



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

REPLY TO  
ATTENTION OF

CIFN-SPZ-FC

Date: 27 Nov 06

MEMORANDUM FOR Chief of Claims, 101<sup>st</sup> Airborne Division (Air Assault)

SUBJECT: Seven-Point Memorandum and Recommendation: Claim, # 684

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. \$ 5,000.00

b. Date and Place of Filing: 14 Oct 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: 25 Nov 05

b. Place: Mosul

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

5. Facts of Incident.

a. Facts:

claimant was in front of a convoy & failed to yield. Shot in an EOF

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. \$15,000.00 US Dollars.
- c. 10 USC 2734

7. Opinion and Determination.

- a. Opinion. Pay/Deny Deny
- b. Final Determination/Total Paid: Deny, Paid in CERP 4,500.00

(b)(6)

LTC, JA  
Foreign Claims Commission

Notes for File:

CERP OFFICE MEMO OF UNDERSTANDING

Claim No.: 684

Payee: (b)(6)

CERP Amount Paid: \$4500 (2500 + 2000)

I, the claimant, accept the above-listed cash amount as a condolence gift from the U.S. Army in recognition of injury, damage, or death caused during combat operations. I understand this gift does not constitute an admission of guilt or liability by U.S. forces for said injury, damage, or death. I also understand that this gift is fully independent of any adjudication by Claims Office personnel of my case. I understand that I must follow up with the Claims Office if I wish to appeal an adverse decision of the Claims Office.

Date: 25 (b)(6)

Payee Signature: (b)(6)

CERP Officer Signature: (b)(3), (b)(6)

Claim #684

Atty

Female

20 #645435

(b)(6)

his

(b)(6)  
ATTY

DIA

11-25-05

noon -

her son driving convoy  
behind, so gunner shot her  
son, in head-

(b)(6)

(b)(6)

son

(b)(6)

years

(b)(6)

Killed. Near

plA - Bridge #4, Mosul

Never stopped. Taken to  
Mosul General Hospital  
in care by himself

2 witnesses

son -

(b)(6)

single

Claim No 684

Witness Statement

Investigation Council  
In Mosul investigation Court

The witness [redacted (b)(6)] DOB [redacted (b)(6)] work as [redacted (b)(6)]  
police station live in [redacted (b)(6)] below his statement:-

On 25<sup>th</sup> November 2005 Friday at 12:00 pm we were in duty at fourth bridge with my team during that time American convoy came going toward the diamondback I saw gunfire to the car red color there one person inside the vehicle he was driving hi car near by youth center hall the American soldier opened fire to the vehicle from behind and we saw the victim car moving toward the medal of the road and we saw the victim we know him by his identification his name was [redacted (b)(6)] he was bleeding from his head and then anther team came and took the victim to the hospital he dead at the time and this is my statement

Witness Signature

Judge Signature

Pages 6 through 8 redacted for the following reasons:

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Already Reviewed and Redacted for Release  
Foreign Language Text, (b)(6)

Claim No 684

Police Report

Al Dawasah Police station

19<sup>th</sup> February 2006

The car dealer testified about vehicle license plate number (b)(6) Nineveh (b)(6) that Mr. (b)(6) DOB (b)(6) work as employee at (b)(6) live in (b)(6) near by (b)(6) below his statement:-

On 16<sup>th</sup> November 2005 I sold my car which I owned license plate number (b)(6) model (b)(6) red color for amount of \$2400.00 after 10 days I hard the person who bought the car got killed by American forces and this is my statement

Signature

(b)(6)

police officer signature

(b)(6)

Page 10 redacted for the following reason:

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Foreign Language Text, (b)(6)

1-Name of Deceased (b)(6)		2- Gender: Male		3- Nationality: Iraqi		4- Religious: Muslim		5- Carrier: Labor	
6-Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> widow <input type="checkbox"/> Divorce		7-Date Of Birth (b)(6)		8-Place of Birth: District (b)(6)		9-Permant Address: House No. Street		10-Place Of Birth: Neighborhood or Village: Province:	
11-Date of the Death Written): Time: 12:30pm		Day: 11		Year: 2005		13-Mother death Name (b)(6)		14-Name of Person Inform the Death (b)(6)	
12- Father Death Name: (b)(6)		13-Mother death Name (b)(6)		15-Relationship to Death person: resident		17-Medical Death Certificate (A):		18-Place of Birth: District: Province:	
recorded at Health Authority on: (1) Illinois or Cause of Death: injury in low head entries (B) (A): (It Cause or Result of) Skies situation which I cause the death Above (It Cause or Result of) with explanation (B) (A): (It Cause or Result of) (2) some other reason it Cause the Death if the death of women whole she is in labor(15-49) mark blow (B) (A): (It Cause or Result of) Death was cause by:- <input type="checkbox"/> Darning the Pregnancy <input type="checkbox"/> During Giving Birth the child <input type="checkbox"/> During the recovery room 18-The death was at:- Home.....Hospital.....Other Place..... 19-I witness the death was cause by the above reason Physician Name: (b)(6) Job Location General Hospital in Mosul..... Physician Signature :									
I am Signing below the Dr ..... physician at ..... did the postmortem examination for body of ..... which send it by: ..... according to the application No. .... date at: ..... time: ..... date: ..... found the death cause by: ..... physician signature..... Medical profession seal									
21- civil Affair special information copy of Civil affair identification card) .. (b)(6) Identification No. (b)(6) record No. .... Page No. (b)(6) ProvinceMosul..... attached to this certificate									

Foreign Language Text, (b)(6)

Claim No.

