

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

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

310-9  
3-Sep-07

(b)(6)

(b)(6)

2  
1

Team

2  
1



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**

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

AFZS-LF-Z

**MEMORANDUM FOR RECORD**

**SUBJECT:** Condolence Payment Approval

1. IAW MNC-I CERP SOP dated 1 November 2006, I approve the following condolence payments from 2d BCT (10<sup>th</sup> MTN DIV (LI)), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 7 August 2007

c. INCIDENT LOCATION: (b)(2) High, Iraq

d. INCIDENT DESCRIPTION: On 07 August 2007, Mrs. (b)(6) husband (b)(6) was killed, and her son was injured, when they were caught in the crossfire between elements of D/ 2-12 CAV and AIF.

d. JUSTIFICATION: Upon investigation, the unit determined that the Mrs. (b)(6) and her family did not participate in any negative activity against the US Forces. By making this condolence payment, MND-C demonstrates to the families and community its 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 (b)(6) husband:	\$2,500.00
Injuries to (b)(6) son:	\$1,000.00
Total	\$3,500.00

2. POINT OF CONTACT: The POC for this request is CPT (b)(3), (b)(6) (6) POC can be reached at VOIP 242-4377 (b)(3), (b)(6) (b)(2) (b)(2) @2bct.10mtn.army.smil.mil.

(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



# 2<sup>d</sup> BRIGADE COMBAT TEAM

## Brigade Operational Legal Team



### LEGAL ACTION ROUTING SHEET

**ACTION:** CERP Condolence Payment - (b)(6) (b)(6)

**DATE:**

**SYNOPSIS:** On 28 June 2005, Mr (b)(6) 11 year old son was in the marketplace in Abu Graib, when a firefght commenced between US Forces and enemy forces. (b)(6) son was shot multiple times and died on the scene. The recommended condolence payment is \$750.00 for the death of (b)(6) son. This is a condolence payment that was received by 2-101 (AASLT) but not paid.

(b)(2)High, (b)(5), (b)(3)(b)(6)

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

(b)(5)

(b)(5)

(b)(2)High, (b)(5), (b)(3)(b)(6)

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

# COMMANDOS!!



GIC OPINION ABOUT CLAIMS

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

Case no. (b)(6)  
(b)(6)

1. The claimant presented a claim card from the US army about killing her husband and injured her son with destroyed the husband's car type (b)(6) (b)(6) color No. (b)(6) (b)(6)
2. The claimant presented medical report from cropper camp supported the death of her husband.
3. The claimant asks amount \$ 40000.00.
4. We suggest giving her compensation for the vehicle amount of \$ 9000.00 and for the husband death amount of \$ 2500.00 and for the son injury 1500.00. so the total amount should be \$ 13000.00.

With our respect,

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

The lawyer,

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

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

GIC MANAGER.

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

5-Sep-2007



"THE CLAIM'S CONTAINS"

The Claimant name:-

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

- 1) Claim Card
- 2) 2 pictures shows the destroyed the car
- 3) One of picture for son injured
- 4) Ownership the car document
- 5) Reports from the (BIAP) hospital
- 6) ~~car~~ Death of certificate
- 7) Personal documents



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

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

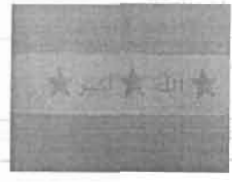
General Information Center/Al-Radhwanya

Date: 2-Sep-2007





Claims Form



To: United States Army Foreign Claims Commission

From: Name:

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

Address:

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

Iraqi ID No.

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

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad (b)(6)
- c. Employed by: House wife
- d. Check one ( ) an insurer (X) Not an insurer
- e. Check one (X) 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 and Telephone Number)

Against (M.N.F)

The property damaged had 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) (b)(6)

My claim arose at (b)(2)High (b)(2)High Baghdad Iraq (Town) (City) (Country)

My claim arose on Aug 2 2007 (Month) (Day) (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 date 2 Aug 2007 at 6:00 PM my husband went (b)(6) (b)(6) driving

The car With my kids where they went to visit my uncle in the (b)(2)High (b)(2)High Area. where they stopped his car near to petrol station because The Road closed by the concrete barriers and they went returned to the car. the U.S army open fire on them resulting Killing my Husband my son wounding and then they transported. my first kids release him same day while the second has been arrested (16) day After that they destroyed the car. So I am asking for compensation

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

Killing my husband and my son wounding because the U.S army opened fire on them

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- About value my husband and my son injured	50,000,000 I.D
2- And destroyed his car	
3-	
4-	
5-	
6-	

Total: 50,000,000 I.D

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)

\$ 40,000

local 50,000,000 I.D

(b)(6)

(b)(6)

(Signature of Claimant)

Subscribed before me this 2 day of Sep, 2007

(Print

(b)(6)

(b)(6)

(Signature)





HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL	
FOR USE OF THIS FORM, SEE AR 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		Camp Cropper EMT	
<p>Instructions - Medical Officer in attendance will:            Prepare, in one copy only, items 1 through 10 and sign item 11.            Print or type entries.</p>		<p>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</p>	
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT			
PERSONAL DATA			
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)		2. TIME OF DEATH (Hour-day-month-year)	3. MEDICAL EXAMINER/CORONER'S CASE
(b)(6)		2315 02 08 2007	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b)(6)		4. RELIGION	5. CHAPLAIN NOTIFIED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH			
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number			
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of)		2 hours
	Thoracic Gunshot wound		
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of)		
	(1) Hemorrhagic Shock		
	(2)		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.		
	b.		(b)(3), (b)(6)
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER	11. SIGNATURE	12. OFFICE
Aug 8/3/07	(b)(3), (b)(6) (b)(3), (b)(6)	(b)(3), (b)(6)	
SECTION B - ADMINISTRATIVE ACTION			
TYPE OF ACTION	HOUR	DAY	MONTH
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON			
13. POST ADJUTANT GENERAL NOTIFIED			
14. IMMEDIATE CO OF DECEASED NOTIFIED			
15. INFORMATION OFFICE NOTIFIED			
16. POST MORTUARY OFFICER NOTIFIED			
17. RED CROSS NOTIFIED			
18. OTHER (Specify)			
19.			
SECTION C - RECORD OF AUTOPSY			
20. AUTOPSY PERFORMED (If yes, give date and place)		21. AUTOPSY ORDERED BY (Signature)	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
22. PROVISIONAL PATHOLOGICAL FINDINGS			
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY	
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR	

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
July 2007	[Redacted]
Aug 3/07	<p>@ approx 2300 pt arrived on stretcher from River Ridge medical TMC with cervical collar taped to his head. Non Rebreather mask also tape wrapped around face. Pt on initial asse</p> <p>apneic w/out pulse. Pt intubated on 1st attempt. line placed to (R) femoral vein. pt still in PEA. a total of 2 epi 1mg, 2mg Atropine, 2 14 gage cath placed in 2nd intercostal space Bilaterally. No pu</p> <p>returned. on physical assesment pt w/ ↓ BS on (L) chest tube placed with return at least some blood. CPR continued throughout Resuscitation. U/S of heart showed No cardiac activity or pericardial flu</p> <p>Pt called dead @ 2315. thoracotomy not attempt due to expected pt apnea prior to arrival. p-fixed/dilated @ 2315 prior to calling code (TOB)</p>

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

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

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

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

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

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

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAIN
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. <span style="float: right;">WAR</span>

(b)(6)

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1

TAB

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is PMG.

INTERMENT SERIAL NUMBER

FROM:

TF 31 Camp Cropper APO AE 09342

TO:



NAME (b)(6) GRADE (b)(6) SERVICE NUMBER

NATIONALITY

PLACE OF BIRTH DATE OF BIRTH

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN FIRST NAME OF FATHER

PLACE OF DEATH ER DATE OF DEATH Aug 2/07 CAUSE OF DEATH hemorrhagic shock

PLACE OF BURIAL DATE OF BURIAL

IDENTIFICATION OF GRAVE

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER FORWARDED WITH DEATH CERTIFICATE TO (Specify) FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH, BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

see SF 600

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

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY DATE Aug 3/2007 SIG

SIGNATURE OF COMMANDING OFFICER

WITNESSES SIGNATURE ADDRESS

SIGNATURE ADDRESS





**2<sup>d</sup> BRIGADE COMBAT TEAM**  
**Brigade Operational**  
**Legal Team**



**LEGAL ACTION ROUTING SHEET**

**ACTION:** CERP Condolence Payment - (b)(6)  
 (b)(6)

**DATE:**

**SYNOPSIS:** On 07 August 2007 (b)(6) husband, (b)(6) was killed, and her son was injured, when they were caught in the crossfire between elements of D/ 2-12 CAV and AIF.

(b)(2)High, (b)(5), (b)(3)(b)(6)

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

(b)(2)High, (b)(5), (b)(3)(b)(6)

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

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

**COMMANDOS!!**



MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM CARD**

السلام عليكم ورحمة الله وبركاته

لحقى المواطن الكريم مقابل الأضرار التي لحقت بك ، سواء كانت أضرار  
جسدية من الصدمات التي لحقت به ، أو موت لا سمح الله لأحد من الأقرباء ،  
وكان السبب وراء ذلك القوات الأمريكية فقد يكون لك الحق في التعويض .

للتقدم ببلاغ والمطالبة بحقوقك الرجاء إحضار الآتي ، هذه البطاقة وهويتك  
المدنية مع كل الأوراق الرسمية المتعلقة بهذه الأضرار والتي تدعم  
الموضوع مثل (صورة للحادث، شهادة الشهود، تقرير الشرطة ،  
وإيصالات بالإستلام أو التسليم ، وثبات الملكية لما لحظتم أو تضرر ولما  
تداول إن تحصل على تعويض عنه ، ورخصة السياقة إن كنت تحصل  
رخصة)

الرجاء إحضار هذه المستندات إلى مركز المساعدة العراقي في معسكر  
التاجي بولاية كركوك ، البوابة الهندية في معسكر قالكون ، المحمودية في  
معسكر قاب ، معسكر هوك ، معسكر كانسو ، معسكر دوك .

