

SAF (N)/DAM

- Approve \$5,000 -

19-1  
14-Jan-08

08-7455

(b)(6)



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team  
101st Airborne Division (Air Assault)  
Camp Striker, Iraq, APO AE 09322

AFZB-KC-JA

04-May-08

### MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)  
08-IK5-T455 / 19-1

1. Facts.

The claimant alleges that while her husband was driving his vehicle in front of a CF base, CF opened fire and shot him in the head, killing him.

Claimant has requested \$5,000.00

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 claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

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

4. Action. Settle this claim in the amount of \$5,000.00

Closed out  
on tractor -  
Claimant  
has not been  
paid

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

CPT, JA  
Claim Attorney IK5

CENTCOM 016887

29392

08-IK5-T455-00002



REPLY TO  
ATTENTION OF:

## DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team

101st Airborne Division (AASLT)

Camp Striker, Iraq, APO-AE 09322

04-May-08

Foreign Claims Commission IK5

RE: Claim # 08-IK5-T455 / 19-1

(b)(6)

Taji

Dear Claimant:

You have submitted a claim seeking compensation for the damage to your personal property. 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 damage to your personal property. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the 3rd Infantry Division Claims Office will compensate you for your losses in the amount of \$5,000.00

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)

Captain, US Army  
Claims Attorney IK5

CENTCOM 016888

08-IK5-T455-00003

Standard Form 1034 (02) Revised October 1987 Department of the Treasury 1 FM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579</b>			10 DATE VOUCHER PREPARED <b>04-May-08</b>		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T455 (b)(6) Taji			CONTRACT NUMBER AND DATE		PAID BY <b>24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579</b>	
			REQUISITION NUMBER AND DATE			
			SHIPPED FROM TO		WEIGHT	
GOVERNMENT BAL. NUMBER		DISCOUNT TERMS		PAYEE'S ACCOUNT NUMBER		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE COST PER		AMOUNT
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$5,000.00
(Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b> <b>\$5,000.00</b>						
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		TITLE: CPT, US Pay ^	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE						
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS						
<input type="checkbox"/> ADVANCE				Amount verified, correct for <i>(Signature or initials)</i>		
				\$5,000.00		
Pursuant to authority vested in me, I certify						
(Date)			(Title)			
(b)(3), (b)(6)			Foreign Claims Commission IK5			
ACCOUNTING CLASSIFICATION						
(b)(2)High			\$5,000.00			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of Bank)	
	CASH	DATE		PAYEE		
	\$5,000.00			(b)(6)		
<small>           *When stated in foreign currency, insert name of currency.            † If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title.            ‡ When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.         </small>					PER	
					TITLE	

Previous edition usable

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

CENTCOM 016889

29394

08-1K5-T455-00004

# Claim Department

## "THE CLAIM'S CONTAINS"

Case no; (b)(6)

The Claimant name:- (b)(6)

- Death of certification.....
- Investigation reports from Iraqi police station.....
- 2 Sworn statements.....
- Personal documents.....
- .....
- .....



Foreign Language Text

SIGN; (b)(6)

NAME;

Date:- 14 Jan-08



# Claims Form



To: United States Army Foreign Claims Commission

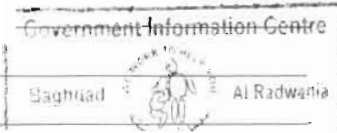
From: Name: (b)(6)

Address: (b)(6)

Iraqi ID N (b)(6)

I am

- a. A citizen and national of: \_\_\_\_\_
- b. A permanent resident of: Iraq
- c. Employed by: Baghdad - Iraq (b)(6)
- d. Check one ( ) an insurer (X) NOT an insurer
- e. Check one (X) A subrogee ( ) Not a subrogee



Foreign Language Text

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

Against M.N.F

The property damaged had owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence below for party sustaining the damage or injuries.) (b)(6)

My claim arose at Sheik Amer area Baghdad Iraq  
(Town) (City) (Country)

My claim arose on APR 14 2007  
(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 date 14-Apr-07 my husband was driving his  
Car type (TOYOTA) crown model (b)(6) white color plate  
No. (b)(6) on the road front of U.S base in  
Sheik Amer area. the U.S army opened fire on my  
Husband. which led to injured him in the head  
And died. So am asking for a compensation.

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

*Killed my husband by the U.S army*

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- <i>About value the victim</i>	<i>\$ 5000,00</i>
2-	
3-	
4-	
5-	
6-	

Total: *\$ 5000,00*

I was insured to the following extent against the damager 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)

\$ *5000,00* local *6,250,000 I.D*

(b)(6)

(Signature of Claimant)

Subscribed before me this *14* day of *Jan*, 200*8*.