Medical Statement

Republic of Iraq  
Nineveh health Department  
Mosul General Hospital

The daily Autopsied report for police

To / Police in Nineveh province

Your latter number non I am physician [redacted] (b)(6) did the legal medicine to dead body victim  
[redacted] (b)(6) on Date 25<sup>th</sup> November 2005 at 13:00hr result was :-

- 1- the victim was unconscious at the time of check up
- 2- there was no any physical activity
- 3- there is no any hard beating
- 4- there is no blood pressure
- 5- There was no breathing
- 6- There was hole in back of head size 1,5 cm with bleeding beside first injury

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Physician Signature

Full Name: [redacted] (b)(6)  
Employer: [redacted] (b)(6)

Pages 14 through 16 redacted for the following reasons:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text

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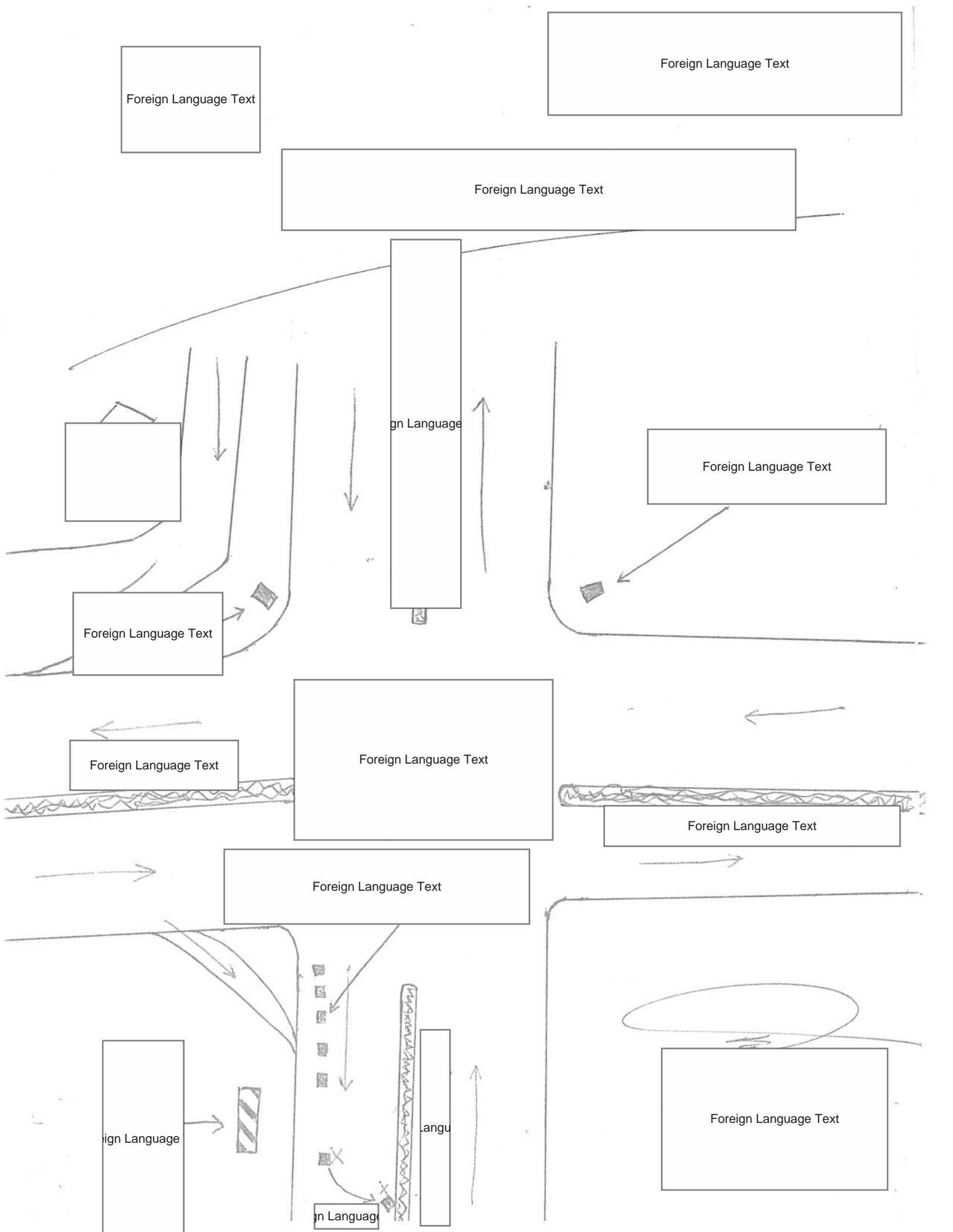
Foreign Language Text

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Foreign Language Text



Page 20 redacted for the following reason:

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Foreign Language Text, (b)(6)