

Tort and Special Claims 1.0.3

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Open Claims - Claim Transaction - 071W3T562

(b)(6)

Quick Search

Fiscal Year: 01-Oct-2006 - 30-Sep-2007 *urrent Month: 01-Sep-2007 - 30-Sep-2007

IW3 - FCC IW3 2BCT 1ID (Iraq) 15K

Claim ID:	Owner Office:	End CEA Balance:	
07IW3T562	HQZ - USARCS Claim Retirement Processing (HQZ)	\$0.00 (request increase) record a payment against	

Action (required):

Action Dollar Amount: \$
0

ransactions for Claim 07IW3T562

Reason for Denial:)el **Date Added** Date Action T-fered **Action Description Action Office** Initiated By Date Amount То Accepted 9/13/2007 Open New Claim FCC IW3 2BCT 1ID \$0.00 (Iraq) 15K FCC IW3 2BCT 1ID Claim Denied 6/23/2007 \$0.00 (b)(3)(b)(6)(Iraq) 15K FCC IW3 2BCT 1ID HQZ 9/12/2007 9/12/2007 TRANSFER claim \$0.00 (Iraq) 15K **USARCS Claim** 9/12/2007 Accepted transfer from \$0.00 systemauto Another Army Claims Retirement systemauto Processing (HQZ) Office 9/12/2007 TRANSFER claim FCC IW3 2BCT 1ID \$0.00 HQZ 9/12/2007 (b)(3)(b)(6)(Iraq) 15K **USARCS Claim** systemauto 9/12/2007 Accepted transfer from \$0.00 Another Army Claims Office Retirement Processing (HQZ) systemauto

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CENTCOM 002977

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9/13/2007





DEPARTMENT ÔF THE ARMY HEADQUARTERS, 2ND BRIGADE COMBAT TEAM OFFICE OF THE STAFF JUDGE ADVOCATE CAMP LIBERTY, IRAQ APO AE 09344

AETV-BGS-JA

27 August 2007

MEMORANDUM THRU Comptroller, 1st Cavalry Division

FOR Chief of Staff, 1st Cavalry Division

SUBJECT: Type of Condolence Payment (Death and Personal Injury)

1. NAME OF RECIPIENT:

(b)(6

2. DATE OF INCIDENT: 13 November 2006

3. LOCATION OF INCIDENT: Al-Doura, Baghdad, Iraq

- 4. DESCRIPTION: On 13 November 2006 US forces raided the claimant's house, shots were fired which resulted in the death of his daughter and injured two if his sons. .
- 5. JUSTIFICATION: This payment will positively influence both the community and local Iraqi leaders.
- 6. AMOUNT OF PAYMENT: \$4500 (\$2500 Death, \$1000 Injury, \$1000 Injury)

7.

8. POINT OF CONTACT: MAJ

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

Brigade Judge Advocate at

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

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I concur with the payment.

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



DEPARTMENT OF THE ARMY HEADQUARTERS, 2ND BRIGADE COMBAT TEAM OFFICE OF THE STAFF JUDGE ADVOCATE APO AE 09344

REPLY TO ATTENTION OF:

AETV-BGS-JA

23 June 2007

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of

(b)(6)

Claim #408-H

- 1. <u>Facts</u>. Claimant alleges that U.S. Forces starting shooting his home, during the shooting his two sons were killed, he also claiming personal injury on 13 November 2006. Claimant requested \$17,000.00.
- 2. <u>Opinion</u>. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The evidence submitted does not reflect that the damages of the claimant were non-combat related nor that U.S. Forces were negligent.
- 3. <u>Authority</u>. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
- 4. Action. The claim is denied.

