

HIGH Priority  
DEN

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

no evidence

Deny  
NO CERT

A706

Claim Number: 08-I2A-A705

Name: (b)(6)

Date of Incident: 31-Jul-06

Date Received: 4-Sep-08

Amt Req: \$25000

Summary:

Claim by R6 for woman with son shot in head

Circle Decision, Fill-in Date, and initial

<input checked="" type="radio"/> DENY	INVESTIGATE	PAY - \$ _____
DATE 4SEP	DATE	DATE
INIT (b)(3), (b)(6)	INIT	INIT

- Insufficient Evidence
- Combat Exception
- US Involvement
- Lack of Causation
- Statute of Limitations
- Not a Proper Claimant
- Non-Cognizable Claim
- TIGRnet
- SIGACT
- 15-6
- Claims Card

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

NOTES:

X CERP  
 \$2,500 PER R6  
 (b)(3), (b)(6)  
 COIN LADY



REPLY TO  
ATTENTION OF

AFYB-IN-CDR

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM  
4TH INFANTRY DIVISION  
FOB FALCON, BAGHDAD, IRAQ APO AE 09361

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment - (b)(6)

1. I have conducted an initial review of the circumstances surrounding the events of 31-Jul-06, which resulted in a claim by (b)(6)

2. In accordance with the applicable statutes and the investigation into your claim, your claim is not compensable. After a search of records of the date in question the evidence provided showed that the damages were not a result of negligence by the U.S. Military I do, however, authorize the payment of CERP condolence funds to (b)(6) in the amount of \$2500.00 to be paid in Iraqi Dinar. I have determined that a condolence payment is necessary and appropriate for the damage caused by U.S. Forces.

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

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

COL, AR  
Commanding

I have reviewed the proposed condolence payment authorized by COL (b)(3), (b)(6) He is authorized to approve payments in the stated amount. Based on the circumstances of the accident, the use of CERP funds to make a condolence payment complies with the MNC-I CJ8 SOP, Money as a Weapons System, dated 15 May 2008.

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

MAJ, JA USAR  
Brigade Judge Advocate

CENTCOM 010758  
08-I2A-A705-00003



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM  
4TH INFANTRY DIVISION (MECHANIZED)  
FOB FALCON, IRAQ 09361

Ms. (b)(6)

(b)(2)High

SUBJECT: Claim # 08-I2A-A705

08 SEP 2008

Dear Ms. (b)(6)

I am writing to offer my sincere, heartfelt condolences to you for the tragic loss of your son. I am extremely sorry for the tragedy that has befallen your family. Even though I am a Soldier, I am also a father. I know firsthand the love that a parent has for their children. I can only imagine the tremendous pain and heartache that you must feel since the passing of a beloved son.

In sympathy for the tragic loss of your son and for the damage to your property, I have authorized that a payment of \$2,500.00 be made to you as a gesture of condolence on behalf of the United States Government. I know that this sum of money may be of little consolation to you in light of your tremendous loss. However, I have conferred with my brigade's legal advisors and have been informed that \$2,500.00 is the maximum amount of money that I am authorized to pay you pursuant to our laws and regulations under the circumstances surrounding the death of your son.

I earnestly wish and pray that there will be better days ahead for you and your family. I hope that your little grandson provides you with tremendous pride and joy, now and for many years to come. I trust that you will have fond memories of your son each time that you look into your grandson's eyes.

With deep respect and warmest regards,

Sincerely,

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

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

Colonel, United States Army  
Commanding

CENTCOM 010759

08-I2A-A705-00004

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER \_\_\_\_\_ ORDER NO. \_\_\_\_\_  
 Requisition # (b)(2)High

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\*  
 Payee Name P (b)(2)High  
 Address A Y E Iraq/ Baghdad  
 E

Furnish Supplies or Services to (Name and address) HQ, 1BCT, FOB Falcon, Iraq, APO AE 09361

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	1		

AGENCY NAME AND BILLING ADDRESS\*  
 24th FINANCE COMPANY P  
 CAMP LIBERTY, IRAQ A Y O  
 APO AE 09352 R

Total  
 DISCOUNT TERMS  
 DATE INVOICE RECEIVED

ORDERED BY (Signature and title)  
 SFC (b)(3)(b)(6) IBCT PPO

PURPOSE AND ACCOUNTING DATA (block 19 of DA 3953)  
 (b)(2)High  
 (b)(2)High  
 (b)(2)High \$50,000.00

**PURCHASER** - To sign below for over-the-counter delivery of items

RECEIVED BY  
 PAY AGENT  
 1LT (b)(3), (b)(6) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE CERP Pay Agent/ HQ, IBCT

