

408-H

(b)(6)

07-143-7562

DENIED

CENTCOM 002976



Tort and Special Claims 1.0.3

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 SSG (b)(3)(b)(6) Thursday, 13 September 2007

Open Claims - Claim Transaction - 07IW3T562

(b)(6)

Quick Search

Fiscal Year: 01-Oct-2006 - 30-Sep-2007

Current Month: 01-Sep-2007 - 30-Sep-2007

IW3 - FCC IW3 2BCT 11D (Iraq) 15K

Claim ID:	Owner Office:	End CEA Balance:
07IW3T562	HQZ - USARCS Claim Retirement Processing (HQZ)	\$0.00 (request increase) Do not attempt to record a payment against the CEA.

Action (required):	Action Date
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Action Dollar Amount: \$

0

Transactions for Claim 07IW3T562

Action Date	Action Description	Action Office	Amount	Transferred To	Initiated By	Date Added Date Accepted
9/13/2007	Open New Claim	FCC IW3 2BCT 11D (Iraq) 15K	\$0.00			
6/23/2007	Claim Denied	FCC IW3 2BCT 11D (Iraq) 15K	\$0.00		(b)(3)(b)(6)	
9/12/2007	TRANSFER claim	FCC IW3 2BCT 11D (Iraq) 15K	\$0.00	HQZ		9/12/2007
9/12/2007	Accepted transfer from Another Army Claims Office	USARCS Claim Retirement Processing (HQZ)	\$0.00		systemauto systemauto	
9/12/2007	TRANSFER claim	FCC IW3 2BCT 11D (Iraq) 15K	\$0.00	HQZ	(b)(3)(b)(6)	9/12/2007
9/12/2007	Accepted transfer from Another Army Claims Office	USARCS Claim Retirement Processing (HQZ)	\$0.00		systemauto systemauto	

(b)(2)High

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(b)(2)High

9/13/2007

CENTCOM 002978



DEPARTMENT OF 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 of 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)

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

I concur with the payment.

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

CENTCOM 002979

CENTCOM 002980



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. Facts. 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. Opinion. 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. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. The claim is denied.

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

CENTCOM 002981

CENTCOM-002982



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 non-combat 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.

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

CENTCOM 002983

CENTCOM 002984

Claims Chronology Sheet

Claim #: 408-H Date Filed: _____ Amount Claimed: 17600.00
 Date of Incident: 13 Nov 06
 Name & Address: _____
 Phone #: _____

DATE	FACTS	Initials
23 Nov 07	Pull sigact - take to max (b)(3), (b)(6)	(b)(3)(b)(6)
24 Nov 07	Comp AF Action - Deny KAA	(b)(3)(b)(6)
25 Nov 07	Denial signed. Please forward to CPT (b)(3)(b)(6)	(b)(3)(b)(6)
7 Jul 07	Contact TF 1-14; they are investigating.	(b)(3)(b)(6)
8 Jul 07	Based on sigact provided by 1-14 it looks like 2 KIA sons were 197 employees. Contact 4-1 ID JAG for 4-1 commander input. Possibly forward packet to 4-1.	(b)(3)(b)(6)
8 Aug 07	Check 2-3 ID? (b)(3)(b)(6) (b)(2)High (SGT (b)(3)(b)(6)) emailed me	(b)(3)(b)(6)

CENTCOM 002985

408-H Claims Form

To: United States Army

From: Name: (b)(6)

Address: AL-Dora - Arab Jiboor

I am

- a. A citizen and national of: IRAQ
- b. A permanent resident of: IRAQ
- 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: Arab Jiboor - AL-Dora - Baghdad of IRAQ (Town) (City) (Country)

My claim arose on: Nov. 13 2006 (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 Nov. 13 2006 - The US forces attacked my house and they open the fire and killed my two sons with my daughter also my self with my wife - (b)(6) daughters and my son has been injured in that incident, beside that - my field with the animales has been killed and destroyed - read the attachment pls.

CENTCOM 002987

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

Death

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- <u>Death My Son</u> (b)(6)	<u>2500.00</u>
2- <u>Daughter</u> (b)(6)	<u>2500.00</u>
3- <u>personal injury</u> (b)(6)	<u>6000.00</u>
4- <u>property damaged - with animals</u> (b)(6)	<u>3500.00</u>
Total:	<u>17000.00</u>

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)

\$ 17000.00 local _____

(Signature of Claimant) (b)(6)

Subscribed before me this 17 day of June

(Print Name) (b)(6)

(Signature) (b)(6)

CENTCOM 002988

Pages 14 through 16 redacted for the following reasons:

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

CENTCOM 002992

Pages 18 through 20 redacted for the following reasons:

Foreign Language Text, (b)(6)

CENTCOM 002595

Page 22 redacted for the following reason:

Foreign Language Text, (b)(6)

CENTCOM 002998

Pages 24 through 25 redacted for the following reasons:

Foreign Language Text, (b)(6)

CENTCOM 003001

Pages 27 through 29 redacted for the following reasons:

Foreign Language Text, (b)(6)

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

Fill out the required information below.

1 Give this card to the Iraqi civilian, or other appropriate person in the case of death.

2 Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.

3 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 only to substantiate a claim against the US Army.

UNIT: NI-SCAV (C/AF/12/01)

DATE: 21 FEB 07 (USNAV)

LOCATION: ARAB JABOIN

TYPE OF INCIDENT: COLLISION

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UNIT: DIS LAV

DATE: 12 Dec 06

LOCATION: WILSON

TYPE OF INCIDENT: PROPERTY DAMAGE

CENTCOM 003005

CENTCOM 003006

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(b)(6)

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ENTCOM 003009

Pages 35 through 40 redacted for the
following reasons:

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