أو احد المراكز الحكومية الثورية - أو مقبلة الصدر - 9 نيسان - الرشيد  
الرضوانية - الرصافة - الإسكندرية - الكرخ الأعظمية - الكرادة - أو سبع  
البيور .

ملاحظة : إنلاك هذا الكرت (المستندات ) لايعني النفع المؤقت .

وشكرا لتعاونكم معنا

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

MULTINATIONAL  
DIVISION - BAGHDAD

**IRAQI CLAIM 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 a SF 91 or 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 to substantiate a claim against the US Army.

UNIT D Co 2-12 CAV

DATE 07 AUG 07

LOCATION (b) (2) High (b)(2)High

TYPE OF INCIDENT CAR DESTROYED BY CFFIRING AGAINST AIF

935

CENTCOM 019414

06-IS1-T1112-00014



(b) (6)

(b)(6)

\$ 750  
~~2,500~~  
Cable/Phone -

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

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

06-IS1-T112

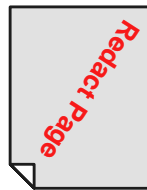
(b)(6)

(b)(6)

1496-11  
18-Nov-05

CENTCOM 019417

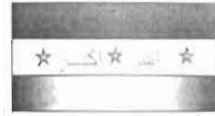
06-IS1-T1112-00017



Page 18 redacted for the following reason:  
-----  
(b)6 Foreign Language



foreign language  
foreign language



foreign language, (b)(6)

foreign language, (b)(6)

foreign language

foreign language



Page 20 redacted for the following reason:

-----

(b)6 Foreign Language





(b)(6)  
(b)(6)  
16-NOV-2005



### Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6) (b)(6)

Address: (b)(6) (b)(6)

**I am**

- a. A citizen and national of: Iraq
- b. A permanent resident of: \_\_\_\_\_
- c. Employed by: \_\_\_\_\_
- d. Check one ( ) an insurer (X) Not an insurer
- e. Check one (X) 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 (b)(2)High (b)(2)High Iraq  
(Town) (City) (Country)

My claim arose on Jun 28 2005  
(Month) (Day) (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 28/6/2005 My son 11 years old he was going to the market at that time the U.S. Army opens fire and that led to killed my son at once and I'm sure he did not mean to killed him But please if you can compensate me about My son

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

killed my son  
(b)(6) years old

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.)

<u>Item</u>	<u>Amount</u>
1-	
2-	
3- about my son	\$ 3500/00
4-	
5-	
6-	

Total: \$ 3500/00

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)

\$ 3500 local 5,000,000 FD

(b)(6) (b)(6)  
(Signature of Claimant)

Subscribed before me this 16 day of Nov, 2005

(b)(3), (b)(6)  
(Print Name)  
(Signature)  
(b)(3), (b)(6)



GENERAL INFORMATION CENTER,  
AL-RADHWANYA, BAGHDAD, IRAQ



**"THE CLAIM'S CONTAINS"**

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

- Certificate of Death for the victim
- Investigations paper from the police and support that the M.A.F. killed his son according to the certificate of death.
- Iraqi documents for the claimant.
- 
- 
- 



Foreign Language Text  
Foreign Language Text

General Information Center/Al-Radhwanya

Date:- 16/NOV/2005

GIC CLAIM #:  
USARCS #:  
DATE FILED:  
AMOUNT CLAIMED:  
DATE OF INCIDENT:

1496-14  
7112  
16 Nov 05  
\$3000  
28 June 05

DATE

ACTION / NOTES

(b)(2)High, (b)(5), (b)(3)(b)(6)

(b)(2)High, (b)(5), (b)(3)(b)(6)

22 Jun 06 Conference approval for \$1500



## GIC OPINION ABOUT A CLAIM

After we check this claim, we would like to bring your attentions to these truths: -

1. The victim is a boy his age (b)  
(9)(d) years old and that insuring his innocent from any hostility works.
2. The certificate of death for the victim shows that he got many gunshots in all of his body and that led to his death, which means if there is another third person want to kill him just one shot enough and you know that sir.
3. Because there is no way for his father to improve that the M.N.F. killed him and they did not mean that, he went to Iraqi police stations to investigate about his claim and he know that Iraqi low not including M.N.F. so that he came to our GIC for help him to got some compensation from you.
4. We hope from you with all respect if you to compensate him as condolence.

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

(9)(q) (e)(q)

GIC Al-Radhwanya  
16-NOV. - 05



Page 26 redacted for the following reason:

-----  
(b)6 Foreign Language



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)

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)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Page 30 redacted for the following reason:

-----

(b)6 Foreign Language

(b) (6)

(b)(6)

24821

(b) (6)

(b)(6)