(b)(6)

Foreign Language Text

(SIGNATURE)

(b)(6)

(PRINT NAME)

CENTCOM 016892

claim for the claimant

Name: (b)(6)

address - Baghdad (b)(6)

I.D. No. (b)(6) Iraqi residence

Baghdad Iraq home wife

against the M.N.F.

The claimant (b)(6)

The claim occurred in Shiek Ammar area  
city of Baghdad - Iraq.

my claim on 04-14-2007

On the date of 04-14-2007 while  
my husband driving his vehicle type  
Toyota crown Model (b)(6) white in  
colour plate No. (b)(6) Anbar on the  
road in front of the American base  
of Shiek Ammar during wedding  
ceremony. The American forces opened  
the fire on my husband which led  
to be injured at the head and death.  
So I am asking for compensation.  
I am asking for \$5000.00 for the  
killed person

sig. & stamp

Date: 01-14-2008

CENTCOM 016893

08-1K5-T455-0008

29398



Pages 9 through 10 redacted for the following reasons:

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FOREIGN LANGUAGE DOCUMENT  
FOREIGN LANGUAGE DOCUMENT, (b)(6)

claimant Name:-  
complete address:-

(b)(6)

(b)(6)

(b)(6)

Detail of the accident:- On the date of 04.14.2007  
while my husband driving his car type Toyota  
colour Model plate No

(b)(6)

(b)(6)

on the road in front of  
The American base in the area in a wedding  
ceremony, The U.S. forces opened fire in the  
direction of my husband vehicle and that  
led to be killed by the fire bullet on his  
head and chest. I am asking compensation  
of \$ 5000.00

Signature  
01.13.07

(b)(6)

The signature her is for  
the aunt of the claimant

(b)(6)

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

Page 12 redacted for the following reason:  
-----  
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Al Karma Police office

Date: 12-11-2007

Testimony of the witness:

(b)(6)

(b)(6)

B.D.

(b)(6)

work in the  
, live in

(b)(6)

(b)(6)

The testimony as follows. That on the date of 04.14.2007 the U.S. Forces opened fire randomly on (b)(6) and this my testimony. sig. of Major

Testimony of the witness

(b)(6)

(b)(6)

B. date

(b)(6)

his job

is to one of the members of

(b)(6)

(b)(6)

live in

(b)(6)

he testify as follows.

That on the date of 04.14.2007 that the U.S. Forces opened fire randomly and killed (b)(6) 9. that's my testimony. sig. of Mjr.

CENTCOM 016898

08-1K5-T455-00013

Page 14 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)

Karma Police office :- 11-29-2007

The testimony of ~~thames~~

(b)(6)

(b)(6)

Birth date

(b)(6)

live in

(b)(6)

he claim as the following:-

On the date of 04-14-2007 The U.S. Force

Killed my brother who called

(b)(6)

(b)(6), and that in the area called HEBOSADA

when it happened of opening fire  
by the american side only by ~~my~~

snipers, and my father killed at  
the time, and I fix the claim

and ask compensation from the U.S,  
force and that's all.

Sig. of

investigation officer

CENTCOM 0169

(b)(6)

00015

(b)(6)

AL-Karma Investigation court

date: 11-29-2007

The testimony of the claimant

(b)(6)

(b)(6)

born at

(b)(6)

line in

in

(b)(6)

The village of

(b)(6)

he testify after he shows his I.D. by the  
judge on the date 04.14.2007 the U.S.F  
opened fire randomly near its base  
in the area of Abbasoda which led to  
the injury of my brother who called  
which it killed  
at the time, he asking compensation  
from the M.N.F.

(b)(6)

Sig.

Judge

The claimant Sig.

(b)(6)

(b)(6)

CENTCOM 016901

08-1K5-T455-00016

29405

Page 17 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)



claimant of Mr. [redacted]

(b)(6)

to go to Karma investigating judge

Date: 11-25-2007

On the date of 04-14-2007 the  
U.S. Forces killed my brother who called

(b)(6)

by a [redacted]

(b)(2)High

so he died at the time. I ask for  
compensation, also arise claim.

claimant

(b)(6)

11-25-2007

to the investigation office:-

to make complete investigation and  
let me know.

sig. The judge

(b)(6)

11-25-2007

CENTCOM 016903

08-1K5-T455-00018

29407

FOREIGN LANGUAGE DOCUMENT

FOREIGN LANGUAGE DOCUMENT, (b)(6)

FOREIGN LANGUAGE DOCUMENT, (b)(6)

CENTCOM 016904

08-1K5-T455-00019

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

needed

Al Karma Police office

Date: 12-11-2007

To the investigating judge of Al-Karma,  
Your decision:

- 1- I wrote down the claimant of the personal right and the witnesses, here by to write down their testimony waiting for your decision please. (b)(6)
2. We completed the investigating and the diagram provide place of accident for your knowledge please, with respect  
sig. of the  
maj. (b)(6) officer.

