

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 7.0053

USARCS NUMBER: 1472-05

Date Received: 21-Sep-05

Name: (b)(6)

Address: (b)(6) Al Madaen, Baghdad,
Iraq

Claim Summary: Claimant killed by small arms caused by
combat involving C.F. while sleeping on his roof

Date of Incident: 24-Jun-05

Amount Requested: \$0.00

Recommendation: [] Approval [x] Denial []
Investigation *D. C. 1*

Date Reviewed by OIC:

Claim Is: [] Approved in the amount of \$ _____.

Denied. Denial Code 1

[] On hold pending investigation findings.

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0 0

177

CENTCOM 005560

26207



CUSTOMER INQUIRY

CASE # : _____

DATE: _____

NAME: _____

DOB: _____

Foreign Language, (b)(6)

Foreign Language, (b)(6) : تاريخ الميلاد

TELEPHONE #: _____

DATE INCIDENT OCCURRED: _____

رقم الهاتف

Foreign Language

تاريخ الحادث

ADDRESS: _____

Foreign Language, (b)(6)

العنوان

TYPE OF CASE (CHECK ONE)

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Detainee المحتجز <input type="checkbox"/> | <input type="checkbox"/> Medical حالة مرضية <input type="checkbox"/> | <input type="checkbox"/> Travel Documents وثيقة سفر <input type="checkbox"/> | <input type="checkbox"/> Eviction إخلاء <input type="checkbox"/> |
| <input type="checkbox"/> Missing Person مفقود <input type="checkbox"/> | <input type="checkbox"/> Employment/Unemployment توظيف <input type="checkbox"/> | <input type="checkbox"/> Handicapped معوق <input type="checkbox"/> | <input type="checkbox"/> Abuse سوء استخدام <input type="checkbox"/> |
| <input type="checkbox"/> Military Salary رواتب العسكريين <input type="checkbox"/> | <input type="checkbox"/> Corruption الفساد <input type="checkbox"/> | <input type="checkbox"/> Confiscated Vehicle السيارات المصادرة <input type="checkbox"/> | <input type="checkbox"/> Homeless المشردين <input type="checkbox"/> |
| <input type="checkbox"/> Compensation التعويض <input type="checkbox"/> | <input type="checkbox"/> Confiscated Property الاملاك المصادرة <input type="checkbox"/> | <input type="checkbox"/> Demonstrations/ Freedom of Assembly التظاهرات وحرية التجمع <input type="checkbox"/> | <input type="checkbox"/> Other قضايا أخرى <input type="checkbox"/> |
| <input type="checkbox"/> Property Claim: Iraqi or CF? (circle one) اعادة ملكية من قبل سلطات التحالف أو النظام السابق (أختار واحدة) | | | |

Situation (ملخص القضية) :

Foreign Language

Follow up Appointment? YES NO

Date: _____

Time: _____

Time In: _____

Time Out: _____

Caseworker: _____

AC-B FORM - 01

6 JUN 04

CENTCOM 005561

7.0053-00003

Foreign Language Text

- Report from Almaden IPS
Almaden Court

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 005563

7.0053-00005

Foreign Language Text

Foreign Language Text, (b)(6)

OFFICER'S REPORT
07/07/2005

Foreign Language Text, (b)(6)

564
00006

Foreign Language Text, (b)(6)

CENTCOM.005565

7.0053-00007

26212

Foreign Language Text

Foreign Language Text, (b)(6)

Report

Foreign Language Text

Officer's Report
on 26/6/2005

Foreign Language Text, (b)(6)

Page 9 redacted for the following reason:

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

witness statement

Foreign Language Text, (b)(6)

CENTCOM 005568
7.0053-00010

Foreign Language Text, (b)(6)

Statement
(b)(6)
on 6/6/2005
(b)(6)

CENTCOM 005569
7.0053-00011

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

*investigations process
26/6/2005*

Foreign Language Text, (b)(6)

CENTCOM 005570
7.0053-00012

Foreign Language Text, (b)(6)

CENTCOM 005571
7.0053-00013

Foreign Language Text, (b)(6)

statement of the
victim's Brother

(b)(6)

(b)(6)

(b)(6)

on 6/6/25

CENTCOM 005572
7.0053-00014

Foreign Language Text

medical examination

Foreign Language Text

CENTCOM 005573

7.0053-00015

Pages 16 through 23 redacted for the following reasons:

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

Nonresponsive

CENTCOM 005582

7.0053-00024

26222

Page 25 redacted for the following reason:

Foreign Language Text, (b)(6)



CENTCOM 005584

Pages 27 through 29 redacted for the following reasons:

Foreign Language Text

Foreign Language Text, (b)(6)



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
FOB LOYALTY, IRAQ
APO AE 09380

AFZP-VB-JA

Date: 24-Sep-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1472-05:

Claim of: (b)(6)

Address: Mohammad Al Wasmy Town, Al Madaen, Baghdad, Iraq

Date Filed: 21-Sep-05

Amount Claimed: \$0.00

Claimed Loss: Claimant killed by small arms caused by combat involving C.F. while sleeping on his roof

Claim Number: 7.0053

1. Your above-mentioned claim is disapproved.
2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code **1**:
 1. Loss was a result of Combat Operations
 2. The filing claimant is an improper claimant
 3. Claim lacked evidence supporting U.S. negligence or fault
 4. Claim lacked evidence to prove a loss
 5. Loss was a result of Anti-Coalition Forces
4. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.
5. POC for this memorandum is SPC (b)(3),(b)(6) FOB Loyalty, @ VOIP (b)(2)High

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

CPT, JA
FOREIGN CLAIMS COMMISSION

CENTCOM 005588

7.0053-00030

Claims Form

To: United States Army Foreign Claims Commission.

From: Name (b)(6)

1912

Address: AlMadaen / Mohammed Alwasmy Town

I am

- a. A citizen and national of:
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)

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: (Town) (City) (Country)

My claim arose on: 6 24 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 the night of 24/6/2005 the victim (b)(6)

(b)(6) was sleeping on the roof of his home

in AlMadaen City, the victim get shot from the side of

U.S location caused to kill him immediately.

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

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: _____

I was insured to the following extent against the damage 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)

\$ _____ local _____

(Signature of Claimant)

Subscribed before me this ____ day of _____, 200__.

(Print Name)

Foreign Language Text

CENTCOM 005591

7.0053-00033