

(b)(6)

CENTCOM 010379
07-141-471-00001

17-141-1

CENTCOM 010380
07-141-471-00002

Companion Claim
7-I-41-472

TF Lightning
Foreign Claims Cover Sheet

File #: 7-141-471

Name

(b)(6)

POA/ATT:

(b)(6)

Date Received: 1 Sep 07 Date of Incident: 15 Aug 07

Claim Amount: \$8,000
10,000,000 Location: Alaska

Next Apt: 15 Oct 07
8 Sep 07 Contact Info: _____

Additional Evidence / Further Investigation:

Check Intsum Check Sigacts see sigacts
Check Investigation Spreadsheet _____

Approved Denied clx

Goodwill Payment Recommended: _____
 Approved: _____ Denied: _____

MVA RAID LOST NEG FIRE REAL LAND
 OTHER: _____



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 25TH INFANTRY DIVISION
MULTI NATIONAL DIVISION NORTH
CONTINGENCY OPERATING BASE SPEICHER, APO AE 09393

7-I4-471
15 Sep 07

APVG-JA-C

MEMORANDUM FOR Claimant

SUBJECT: Claim Denial

1. This is in response to your claim against the United States Government. Your claim has been reviewed under the Foreign Claims Act, 10 U.S.C. 2734, as implemented by Army Regulation 27-20, Chapter 10. I regret to inform you that your claim has been denied.

2. Your claim has been denied for the following reasons:

- a. There is not enough evidence to prove your claim.
- b. The evidence shows that United States Forces did not cause the damage.
- c. The evidence shows that the damage was caused during combat.
- d. The evidence shows that the damage was caused by your own negligence or wrongdoing.
- e. The evidence shows that your claim was fraudulent.
- f. Other:

3. If this is the first time your claim has been viewed by this office, you may submit an appeal. This office must receive the appeal no later than 30 days after receipt of this message. The appeal must also contain additional evidence proving your claim. If the appeal is sent after 30 days has passed, or does not provided additional evidence, then the appeal will be denied.

4. POC is the 25th Infantry Division Claims Office at DSN 318-845-1022.

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

CPT, JA
Chief of Claims

CENTCOM 010382
07-141-471-00004



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 25TH INFANTRY DIVISION
MULTI NATIONAL DIVISION NORTH
CONTINGENCY OPERATING BASE SPEICHER, APO AE 09393

APVG-JA-C

3 September 2007

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 07-I41-471

1. **Identifying Data:** (b)(6) by attorney (b)(6)
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on August 15, 2007 in Al Owja, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$8,000 on 1 Sep 07.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was properly filed in a timely manner.
5. **Facts:** The Claimant alleges his brother and two or three other cars were parked in front of the fuel station in Al Owja. He alleges a U.S. Forces aircraft fired at the cars. The attack led to the destruction of his vehicle and the death of his brother. Claimant provided pictures of the destroyed vehicle, an Iraqi ID, a vehicle bill of sale, a POA, witness statements, a legal expert estimate, and a diagram of the incident.
6. **Opinion:** A claim is not payable if it resulted from "action by an enemy or...directly or indirectly from an act of the armed forces of the United States in combat." 10 U.S.C. §2734(b)(3). Investigation revealed that several vehicles were attacked after the occupants were identified attempting to emplace an IED nearby. Consequently, U.S. Forces were engaged in combat activities and therefore the claim is not compensable under the Foreign Claims Act.
7. **Recommendation:** This claim is denied.

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

CPT, JA
Chief, Claims

CENTCOM 010383
07-I41-471-00005

(b)(6)

Name of Claimant: MONSER FARHAN DAWOOD

- Iraqi ID Card Seen and Identity Verified
- Iraqi Resident
- Iraqi ID # (b)(6)
- Copy of Iraqi ID Provided (Hometown is Tikrit)

POA/Attorney Name (b)(6)

- Power of Attorney provided
- Original Seen
- Names Match
- If POA, state relation NC

- Decedents (if applicable list names below)
1. _____
 2. _____
 3. _____
 4. _____

Claim arose at: FUEL STATION, AL OUSA
(Town) (City)

Claim arose on: 15 August 2007
Day Month Year

Time of Day: 2130

Proof of Ownership: KIA SAPHIA (b)(6)

- Vehicle VIN Number Match
- Sales Contract Provided
- Land Deed (Name Match)
- Other (explain) _____

~~Death Certificates~~

- Original Seen
- Cause of Death _____
- Name Match
- Age of Decedent _____

Medical Report/Legal Expert Opinion

- Legal Expert Report Attached: (total damages \$10,000,000 ID)
- Medical Report (State type and severity of injury)

Brief statement of the incident on which the claim for damages is based.

