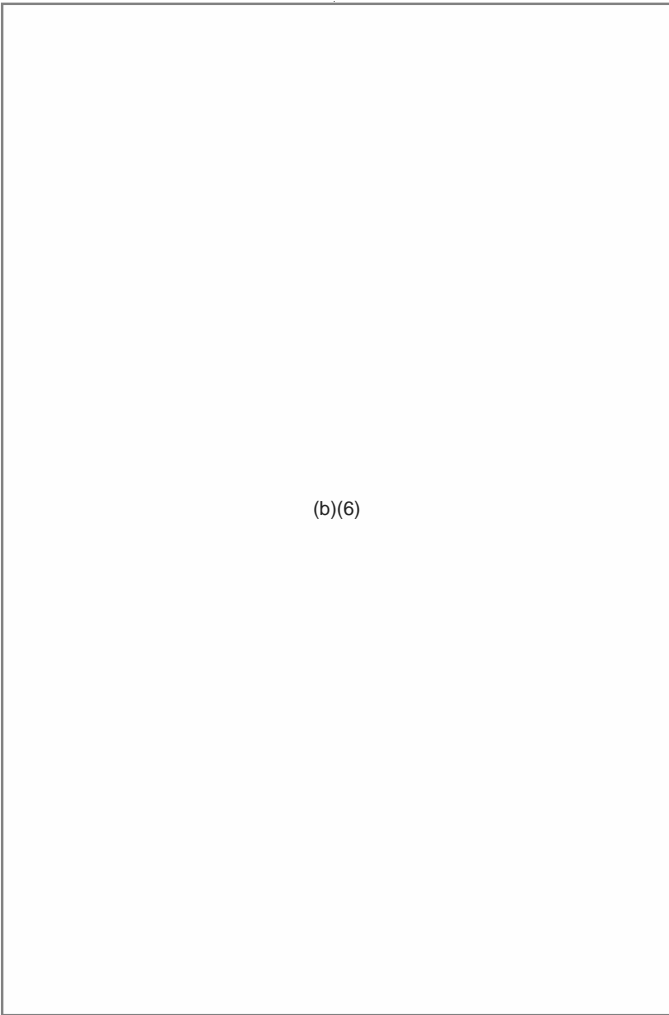


07-1403-7581

449 - H

Additional to claim nu. 386 - H

condolence - Death 2500 - B



(b)(6)



Tort and Special Claims 1.0.3

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SSG (b)(3)(b)(6) Sunday, 23 September 2007

Open Claims - Claim Transaction - **07IW3T581**

(b)(6)

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

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

urrent Month: 01-Sep-2007 - 30-Sep-2007

Claim ID:	Owner Office:	End CEA Balance:
07IW3T581	HQZ - USARCS Claim Retirement Processing (HQZ)	\$0.00 (request increase) Do not attempt to record a payment against the CEA.

Action (required):	Action Date
--------------------	-------------

Action Dollar Amount: \$

0

Transactions for Claim 07IW3T581

Del	Reason for Denial:		T-ferred	Initiated By	Date Added
Action Date	Action Description	Action Office	Amount To		Date Accepted
9/23/2007	Open New Claim	FCC IW3 2BCT 1ID (Iraq) 15K	\$0.00		
8/15/2007	Claim Denied	FCC IW3 2BCT 1ID (Iraq) 15K	\$0.00		
9/21/2007	TRANSFER claim	FCC IW3 2BCT 1ID (Iraq) 15K	\$0.00	HQZ	9/21/2007
9/21/2007	Accepted transfer from Another Army Claims Office	USARCS Claim Retirement Processing (HQZ)	\$0.00		
9/21/2007	TRANSFER claim	FCC IW3 2BCT 1ID (Iraq) 15K	\$0.00	HQZ	9/21/2007
9/21/2007	Accepted transfer from Another Army Claims Office	USARCS Claim Retirement Processing (HQZ)	\$0.00	systemauto systemauto	

(b)(2)High

(b)(2)High

CENTCOM 003018



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

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

AETV-BGS-JA

26 August 2007

MEMORANDUM THRU Comptroller, 1st Cavalry Division

FOR Chief of Staff, 1st Cavalry Division

SUBJECT: Type of Condolence Payment (Vehicle Damage) 449-H

1. NAME OF RECIPIENT: (b)(6)
2. DATE OF INCIDENT: 27 February 2005
3. LOCATION OF INCIDENT: Al-Yousifya, Baghdad, Iraq
4. DESCRIPTION: On 27 February 2007 US Forces shot and killed the claimants' husband and damaged her vehicle. The claimant has already received compensation for the death of her husband.
5. JUSTIFICATION: This payment will positively influence both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: **\$1000**

7. POINT OF CONTACT: MAJ (b)(3)(b)(6) Brigade Judge Advocate at
(b)(3)(b)(6), (b)(2)High

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

I concur with the payment.

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

CENTCOM 003019

CENTCOM 003020



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

15 August 2007

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) Claim #449-H

1. Facts. Claimant alleges that U.S. Forces shot and killed her husband and damaged her vehicle on 27 February 2007. Claimant requested \$1000.00.
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. Your claim will be forwarded for consideration of condolence payment.

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

CENTCOM 003021



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

Claims Office

15 August 2007

SUBJECT: Claim #449-H

(b)(6)

Baghdad, Iraq

Dear Ma'am:

You have submitted a claim seeking compensation for the death of your husband and damage to your vehicle. 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. 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 loss was non-combat related or due to the negligence of U.S. Forces. Accordingly, your claim must be denied. Your claim will be forwarded for consideration of condolence payment.

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.

Sincerely,

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

CENTCOM 003022

449-11 Claims Form

To: United States Army (b)(6)

From: Name: (b)(6)

Address: Baghdad - Al-Yousifiya

- I am:
 - a. A citizen and national of: IRAQ
 - b. A permanent resident of: IRAQ
 - c. Employed by:
 - d. Check one () An insurer (X) Not an insurer
 - e. Check one () A subrogee (X) 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: Al-Yousifiya (Town), Baghdad (City), IRAQ (Country)

My claim arose on: Feb. (Month), 27 (Day), 2005 (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.)

Vehicle damaged, my husband killed by US gunfire,

(b)(6)

claim nu. 386 - H - Condolence Death - 2500-00 she asked for the vehicles damage.

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.)

<u>Item</u>	<u>Amount</u>
Vehicle damaged	1000-00
B.M.W	/

Total: 1000-00

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)

\$ 1000-00 local _____

(Signature of Claimant)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Subscribed before me this 15 day of Aug, 2007

(Print Name)

(Signature)

(b)(6), Foreign Language Text

CENTCOM 003025

Pages 11 through 18 redacted for the following reasons:

Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

CENTCOM 003034



CENTCOM

27506