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DEPARTMENT OF THE ARMY HEADQUARTERS, 2ND BRIGADE COMBAT TEAM OFFICE OF THE STAFF JUDGE ADVOCATE APO AE 09344

Claims Office

23 June 2007

SUBJECT: Claim # 408-H

(b)(6)

Baghdad, Iraq

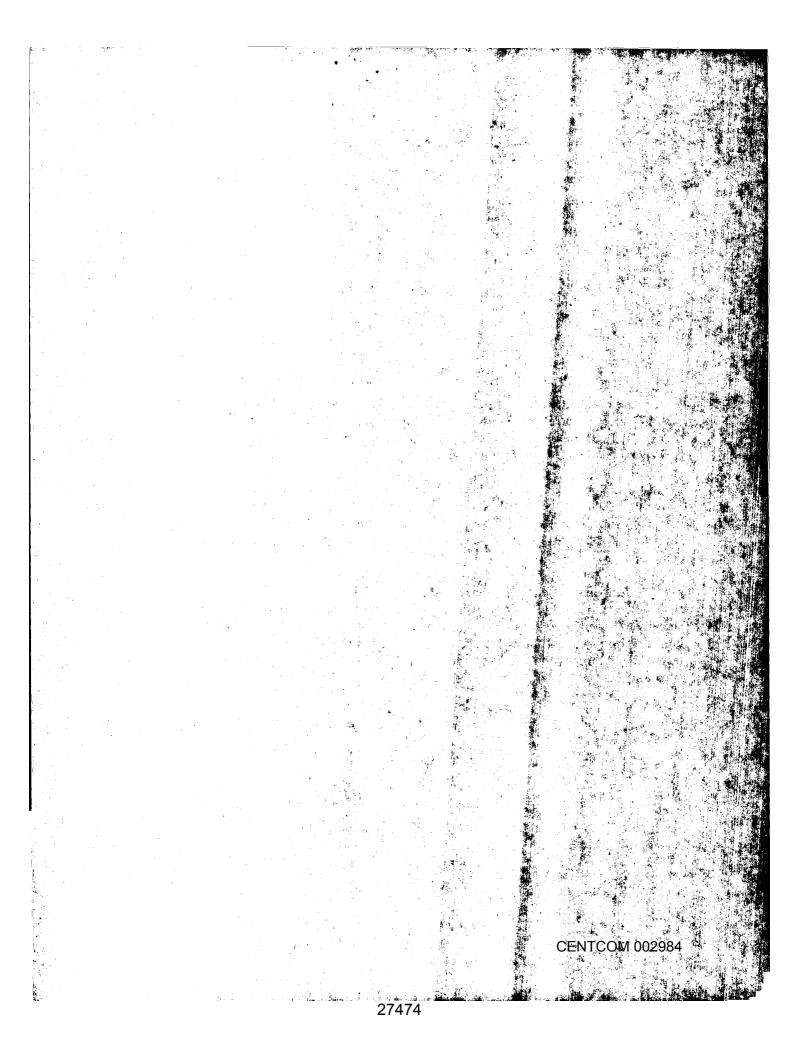
Dear Sir:

You have submitted a claim seeking compensation for you're the death of your sons and personal injury. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for the loss of your children and the personal injury. However, in accordance with the cited references and after investigation into your claim, I find that your claim is **not compensable.** The evidence does not indicate the damages were noncombat related or due to the negligence of U.S. Forces. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