**SELLER** - Please read instructions on Copy 2

PAYMENT RECEIVED **IQD**  PAYMENT REQUESTED  
 N/A

**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER (b)(6) Date \_\_\_\_\_  
 Signature see receipt

I certify that this account is correct and proper for payment in the amount of  
**IQD = \$2500.00 USD**

DIFFERENCES \_\_\_\_\_  
 NONE  
 ACCOUNT VERIFIED CORRECT FOR \_\_\_\_\_

1LT (b)(3), b(6)  
 Authorized certifying officer (PAYING AGENT-ONLY)

PAID BY **CASH** DATE PAID \_\_\_\_\_ VOUCHER NO. \_\_\_\_\_  
 OR (Check No.) \_\_\_\_\_

\*PLEASE INCLUDE ZIP CODE 1. SELLER'S INVOICE (See instructions on Copy 2) STANDARD FORM 44A (Rev 10-83) PRESCRIBED BY GSA FAR (48 CFR) 53.213(c)



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM  
4TH INFANTRY DIVISION  
FOB FALCON, BAGHDAD, IRAQ APO AE 09361

04 SEP 2008

SUBJECT: Claim # 08-I2A-A705

(b)(6)

Baghdad, Iraq

Dear Ma'am:

You have submitted a claim seeking compensation for the loss of your loved one. 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 loved one from events occurring on July 31, 2006. However, in accordance with the cited references, applicable statutes, and the investigation into your claim, your claim is not compensable. After a search of records of the date in question the evidence provided showed that the damages were not a result of negligence by the U.S. Military. Accordingly, your claim is denied.

Based on the incident, I have recommended your claim for consideration under a different program which may compensate you for your loss.

Sincerely,

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

MAJ, JA USAR  
Foreign Claims Commission I2A

CENTCOM 010761  
08-I2A-A705-00006

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Already Reviewed and Redacted for Release



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM  
4TH INFANTRY DIVISION  
FOB FALCON, BAGHDAD, IRAQ APO AE 09361**

**CERP RELEASE AND SETTLEMENT AGREEMENT**

I (b)(6), of **Baghdad, Iraq**, hereby agree to accept the sum of **\$2500.00** to be paid in Iraqi Dinar as payment in full satisfaction and final settlement of any and all claims against the United States of America.

In consideration thereof, I hereby release and forever discharge the United States of America, including its officers, agents, and employees from all liability, claims and demands of whatsoever nature arising from said incident. This release and settlement specifically includes all current or potential claims, including attorney fees, if any, arising from or related to property damage, injury, and/or death resulting from events on 31-Jul-06.

It is understood that the amount tendered is accepted as full satisfaction and final settlement and that the award is made pursuant to the Foreign Claims Act, Title 10,

U.S.C. § 2734, and is not to be construed as an admission of liability on the part of, but as a release of, the United States of America, its officers, agents, and employees.

Dated this \_\_\_\_ day of \_\_\_\_\_ 2008, at Baghdad, Iraq.

\_\_\_\_\_  
Claimant Signature

Name: (b)(6)

Address: Baghdad, Iraq

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

**CENTCOM 010763**

08-I2A-A705-00008



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Claims/Condolence Form

طلب تظلم

Name: (b)(6) الأسم: \_\_\_\_\_

Address: (b)(2)High العنوان: \_\_\_\_\_

I am

a. A national citizen of: IRAQI أنا لأحمل جنسية: \_\_\_\_\_

b. A permanent resident of: above address ب. عنواني الدائم: \_\_\_\_\_

c. Employed by: 1 ت: أعمل لدي: \_\_\_\_\_

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

The accident son was shot on RAAF by C.F

أنتى أتظلم لدي حكومى الولايات المتحدة للأضرار والإصابات التى نجمت من: (المنظمة، الوحدة العسكرية)

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.)

incident death

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمسكات التى تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التى أصابتهم.)

My claim arose at: Doura Bashad IRAQ  
(Town) (City) (Country)

تظلمى قدم فى: القرية المدينة البلاد أو المحافظة

My claim arose on: 9 / 1 / 2008  
Month Day Year

نظمتي قدم في: \_\_\_\_\_  
شهر يوم السن

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.)

The claimant said the C.F PATROL came to their Area and his son went on ROOF was looking

باختصار أشرح ما حدث والأضرار التي أصابتك جراء ذلك ، سواء كانت جسدية أو ممتلكات . (الرجاء استعمال خلفية هذه الورقة إن لم تكن الأسطر لتكفي)

at them and was shot in his head that caused the same time. Accident occurred on 7-31-2006 between 2:00 & 2:30 am.

