Notify 10 Mar 08

)(3), (b)(

163

(b)(6)

(b)(3), (b)(6) 13 Mar 08

DENIAL CLAIM FILE CHECKLIST

(b)(2)High

CLAIMS CHECKLIST

(b)(6)

CLAIM NUMBER: 08I92T143

CLAIMANT'S NAME (b)(6) **AMOUNT OF CLAIM: $**

DATE OF INCIDENT: 24 January 2006 **DATE FILED:** 21 Nov 2007 **DATE RECEIVED:**

CLAIM TYPE:

Vehicle Damage	Detainee Property	Damage During Raids
SAF Damage/Injury	Real Estate	Other

CLAIM AROSE FROM:

Combat Activities	Non-combat Activities

CLAIM IS:

Payable	Not Payable

BRIEF OVERVIEW: The Claimant states that his son was shot by US Forces.

No Sig Act For this Event but this event goes too Far back. Checked (b)(3), (b)(6)

REMARKS:

Recommend Approval / Denial

Check Sig Acts/Obtain claim amount — Insufficient evidence, No way to track Unit / No pics of vehicle / No claims card

REVIEWED BY: SPC (b)(3), (b)(6) **DATE REVIEWED: 21 Nov 2007**

FCC COMMENTS

DATE APPROVED/DENIED: 17 DEC 07 (b)(3), (b)(6)

DENIED Personally denied by

Denial Memo

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

on 12 Mar 08

APPROVED

Amount Approved:_____

Approval Memo

Settlement Agreement

SF 1034

Disbursing Officer Memo

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO ATTENTION OF:

AFZN-BC-FCC

Claim of (b)(6) 08-I92-T143

ACTION

1. Facts: The claimant alleges that on 24 January 2006, his son was killed by US Forces.

2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of US forces. There is insufficient evidence of negligence by U.S. Forces.

3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action: The claim is therefore denied.

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

(b)(3), (b)(6)
CPT, JA
FCC I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION–BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

REPLY TO ATTENTION OF

March 11, 2008

4th Infantry Brigade Combat Team Legal Office

(b)(6)

Claim #08-I92-T143
Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the death of your son. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code § 2734, Army Regulation 27-20 (Claims) and Department of the Army Pamphlet 27-162 (Claims Procedures).

I have reviewed all the information included in your claim and the evidence from the resulting investigation. Unfortunately, your claim is not compensable. After reviewing your claim, it was determined that there was no evidence that US Forces acted either negligently or wrongfully. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with Army Regulation 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. 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)

(b)(3), (b)(6)
Captain, U.S. Army
Foreign Claims Commission I92

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH BRIGADE
1ST INFANTRY DIVISION
FOB FALCON, IRAQ
APO, AE 09361

REPLY TO ATTENTION OF

AFZN-BCA 15 OCT 07

MEMORANDUM FOR RECORD

SUBJECT: Request for 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 HHC 2-2 SCR, 4IBCT, 1ID, MND-B in the amount indicated.

2. NAME OF PAYEE: (b)(6)
3. DATE OF ORIGINAL INCIDENT: 1 OCT 07
4. INCIDENT LOCATION: (b)(2)High
5. INCIDENT DESCRIPTION:

a. Death of a Military aged male due to Coalition Forces engaged in a Troops in Contact situation.

6. APPROVED PAYMENT AMOUNT(S):

Death of 1 Local Citizen: 1 x $1000.00 = $1000.00
(NAME UNKOWN)
Total: $1000.00

AFZN-BCA

SUBJECT: Request for Condolence Payment Approval

7. POINT OF CONTACT: The POC for this request CPT (b)(3), (b)(6) or CPT (b)(3), (b)(6) 4IBCT Condolence PPO. POC can be reached at VOIP: 777-1332, (b)(3), (b)(6), (b)(2)High

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

COL, IN
Commanding

In the Name of Allah the Merciful
Compensation Form

This citizen (b)(6) applied for an order to compensate him for the death of his son (b)(6)
As a result of terrorist action that took place 1/24/2006 in the area of Al Saydea.
After studying his case, consideration was given, that he deserves to be compensated according article No 3 for year 2005.

stamp (b)(6)

stamp (b)(6)

Financial rep.

Administration Rep.

Claims Form
طلب تظلم

Name (b)(6)

Address (b)(6)

(b)(6)

I am Iraq

a. A national citizen of: Iraqi أنا أ. أحمل جنسية:

b. A permanent resident of: Above address ب. عنوانى الدائم:

c. Employed by: / ت: أعمل لدي:

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

Please See the American memorandum.

