

Notify 10 Mar 08

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

163

(b)(6)

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

13 Mar 08

DENIAL CLAIM FILE CHECKLIST

(b)(2)High

CLAIMS CHECKLIST

(b)(6)

CLAIM NUMBER: 08T927143

CLAIMANT'S NAME: (b)(6) AMOUNT OF CLAIM: \$

DATE OF INCIDENT: 24 January 2006 DATE FILED: 21 Nov 2007 DATE RECEIVED:

CLAIM TYPE:

Vehicle Damage	Detainee Property	Damage During Raids
<u>SAF Damage/Injury</u>	Real Estate	<u>Other</u>

CLAIM AROSE FROM:

<u>Combat Activities</u>	Non-combat Activities
--------------------------	-----------------------

CLAIM IS:

Payable	<u>Not Payable</u>
---------	--------------------

BRIEF OVERVIEW: The Claimant states that his son was shot by US Forces.
No Sig Act For this event but this event goes too far back. Check (b)(3), (b)(6)

REMARKS:
 Recommend Approval Denial
 Check Sig Acts/Obtain claim amount - *Insufficient evidence, No way to track unit / No pics of vehicle / No claims card*

REVIEWED BY: SPC (b)(3), (b)(6) DATE REVIEWED: 21 Nov 2007

FCC COMMENTS

DATE APPROVED/DENIED: 17 Dec 07 (b)(3), (b)(6)

DENIED *Personally denied by SGT (b)(3), (b)(6) on 12 Mar 08*

APPROVED
 Amount Approved: _____
 Approval Memo
 Settlement Agreement
 SF 1034
 Disbursing Officer Memo



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION—BAGHDAD
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

AFZN-BC-FCC

Claim of [REDACTED] (b)(6) 08-192-T143

ACTION

1. Facts: The claimant alleges that on 24 January 2006, his son was killed by US Forces.
2. Opinion: The FCA permits compensation for damages caused by negligent or wrongful acts of US forces. There is insufficient evidence of negligence by U.S. Forces.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim is therefore denied.

[REDACTED]
(b)(3), (b)(6)

[REDACTED]
(b)(3), (b)(6)

CPT, JA
FCC 192

CENTCOM 020321

08-192-T143-00004



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY BRIGADE COMBAT TEAM
MULTI-NATIONAL DIVISION-BAGHDAD
FOREIGN CLAIMS COMMISSION
FOB FALCON, BAGHDAD, IRAQ
APO AE 09361

March 11, 2008

4th Infantry Brigade Combat Team Legal Office

(b)(6)

Claim #08-192-T143
Baghdad, Iraq

Dear Sir:

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

I have reviewed all the information included in your claim and the evidence from the resulting investigation. Unfortunately, your claim is not compensable. After reviewing your claim, it was determined that there was no evidence that US Forces acted either negligently or wrongfully. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with Army Regulation 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)

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

Captain, U.S. Army
Foreign Claims Commission 192

CENTCOM 020322

08-192-T143-00005



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

REPLY TO
ATTENTION OF

AFZN-BCA

15 OCT 07

MEMORANDUM FOR RECORD

SUBJECT: Request for Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I have approved the below individual for receipt of a Condolence payment from HHC 2-2 SCR, 4IBCT, 1ID, MND-B in the amount indicated.

2. NAME OF PAYEE: (b)(6)

3. DATE OF ORIGINAL INCIDENT: 1 OCT 07

4. INCIDENT LOCATION: (b)(2)High

5. INCIDENT DESCRIPTION:

a. Death of a Military aged male due to Coalition Forces engaged in a Troops in Contact situation.

6. APPROVED PAYMENT AMOUNT(S):

Death of 1 Local Citizen: 1 x \$1000.00 = \$1000.00

(NAME UNKNOWN)

Total: \$1000.00

AFZN-BCA

SUBJECT: Request for Condolence Payment Approval

7. POINT OF CONTACT: The POC for this request CPT (b)(3), (b)(6) or CPT (b)(3), (b)(6) 4IBCT Condolence PPO. POC can be reached at VOIP: 777-1332,

(b)(3), (b)(6), (b)(2)High

CENTCOM 020323

08-192-T143-00006

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

COL, IN
Commanding

CENTCOM 020324

08-192-T143-00007

In the Name of Allah the Merciful
Compensation Form

This citizen (b)(6) applied for an

order to compensate him for the death of
his son (b)(6)

As a result of terrorist actions that took
place 1/24/2006 in the area of Al Sayda.
After studying his case, consideration was
given, that he deserves to be compensated
according article No 3 for year 2005.