CLAIMANT, HIS BROTHER AND TWO OR THREE OTHER CARS WERE PERCHED IN FRONT OF THE FUEL STATION IN AL OUSA WAITING TO GET FUEL THE FOLLOWING MORNING. A CF AIRCRAFT ATTACKED THE CARS. THE CLAIMANT WAS PARALYZED LYING IN FRONT OF THE STATION AND WAS NOT INSURED, BUT HIS BROTHER WAS ASLEEP IN HIS CAR AND WAS KILLED

Witness Statements

1. *Witness #1:* (Name)

(b)(6)

Eyewitness

Synopsis of Testimony:

CF AIRCRAFT ATTACKED CLAIMANTS
VEHICLE

2. *Witness #2:* (Name)

(b)(6)

Eyewitness Consistent w/ First

Same Story as First Witness

Synopsis of Testimony:

IS ATTACHED

Itemized expenses/damages resulting from the property damage or personal injury:

Item

Amount

<u>Item</u>	<u>Amount</u>

Total: \$ 8,000

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

\$ 8,000

Iraqi Dinar 10,000,000 ID

→ _____
 (Signature of Claimant)

(b)(6)

Subscribed before me this 1st day of SEPTEMBER, 2007.

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

Total Evidence Provided (Check all that apply)

<input checked="" type="checkbox"/> Witness Statements (# <u>2</u>)	<input checked="" type="checkbox"/> Proof of Ownership	<input checked="" type="checkbox"/> Medical Documents
<input checked="" type="checkbox"/> Legal Expert Report	<input type="checkbox"/> Police Report	<input checked="" type="checkbox"/> Photographs
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

CENTCOM 010385

07-141-471-00007



DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 25TH INFANTRY DIVISION
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 (60) days of the date below or to request a written extension of the sixty (60) 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 sixty (60) 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 the sixty (60) days period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance above.

1. انا المشتكى هنا اوافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة ستون (60) يوما , هذا سوف يسبب عدم تكوين تأكيد لقضيتي , وبسبب ذلك قضيتي سوف تترك وتغلق اداريا طبقا للقانون (د.ا.ب.ا.م 162-27, من الفقرة 13-3(ف)).

2. وانا كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما , هذا سوف يتسبب برفض قضيتي . والقضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature

Sworn before

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

19th day of SEP 2007

CENTCOM 010386
07-141-471-0008

07. Singel See

Foreign Language Text

Foreign Language Text



(b)(6)

(b)(6)

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CENTCOM 010387
07-141-471-00009

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 010388
07-141-471-00010

(b)(6)

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CENTCOM 010391
07-141-471-00013

at the Police

(b)(6)

w/

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Foreign Language Text, (b)(6)

