (IS1-T093 / 1443-10)

b. DATE OF ORIGINAL INCIDENT: 30 Sep 05

c. INCIDENT LOCATION: Abu Graib, Iraq

d. INCIDENT DESCRIPTION: On 30 September 2005, A Co, 2-70 AR was conducting a TCP mission in Abu Graib. Mrs (b)(6) (b)(6) 's husband Mr (b)(3),(b)(6) (b)(3),(b)(6) was approaching the TCP and was shot a number of times, leading to his death.

e. JUSTIFICATION: Upon investigation, the unit determined that Mr. (b)(6) (b)(6) did not participate in any negative activity against the US Forces. By making this condolence payment, MND-B demonstrates to the family and community it's sympathy for their unfortunate loss. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S):

Death of Mr. (b)(3),(b)(6) (b)(3),(b)(6): $2,500
Total $2,500

2. POINT OF CONTACT: The POC for this request is CPT (b)(3),(b)(6) (b)(3),(b)(6) POC can be reached at VOIP 242-4377 (b)(3),(b)(6), (b)(2)High (b)(3),(b)(6), (b)(2)High

(b)(3),(b)(6) (b)(3),(b)(6)
COL, IN
Commanding

I concur with the payment:

(b)(3),(b)(6) (b)(3),(b)(6)
CPT, JA
Operational Law Attorney

1443-10
25-04-2005

Claims Form

Government Information Centre
Baghdad Al Radwania
مركز المعلومات

To: United States Army Foreign Claims Commission
From: **Name:** (b)(6)
Addres (b)(6)

I am

a. A citizen and national of: Iraq
b. A permanent resident of:
c. Employed by:
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.

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 Abo Grieb (Town) Bag. (City) Iraq (Country)

My claim arose on sept. (Month) 30 (Day) 2005 (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 30-04-2005 my hasbund (the victim) gaming back to his house. the M.N.F. was doing U.C.P. and they search the car and they ask the driver to move But the open fire and that led to killed my hasbund for that I ask for acompensation

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

the S. army killed my hasband

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-	5000/00
2-	
3- about my hasband	
4-	
5-	
6-	

Total: 5000/00

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 currency)

$ 5000/00 **local** 7400000/-

(b)(6)

(b)(6)

(Signature of Claimant)

Subscribed before me this _ (b)(6)

(b)(6)

GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.

"THE CLAIM'S CONTAINS"

The Claimant name:- (b)(6) (b)(6)

- claim send from the us army with information
- certificate of death for the victim
- Memo from the hospital support the accident and they do the final surgery.
- Iraqi statement for the victim and his wife
-
-

General Information Center/Al-Radhwanya
Date:- 25/10/2005

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
APO AE 09398

REPLY TO
ATTENTION OF:

Foreign Claims Commission IS1 15-Dec-05

SUBJECT: Claim # 06-IS1-T093 / 1443-10

(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 - NO US NEGLIENCE

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)(6)
(b)(6)

(b)(3)(b)(6)
(b)(3)(b)(6)
CPT, JA
CLAIMS ATTORNEY-IS1

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Redact Page

Pages 14 through 16 redacted for the following reasons:
- -
(b)(6), Foreign Language
Foreign Language, (b)(6)

TASK FORCE BAGHDAD

IRAQI CLAIMS CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابل الأضرار التي لحقت بك، سواء كانت أضرار جسدية من اصابات الى أخره، او موت لا سامح الله لأحد المقربين، وكان السبب وراء ذلك القوات الأمريكية، فقد يكون لك الحق في التعويض.

لتتقدم ببلاغ والمطالبة بحقك الرجاء احضار الآتي: هذه البطاقة وهويتك المدنية مع كل الاوراق الرسمية المتعلقة بهذا الامر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود، تقرير الشرطة، ووصول بالاستلام او التسليم، واثبات الملكية لما حطم او تضرر ولما تحاول ان تحصل على تعويض عنه، ورخصة السياقة ان كنت تحمل رخصة).

الرجاء احضار هذه المستمسكات الى مركز المساعدة العراقي في معسكر التاجي (Camp Taji) - بوابة كنر (Curiner Gate). أو أحد المراكز الحكومية: الثورة - نيسان - الكاظمية - الرشيد - المنصور - الرضوانية - قاعدة دهوك - الكرخ - الأحمدية - الكرادة - سبع البور.

وشكراً لتعاونكم معنا

TASK FORCE BAGHDAD

IRAQI CLAIMS CARD

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

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 Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete DA Form 2823. 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 A CO, 1-41ST; 2-70AR

DATE 9/30/05

LOCA. (b)(2)High (b)(2)High

TYPE OF INCIDENT COALITION SHORTING OF [illegible]

1645 - 12
20-Dec-2005

GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.

Sub/Appeal request

I am (b)(5) (b)(5)
I had made a claim in No. 1445-10. At 06-IS1-T093.. and the case was rejected, I would like you to appeal my case and I offer a new evidences to support my case:-

1. My claim had been mentioned in the
2. condolence list attached herewith and
3. was rejected later - I would like ~~to~~ you
4. to appeal my case with my respect.
5.

_____.
The claimant signature

(b)(6) (b)(6)
The claimant name

The date:- 20 dec - 2005

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
APO AE 09398

REPLY TO
ATTENTION OF

Foreign Claims Commission IS1 15-Dec-05

SUBJECT: Claim # 06-IS1-T093 / 1443-10

(b)(6)

(b)(6)

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Sincerely,

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

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

(b)(3)(b

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

CPT, JA
CLAIMS ATTORNEY 1ST

Condolence List

Claim Number	GIC Claim #	Claimant's Name	Amount $
Nonresponsive, (b)(6), (b)(2)High			
Nonresponsive, (b)(6), (b)(2)High			
~~17~~	~~06-IS1-T093~~	1443-10	~~LAMIA SACHET DHAHI~~	$2,500.00
Nonresponsive, (b)(6), (b)(2)High			
Nonresponsive, (b)(6), (b)(2)High			
(b)(2)High			
(b)(2)High			

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)