(b)(6) stamp
(b)(6) stamp
Financial rep.
Administration Rep.

Claims Form

طلب تظلم

Name

(b)(6)

Address

(b)(6)

I am

Iraq

a. A national citizen of:

Iraqi

أنا
أ. أحملي جنسية:

b. A permanent resident of:

Above address

ب. عنواني الدائم:

c. Employed by:

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)

Please See the American Memorandum

أنا أتقدم لدي حكومي الولايات المتحدة للأضرار والإصابات التي تسببت 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.)

Person Death
Car Damage

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار المستمكات التي تؤول لكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إبلا التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose at:

Alana across Baghdad

(Town)

(City)

Iraq

(Country)

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

My claim arose on: Jan 24 2006
Month Day Year

تظلمي قدم في: _____
شهر يوم السنة

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.)

While the victims were driving when he reached
Al dura across facing Al sayda area he got a shot
and killed (b)(6)

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

and damaged his car

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
<u>Person Death</u>	<u>12000</u>
<u>Car Damage</u>	<u>12500</u>
Total:	<u>24500</u>

أشرح بالتفصيل متى تضرر والكلية للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الفواتير والتمسكات والفواتير الضرورية لكل قسم لوحدة)

تكلفتها

التي: المتضرر

إجمالي التكلفة:

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

NO Insurance

لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

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

\$ _____ I.D. _____

المطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

_____ \$
العملة المحلية

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

سابقاً (هنت) (لم أتم) 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.

لمسح على مطلب تنظم (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 التنظم فإن تقسم على أن كل المعلومات المقدمة في هذا التنظم هي صحيحة وحقيقية. أي شخص يحاول تقديم تنظم كاذب أو مستنق أو يزور التنظم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه طوابت جنائية حادة ويحاكم من قبل المنطت.

(Signature of Claimant)

(توقيع التنظم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 8 day of Nov, 2007.

(Signature of Witness)

(Printed Name)

Claims/Condolence Form

طلب تعظم

Name:

(b)(6), Foreign Language Text

(b)(6)

Address

(b)(6), Foreign Language Text

(b)(6)

(b)(6)

I am

a. A national citizen of:

Foreign Language Text

b. A permanent resident of:

Foreign Language Text, (b)(6)

c. Employed by:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

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

أنتى اتعلم لدي حكومى الولايات المتحدة للأذى لى الاصابات التى تسببت عنها المنظمة - الوحدة العسكرية

Foreign Language Text

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.)

(b)(6), Foreign Language Text

(Town)

(City)

(Country)

Foreign Language Text

Foreign Language Text

My claim arose on:

Month

Day

Year

Foreign Language Text

شهر

يوم

سنة

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.).

Foreign Language Text

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

Total:

أشرح بالتفصيل ممي الضرر والكلفة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة الفواتير والممتلكات والفواتير الضرورية لكل شيء لوحد)

تكاليفه

الشيء المتضرر

إجمالي التكلفة:

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

Foreign Language Text

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

\$ _____ 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.

Foreign Language Text

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

Foreign Language Text

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 مختلف أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(b)(6)

(Signature of Claimant)

Foreign Language Text

Subscribed to me this 1 day of October, 2007.

(Signature of Witness)

CP2 (b)(3), (b)(6)