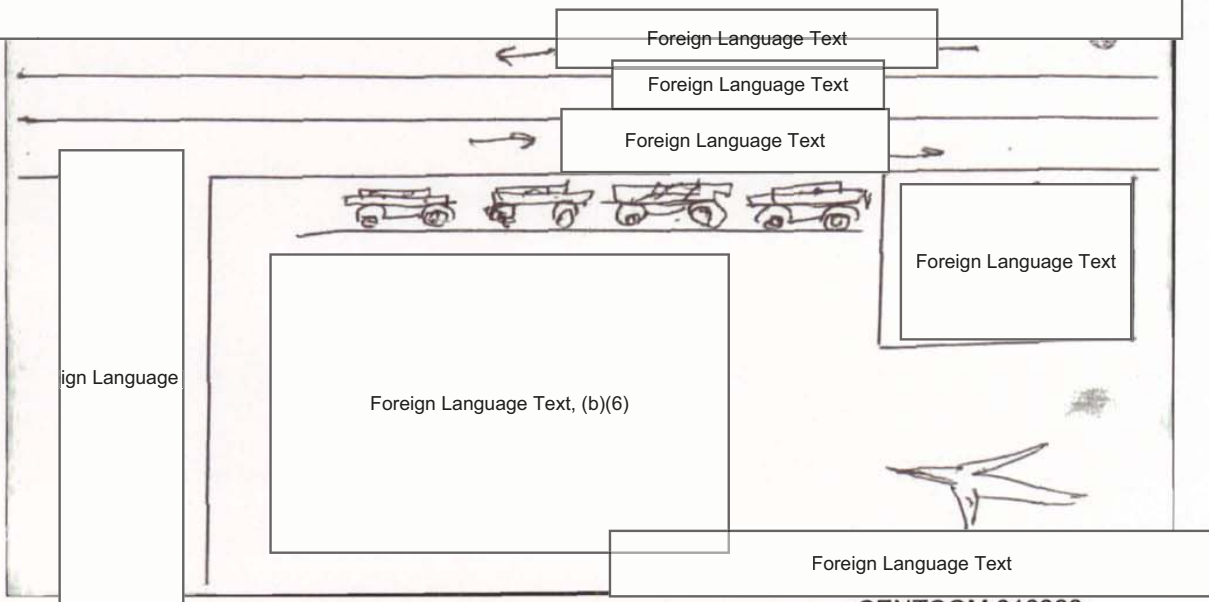
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CENTCOM 010392
07-141-471-00014

Diagram For the Incident

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CENTCOM 010393
07-141-471-00015

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legal expert

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*10/000/000
FID*

Foreign Language Text, (b)(6)

CENTCOM 010394
07-141-471-00016

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Technician report

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Foreign Language Text, (b)(6)

CENTCOM 010395
07-141-471-00017

Plaintiff request for Compensation

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CENTCOM 010396
07-141-471-00018

Plaintiff statement at the court

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(b)(6)

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CENTCOM 010397
07-141-471-00019