أننى أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابت التى نجمت من:(المنظمة , الوحدة العسكرية)

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.)

Person Death
Car Damage

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أحطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم ، أو أي دليل من ممثلين رسميين.
إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوي للإصابت أو الأضرار التى أصابتهم.)

My claim arose at: Aldura across (Town) Bakhdad (City) Iraq - (Country)

تظلمى قدم فى: القرية المدينة البلد أو المحافظة

My claim arose on: Jan 24 2006
Month Day Year

تظلمي قدم في: _____
السن يوم شهر

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.)

While the victim were driving. When he reached Aldura across facing Alsaydea area he got a shot and killed (b)(6)

بإختصار أشرح ما حدث والأضرار التى أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفى)

And damaged his car.

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
Person Death.	10000
Car Damage.	12500

Total: 125000

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شئ لوحدة)

الشئ المتضرر	تكلفته

إجمالي التكلفة: _____

I was insured to the following extent against the damage or injury I have sustained:

No Insurance

لدي تأمين على الممتلكات أو الضرر الجسدى المتضرر بما يوازي:

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

$ _____ I.D. _____

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكى أو العملة المحلية)

$ _____ العملة المحلية _____

I (have/ have not) previously filed a claim relating to the incident described above.

سابقا (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمى طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة فى هذا التظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

_____
(Signature of Claimant)
(توقيع التظلم) الرجاء كتابة الأسم والتوقيع

Subscribed to me this 8 day of NOV, 2007.

_____
(Signature of Witness)

_____
(Printed Name)

Claims/Condolence Form
طلب تظلم

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

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

(b)(6)

I am

a. A national citizen of: Foreign Language Text

b. A permanent resident o Foreign Language Text, (b)(6)

c. Employed by: Foreign Language Text, (b)(6)

eign Language Text, (b

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

أنني أتظلم لدي حكومي الولايات المتحدة للأضرار والاصابات التي نجمت من: (المنظمة ـ الوحدة العسكرية)

وحدة عسكرية Foreign Language Text

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.)

(b)(6), Foreign Language Text

My claim arose (Town) (City) (Country)

Foreign Language Text

Foreign Language Text

My claim arose on: _____
Month Day Year

Foreign Language Text

السن يوم شهر

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.).

_____

_____

_____

_____

Foreign Language Text

_____

_____

_____

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

Total: _____

أشرح بالتفصيل متي تضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء أضافة الثبوتات والممتمسكات والفواتير الضرورية لكل شي لوحدة)

الشي المتضرر	تكلفته

إجمالي التكلفة: _____

I was insured to the following extent against the damage or injury I have sustained:

Foreign Language Text

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

$_____ I.D._____

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

_____ العملة المحلية _____ $

I (have/ have not) previously filed a claim relating to the incident described above.

Foreign Language Text

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

Foreign Language Text

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فأن تقسم على أن كل المعلومات المقدمة فى هذا التظلم هى صحيحة وحقيقية . أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضدحكومة الولايات لمتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(b)(6)

_____
(Signature of Claimant)

Foreign Language Text

Subscribed to me this 1 day of October, 2007.

_____
(Signature of Witness)

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

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

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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CENTCOM 020334

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

القاصرين المختصة .

(b)(6)

وصدرت هذه الحجة بتاريخ

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

(b)(6)

Foreign Language Text

the statement

was driving

He got a shot by ~~Aone~~ American force near by Aldura across facing Alsaydea Area - they Tring to transported him to the Alyarmouk Hospital and he died on the street.

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Tex

Foreign Language Text

Foreign Language Text

(b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

1) the Doctor pulled out the Bullet and gave it back

2) the way victim got a shot on his left check

3) there were in put Bullet [illegible] left side the [illegible]

reign Language T

Langua

oreign Language Te

(b)(6)

oreign Language Te

Foreign Language Text

Foreign Language Text

Foreign Language Text

(b)(6)

Police wrote down the statement of claimant

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Same statement.

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Bakhdad checkpoint inform police

About the acadot

(b)(6), Foreign Language Text

The father of victam said That
The police inform him his son got ashot
By American forces and he died

The location Aldura across faing
Alsaydia Area

Foreign Language Text

Foreign Language Text, (b)(6)

The police check the
Body

Foreign Language Text, (b)(6)

eye witness

this witness with the victim
they shot Both he injured ~~the~~ said
That they got a shot by American while
they were driving the car

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

08-I92-T143-00033

CENTCOM 020350