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Claims Chronology Sheet

Claim #:	408-H Date Filed: Amount Claimed: 17	000.00
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•	Phone #:	_
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7.hl07 8Jul 07	Contact TF1-14, they are investigating. Based on Signator annied by 1-14 it looks We	(b)(3)(b)(6)
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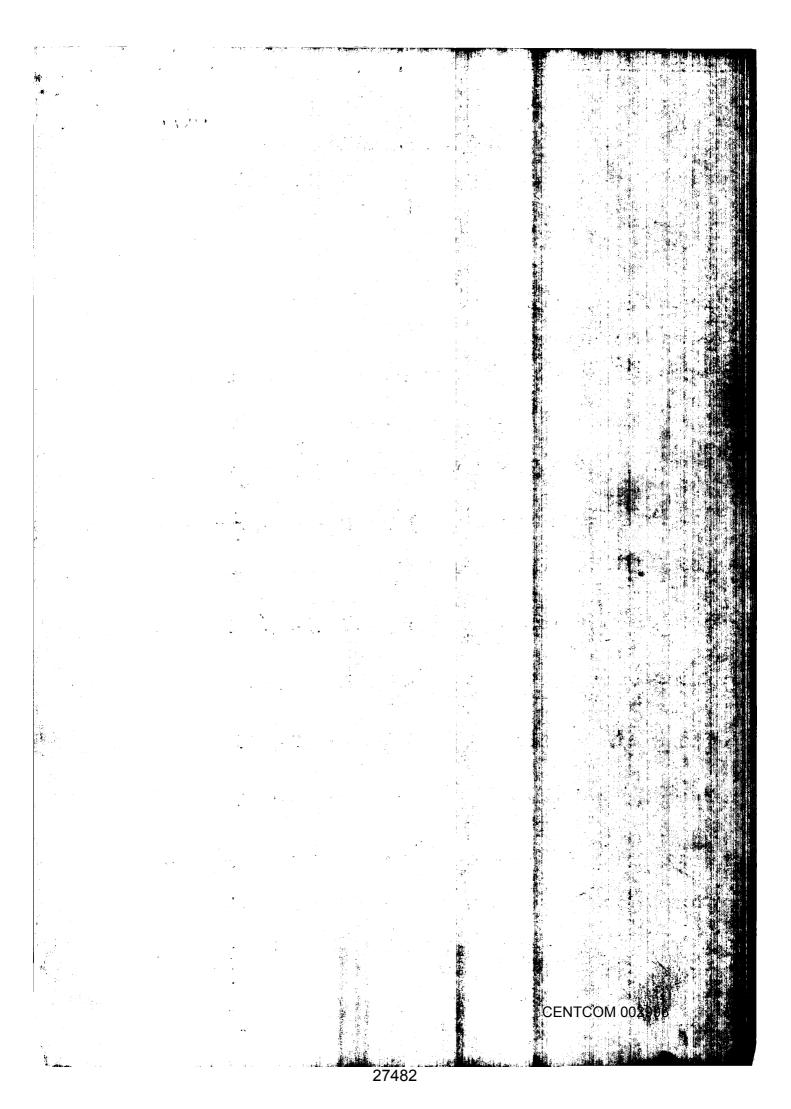
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caused by: (Name, (organization, M	ilitary Department, Addres	s, relepnone Number)
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party sustaining the	damage or injur	ies)	II III IIIC IOIIII OCIOW IOI
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My claim arose on:	Nov.	13	2006
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I was insured to	the following	ng extent against the dan	nage or injuries I have sustained:
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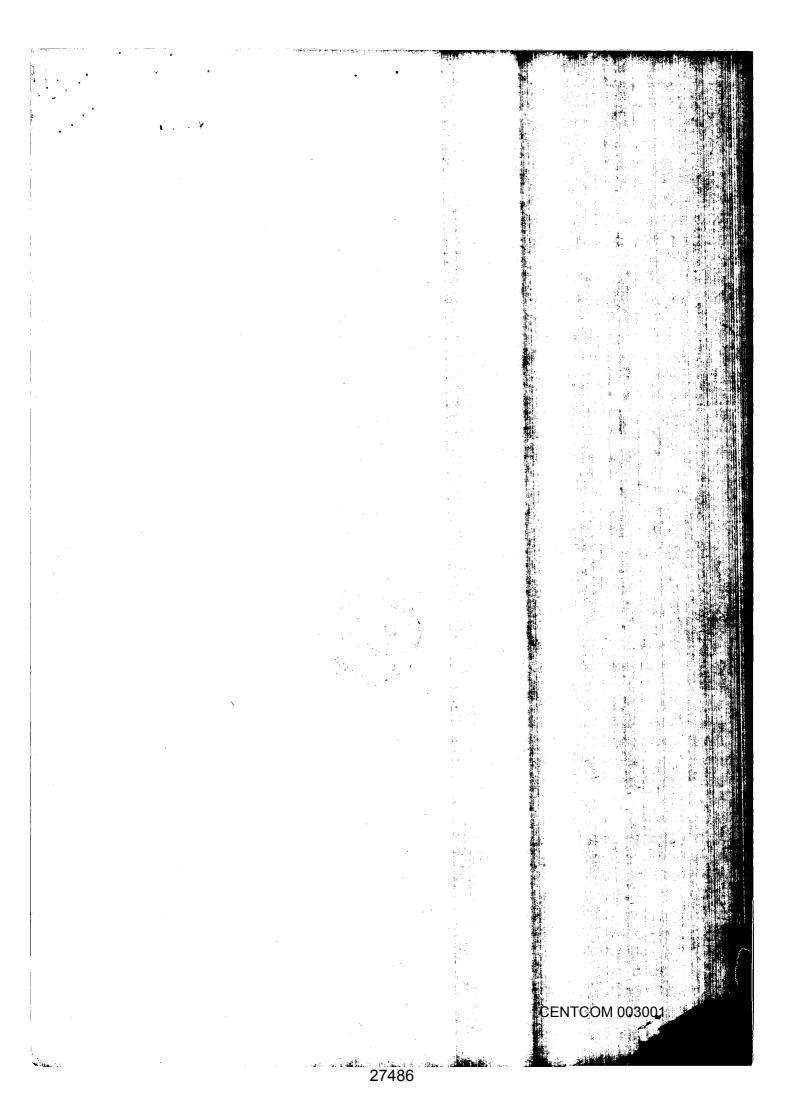
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Pages 18 through 20 redacted for the following reasons:
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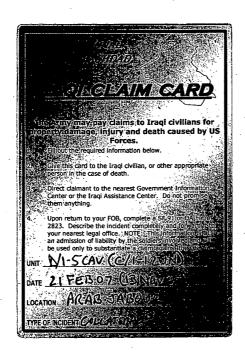