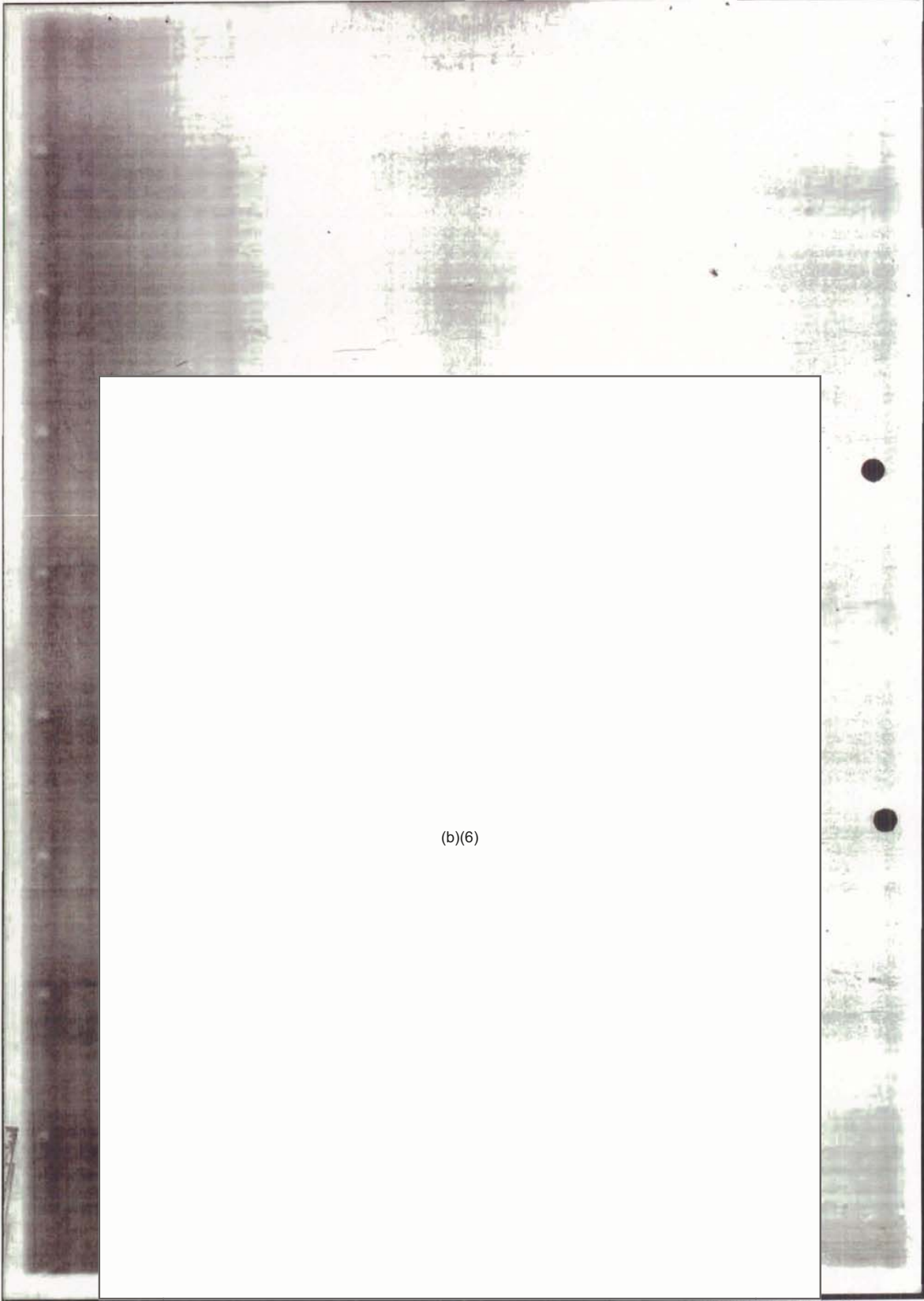
Find order to close the case

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Foreign Language Text, (b)(6)

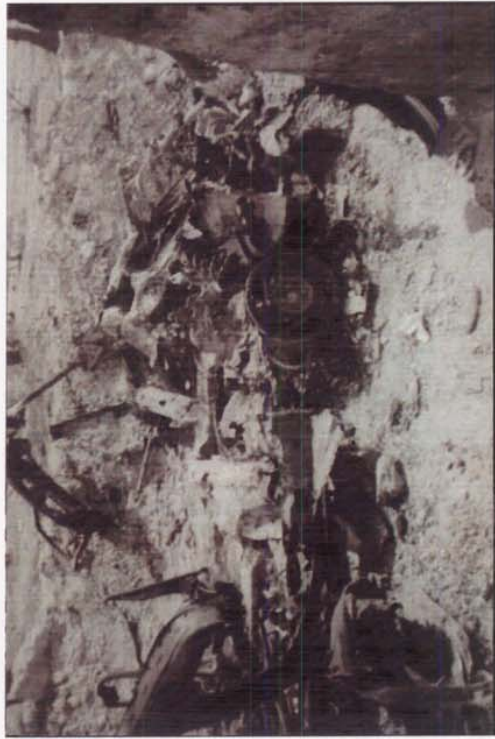


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CENTCOM 010399
07-141-471-00021



CENTCOM 010400
07-141-471-00022



CENTCOM 010401
07-141-471-00023

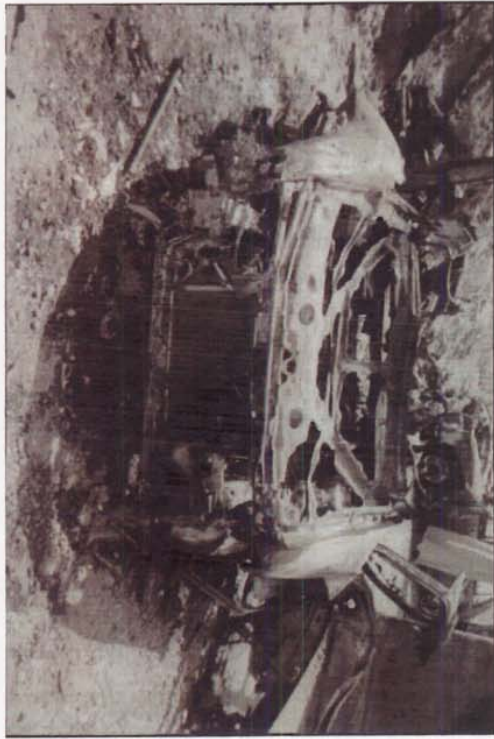


CENTCOM 010402
07-141-471-00024



CENTCOM 010403

07-141-471-00025



CENTCOM 010404

07-141-471-00026

CENTCOM 010405
07-141-471-00027

Foreign Language Text, (b)(6)