CLAIMS RESEARCH NOTES

CLAIM #: 504 — (Same incident as claim #495)
APPT: 29 MAY 06

SIGACT: No Division SigActs for August 2005. 172D SBCT SigAct:

240819AUG05: JCC CALL IN REGARDING A POSSIBLE EXPLOSION AGAINST CIVILIANS (b)(2)High **JCC DISPATCHED AMBULANCES AND IPS. IPS ON SITE REQUEST CF SUPPORT. GIMLET SENT TO CONFIRM/DENY. 3-21 IN SENT A UNIT TO INVESTIGATE, NSTR.**

DET FAC: None.

PREVIOUS FCA: None.

PREVIOUS CERP: ASK THE CLAIMANT IF THEY KNOW THESE PEOPLE:

(b)(5)

#375 and #376 filed 12 Apr 05:
- Incident occurred 13 March 2005.
- Claimants, (b)(6) (#376) and (b)(6) (#375)
- Paid CERP; $2300 and $2500 respectively.

Claim #1181 filed 3 Sep 05:
- Incident occurred 24 Jul 05:
- (b)(6)
- Denied (shot during conflict b/w US & terrorists.

SOLDIER'S NOTE: None.

CIVIL AFFAIRS: Unknown as incident happened during 1-25th SBCT's reign.
RFI for Cerp: N/A
SITREP: N/A

15-6: Unknown as incident happened during 1-25th SBCT's reign.

OTHER REFERENCE: Nothing.

OF NOTE: Nothing.

RECCOMENDATION: GRAY Claim:

DENY Claim:

- No report of US Helicopter in area/date/location of incident.
- No records of 15-6 investigation or CERP condolence payment available.

PAY Claim (CERP condolence only):

- Eyewitness statements
- Companion Claim (#504)

ASKING $$$ AMOUNT/ESTIMATE TOTAL(S):

- Claimant asking for $5,000.00. They were told that $2,500.00 was the maximum allowed for death.

172d STRYKER BRIGADE COMBAT TEAM
Brigade Operational Law Team
Claims Section
Claims Chronology Sheet

STATUS:

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

(b)(2)High

CLAIM # 504

Full Nam (b)(6)

Address: Al Sukar

Location of Incident: Al Masaraf (100m b/4 the intersection of a small bridge.)

FOR CLAIMS USE ONLY

Date Incident: 24 Aug 05 CLAIMANT ID# 260689

LICENCE PLATE NUMBER _____

YEAR: _____ MAKE: _____ MODEL: _____

Date	Summary of Action	Initials
6 May 06	* C's daughter and other female from claim # _____ worked @ (b)(6) together.	(b)(6)
FCA Or CERP	* The females were driving to work - A male was driving.	
	* C heard an explosion @ @home, and later people told him that a helicopter rocketted a civilian vehicle.	
Appointment Day:		
22 May 06	* There were five people in the vehicle - ~~[illegible]~~ 1 male, 4 females	
Reached 29 May	* After incident - D drove the passengers to hospital as vehicle was still operable.	
	AWAITING EVIDENCE: Y/N. If Yes – List Required Evidence:	
	1.	
	2.	
	3.	
	4.	
	5.	

Claims Section

OIC: CPT (b)(3), (b)(6)

Claims Examiners: SSG (b)(3), (b)(6) and SPC (b)(3), (b)(6)

CENTCOM 008683

① [illegible] WE THERE?

② CONDOLENCE / TORT (FCA)?

POLICE REPORT

NAME (b)(6) (FATHER

IN AUG 24TH 2005 MY DAUGHTER THE (VICTIM) HER NAME IS ((b)(6) SHE LEFT HOME AROUND 7.15 AM TO WORK (b)(6) SHE WAS IN CAR WITH DRIVER HIS NAME IS ((b)(6)) AND ABOUT 8.30 AM IN SAME DA THE DRIVER CALL ME AND HE SAID THE GET SHOT BY US FORCE WITH ROCKET IT WAS FIRED BY HELICOPTER THAT CAUSED TO GET KILLED

WITNESS STATEMENT.

IN AUG 24TH 2005 ABOUT 7.50 AM I WAS WITH MY FRIEND IN CAR WE WERE GOING TO WORK WHEN WE WERE NEAR BRIDGE ASKR I SAW A ROCKET WAS FIRED BY HELICOPTER TOWARD THE WALL NEAR US AND THAT EXPLOSION KILLED MY TWO FRIEND ((b)(6) AND ((b)(6)

NAME OF WITNESS: (b)(6)

WITNESS STATEMENT.

~~IN~~ IN AUG 24TH 2005 I WAS WITH MY FRIEND IN CAR ((b)(6) (b)(6) AND WHEN WE WERE INTERSECTION ASKR - MASARF NEAR ASKR BRIDGE AND I HEARD A SOUND OF HELICOPTER AND AT SAME TIME THE EXPLOSION AND ~~THE~~ FRAGMENT HIT OUR CAR AT SAME TIME MY TWO FRIEND GET KILLED WITH THOSE FREGMENT. ~~ALSO BROKEN JAW~~.

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. 1105-0008

1. Submit To Appropriate Federal Agency:	2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse side.) (Number, street, city, State and Zip Cod
	(b)(6) Al Sukar

3. TYPE OF EMPLOYMENT ☐ MILITARY ☐ CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
			25 Aug 05	0750

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.)*

Daughter was killed in a helicopter attack (Same as claim # _____). After incident soldiers went their house to search. Wife to soldiers what happened to daughter. The translator told them to go FOB Courage and speak w/ someone.

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 EXTEND 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. IF OTHER THAN CLAIMANT, ST[redacted]CEDENT.

~~WIA~~ WIA WIA (b)(6) (F) (M) - Driver/Uncle of C's daughter C's wife's brother

fathi

11. WITNESSES

NAME	ADDRESS *(Number, street, city, State, and Zip Code)*
KIA - (D) (b)(6)	daughter of C
KIA -	- Other C's wife
WIA - (b)(6)	— — (F) (not injured)

12. *(See instructions on reverse)* AMOUNT OF CLAIM *(in dollars)*

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL *(Failure to specify may cause forfeiture of your rights.)*
Did Not Specify $			

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

13a. SIGNATURE OF CLAIMANT *(See instructions on reverse side.)*	13b. Phone number of signatory	14. DATE OF CLAIM
		6 May 06

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant shall forfeit and pay to the United States the sum of $2,000, plus double the amount of damages sustained by the United States. *(See 31 U.S.C. 3729.)*	Fine of not more than $10,000 or imprisonment for not more than 5 years or both. *(See 18 U.S.C. 287, 1001.)*

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

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 SPC (b)(3),(b)(6) , on 6 day of May 2006

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Pages 10 through 15 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)