ALSO witness stated that a victim was standing on window and was shot.  
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
his son was shot and caused death.	
Total:	\$ 12,000

أشرح بالتفصيل ماتي تضرر والكافة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء اضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شيء لوحدة)

التكافؤ	الشيء المتضرر
_____	_____
_____	_____
_____	_____
_____	إجمالي التكافؤ:

I was insured to the following extent against the damage or injury I have sustained:

NO insurance

ادي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ 12,000 I.D. \_\_\_\_\_

أطالب بتعويض للأضرار يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

\_\_\_\_\_ \$ العملة المحلية \_\_\_\_\_

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (قمت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تظلم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مختلق أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 9 day of 9, 2008.

(Signature of Witness)

(Printed Name)

foreign language

foreign language

Foreign Language Text

foreign language

foreign language

foreign language

foreign language

Medical Report <sup>التقرير</sup>

foreign Language Te:

foreign language

According to the Doctor <sup>الدكتور</sup> description that a victim was alied because shot in his head caused fraction bone and bleeding it was reason of death.

foreign language

foreign language

foreign language

foreign language, (b)(6)

(b)(6), Foreign Language Text

foreign language, (b)(6)

Claimant Reported accident  
to Police.

CENTCOM 010770

08-12A-A705-00015

foreign language, (b)(6)

Police reported that he  
saw a victim in HARMONK  
hospital and caused of  
death.

CENTCOM 010771

08-12A-A705-00016

27798



foreign language, (b)(6)

Foreign Language Text

*Police Reported  
Caused of death.*

foreign language, (b)(6)

foreign language, (b)(6)

010772

08-12A-A705-00017

foreign language, (b)(6)

Foreign Language Text, (b)(6)

Police Reported accident  
to Judge

CENTCOM 010773  
08-12A-A705-00018

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(b)6 Foreign Language

(2)High, (b)(

2273308  
P. 12/15/08

12/15/08

(b)(6)

urn

(b)(2)High

FA  
side of  
white #22

FF 2-61N

13 4-27 FA

CENTCOM 010776

08-12A-A705-00021

27802

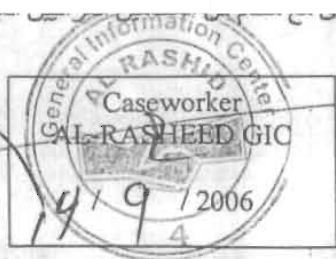
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(b)6 Foreign Language

foreign language, (b)(6)

2/2

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أدناه:

foreign language, (b)(6)

*Claimant statement*

CENTCOM 010778

08-12A-A705-00023

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(b)6 Foreign Language



AL RASHEED GENERAL INFORMATION CENTER

مركز معلومات قاطع الرشيد



NO: 14

DATE: 4 October 2006

TO: CA Team – MAJ. (b)(3), (b)(6)

SUBJECT: Complaint

Sir,

Mr. (b)(6) claims that his son was killed by a U.S. sniper while he was trying to look from the roof of his house on July 31<sup>st</sup>, 2006. The time was between, 2:00 AM & 2:30 AM. The family lives in (b)(2)High

(b)(2)High

This is the operational area for (2 – 6) infantry. Please verify with them if this is true so to accept or deny the claim.

With Best Regards...

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



(b)(6)



Foreign Language Text, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

foreign language, (b)(6)

Claimant statement  
to Judge Resist-  
accident that occurred  
heard the CF Patrol. He went on  
Roof and was shot by CIA

Foreign Language Text

foreign language, (b)(6)

foreign language, (b)(6)

The Claimant Reported  
accident to Judge.

CENTCOM 010783  
08-12A-A705-00028

foreign language, (b)(6)

Foreign Language Text

*the same Reported  
is judge*

CENTCOM 010784  
08-12A-A705-00029

foreign language, (b)(6)

Witness Statement said that  
the victim was standing behind curtain  
in house was looking for C.F. Patrol  
and got shot in his head. and  
was died at the same time

CENTCOM 010785  
08-12A-A705-00030

foreign language, (b)(6)

Foreign Language Text

Judge Reported confirmed  
the claimant accident.

foreign language, (b)(6)

Certificate Death

Date of Death: 7-31-2007

Reason of death: shot

CENTCOM 010787

08-12A-A705-00032

Foreign Language Text, (b)(6)

CENTCOM 010788  
08-12A-A705-00033