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

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

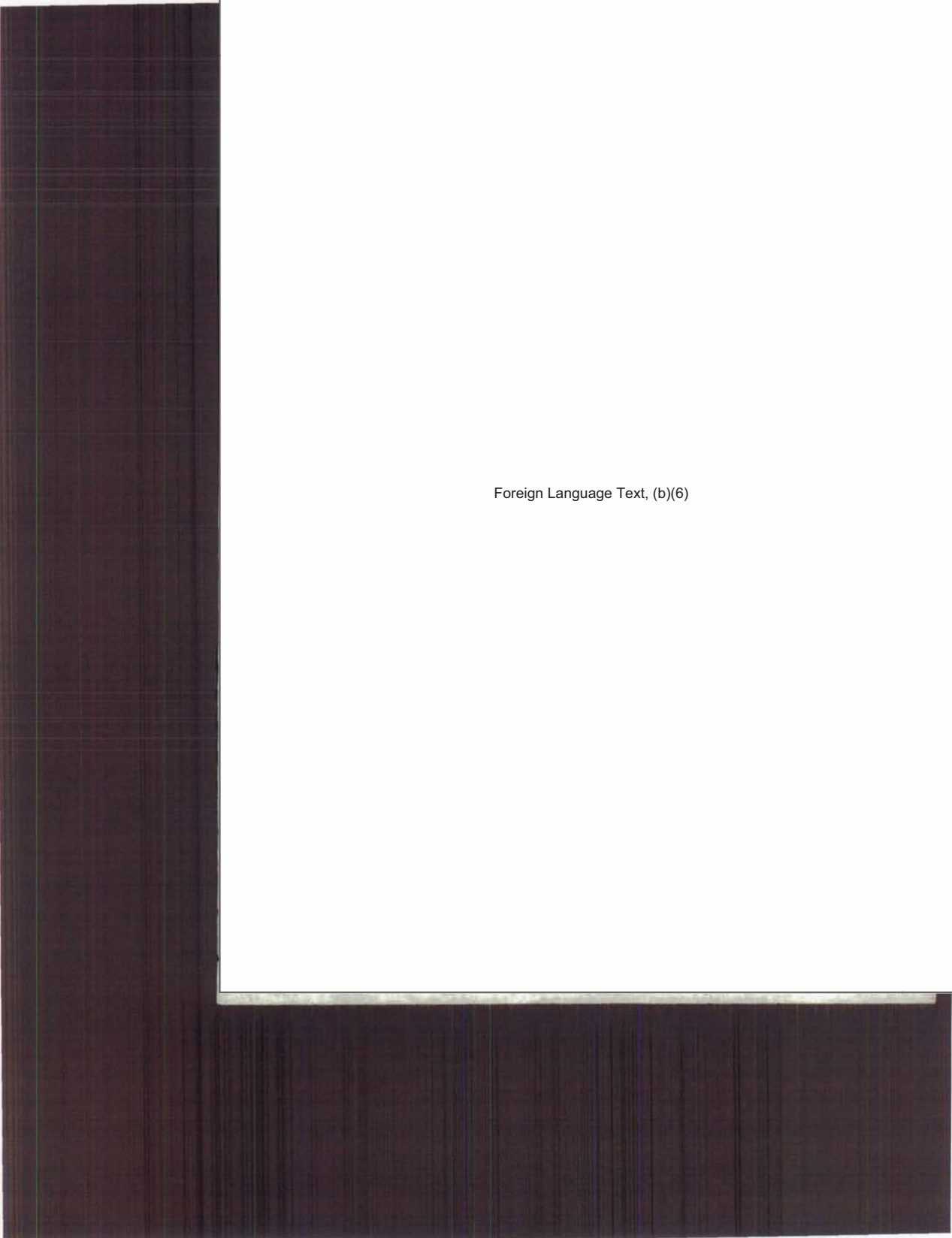
Foreign Language Text, (b)(6)

08-192-1143-00017

CENTCOM 020334

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)

CENTCOM 020336

08-I92-T143-00019

Foreign Language Text, (b)(6)

CENTCOM 020337

08-192-T143-00020

Foreign Language Text, (b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

the statement-

(b)(6)

was driving

*He got a shot by some American force near by
Alumna across facing Alsaudea Area - they
try to transport him to the Alqarrouk
Hospital and he died on the street.*

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

(b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

① the doctor pulled out the bullet and gave it back
② the way victim got shot on his left cheek
③ there were 3rd put bullet near the

Foreign Language Text

Language

Foreign Language Text

(b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

(b)(6)

*Police wrote down the
statement of claimant*

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Same statement

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Bahdad checkpoint inform police

About the accident

CENTCOM 020344

08-192-T143-00027

(b)(6), Foreign Language Text

The father of Vietnam said that
the police inform him his son got a shot
By American forces and he died
The location Al dura across facing
Al say dia Area

CENTCOM 020345

08-192-1143-00028

Foreign Language Text

Foreign Language Text, (b)(6)

The police think the
Body

Foreign Language Text, (b)(6)

eye witness

the witness with the victim
they shot both he injured ~~the~~ said
that they got shot by americans while
they were driving the car

CENTCOM 020347

08-192-T143-00030

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 020349

08-192-1143-00032

Foreign Language Text, (b)(6)

08-192-TT-43-00033

CENTCOM 020350