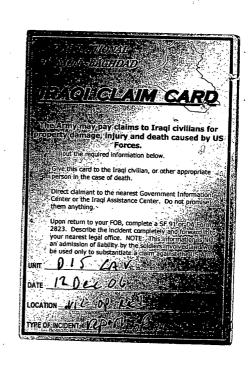
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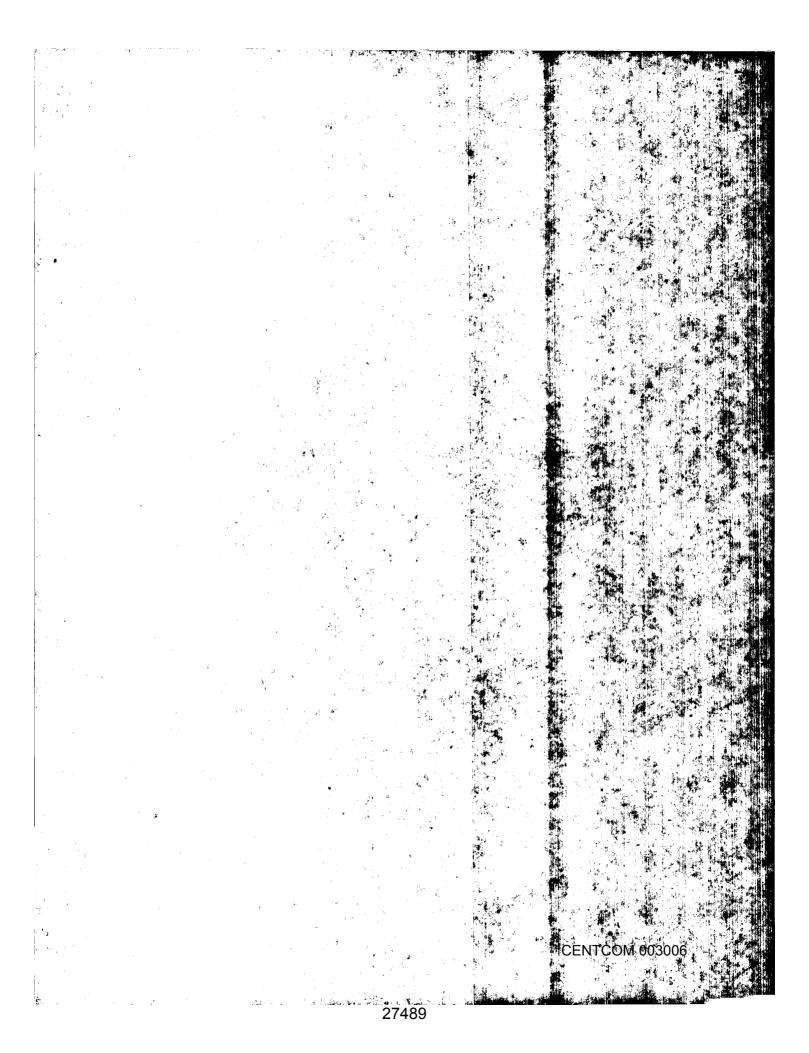


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