

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



DEPARTMENT OF THE ARMY
Headquarters, 1st Brigade Combat Team
10th Mountain Division (Light Infantry)
Forward Operating Base Warrior, Iraq
APO AE 09338

AFZS-LI-JA

24 March 2008

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 07-IH4-T417

1. Claimants name and address: (b)(6) Kirkuk, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 22 June 2007 in Kirkuk, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$2,500.00 on 16 September 2007.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10. AR 27-20; claim filed for death of his daughter, (b)(6) and personal injury to his daughter, (b)(6)
5. Facts:
 - a. (b)(6) claims that on 22 June 2007, his daughter, (b)(6) was killed and his daughter, (b)(6) was rendered blind in one eye when a stray 2.75 rocket struck his residence while a SWT was engaging a nearby residence that was being occupied by UE.
 - b. There were I.D. cards, a statement from the Kirkuk Public Health Office, a police station statement and witness statements included in the submitted claim.
 - c. The incident was able to be verified by the responsible unit.
6. Opinion:
 - a. In order to form a basis for a claim under the FCA, the incident has to occur outside of the United States and be from either non-combat activities of the U.S. Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces.
 - b. There is insufficient evidence to suggest that this incident resulted from non-combat activity or arose out of the negligence and/or wrongful acts of the United States Armed Forces. Any appeal must be submitted within 30 days.

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7. Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$2,500.00 is denied.

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

CPT)(3)(b)(
Foreign Claims Commissioner

**CLAIM FOR DAMAGE .OR
INJURY DEATH**

INSTRUCTION: Please read carefully the instruction on the reverse side and supply information requested on both sides of this form .Use additional sheets (s)

person
From
approve
MBC

1.submitt to appropriate Agency

2-.Name of claimants &Address

Nora

(b)(6)

3.TYPE OF EMPLOYEE

4.DATE OF BIRTH
(b)(6)

5.MARITAL STATUS.
Married

6.DATE& DAY OF ACCIDENT
22nd Jun.07

TIME:
8:00PM

The CFS helicopter were tracing insurgents on the 22nd June in Alreyath / Mojama alshaheed , two missiles shut wrongfully to the claimant's house caused his (b)(6) years old daughter killed and (b)(6) years old daughter injured.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER THAN CLAIMANT (NUMBER, street, city, state, city, state, and, zip code)

De

10 Personal injury/wrongfully death

WITNESSES

NAME	ADDRESS
(b)(6)	(b)(6)

Amount of claim (IN Dollars)

12A PROPERTY	12b PERSONAL INJURY	12c WRONGFUL DEATH	12A
		\$2,500.00	

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

(b)(6)

CLAIMANT

13b. Phone number of signatory

(b)(6)

14c.Date of claim
16th Sep.07

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Identification card

Office: Moltaqa

Number: (b)(6)

Name: (b)(6)

Father's name : (b)(6)

Mother's name: (b)(6)

Gender: Male

(b)(6), Foreign Language Text

Issue date: (b)(6)

Religious: Muslim

Date of birth: (b)(6)

Place of birth: (b)(6)

Statues: Married

Wife's name: (b)(6)

Physical disablement:-----

Identification card

Office: (b)(6)

Number: (b)(6)

Name: (b)(6)

Father's name : (b)(6)

Mother's name: (b)(6)

Gender: Female

Issue date: (b)(6)

Religious: Muslim

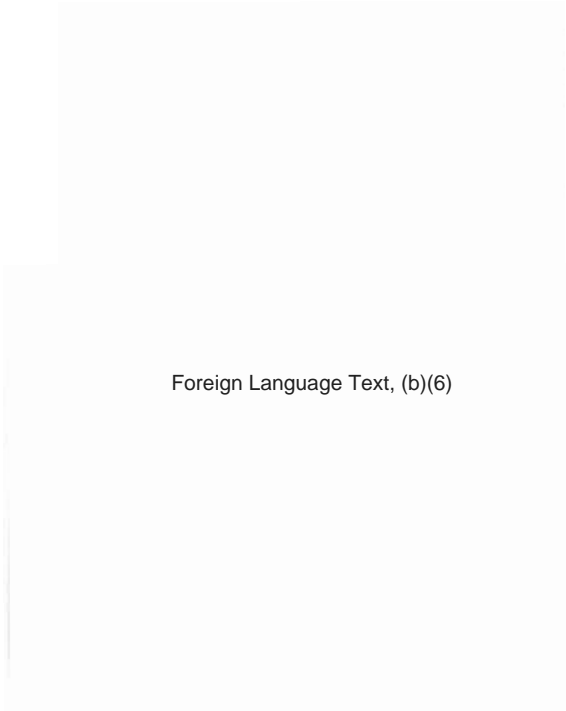
Date of birth: (b)(6)

Place of birth: (b)(6)

Statues: Single

Wife's name:-----

Physical disablement:-----



Foreign Language Text, (b)(6)

Identification card

Office: (b)(6)

Number: (b)(6)

Name: (b)(6)

Father's name : (b)(6)

Mother's name: (b)(6)

Gender: Female

Issue date: (b)(6)

Foreign Language Text, (b)(6)

Religious: Muslim

Date of birth: (b)(6)

Place of birth: (b)(6)

Statuses: Single

Wife's name:-----

Physical disablement:-----

Foreign Language Text, (b)(6)

Kirkuk public health office
Medical committee

On 16th Jul.07 , the medical committee decided that :

(b)(6) has vitreous Hemorrhages with Retinal Detachment,

She needs a surgery out of the country.

Doctor:

(b)(6)

Foreign Language Text, (b)(6)

To: Claim Office
Sub: Memo

We certified that [redacted] has been wrongfully killed by CFS during tracing
insurgent on 22nd Jun.07 .

CPT.
(b)(6) Alryath Police Station

Foreign Language Text, (b)(6)

, Foreign Language Text, (b)(6)

Witness Statement

I'm (b)(6) certified that CFS helicopter shut wrongfully two missile on (b)(6)
(b)(6) house caused (b)(6) years old daughter killed and (b)(6) years old daughter injured.
That's I signed.

Witness

(b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Witness Statement

I'm (b)(6) certified that CFS helicopter shot wrongfully two missile on Jalil
(b)(6) house caused (b)(6) years old daughter killed an (b)(6) years old daughter injured.
That's I signed.

Witness

(b)(6)

CLAIM NUMBER: 07-IH4-T 417

DATE	REMARKS	INITIALS
17 Sep 07	Open	(b)(3), (b)(6)
3 Oct 07	We paid claimant's brother (b)(6)	
	(b)(6) for 2 deaths, 2 injuries and	
	for damage to the house (b)(6)	(b)(3), (b)(6)
4 DEC 07	returned to SGT (b)(3), (b)(6) for additional	(b)(3), (b)(6)
	info	
24 MAR 08	signed & served denied	(b)(3), (b)(6)

Page ___ of ___