- 1) we assured the whole testimony of the personal claimant and attach to the documents
- 2) we assured all the testimonies of the witnesses Mr. (b)(6) and the witness (b)(6) legally.
- 3) I looked over the investigating report of the place of accident
- 4- continuing of the investigation
- 5- the give it to the knowledge of the general public prosecutor.

sig of the judge

(b)(6)

Date 12-11-2007

CENTCOM 016905

08-1K5-T455-00020

29409

Page 21 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

Illegible

Foreign Language Text, (b)(6)

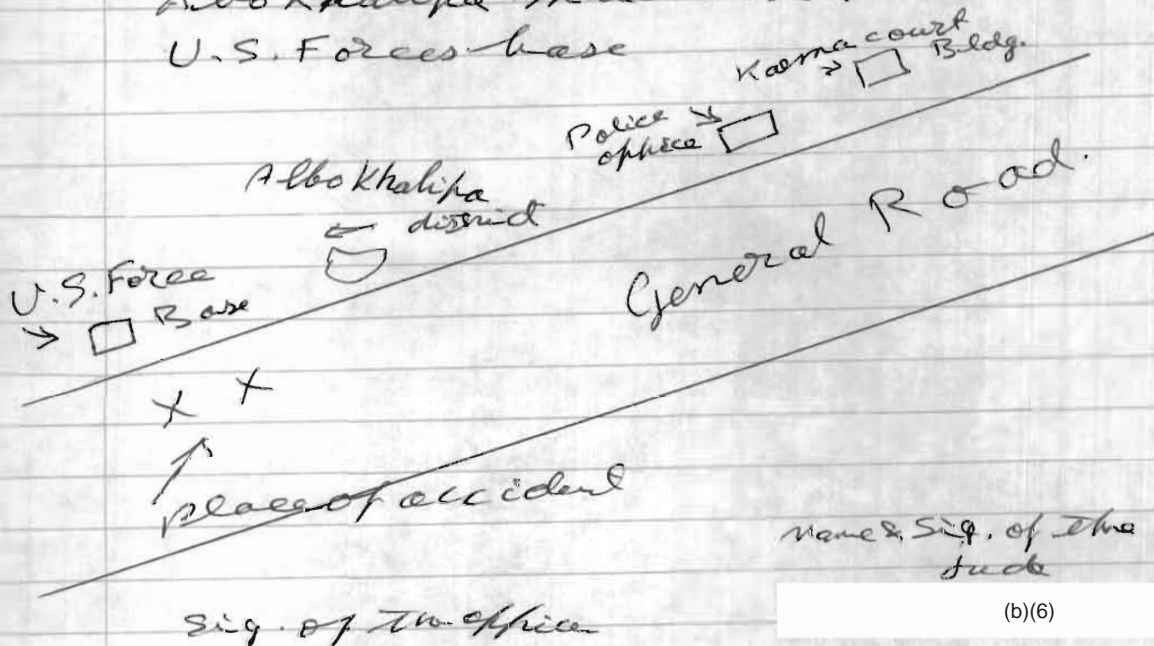
Foreign Language Text, (b)(6)

Karma Police office

Date:- 12-11-2007

Investigation record on the accident of the  
Killing of Mr. [REDACTED] (b)(6)

- 1) place of accident is away from our office by 7 kilometer.
- 2) The accident occurred in district of Albo Khalifa in a house was used as U.S. Forces base



AL-Karma Police office:

Date: 11-29-2007

TO The investigating judge of AlKarma  
Your decision

I took and fix down the claim of  
the claimant (b)(6), ~~in~~

inclosed here which is for complain and  
compensation from the U.S. Forces for  
the killing of his brother (b)(6)

to take his testimony legaly, with respect

sig.  
The officer

CENTCOM 016909

08-1K5-T455-00024

29413

Page 25 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)



AL-Karma Police office

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

Date: 12-09-2007

repeated

The claim of Personal right

(b)(6)

(b)(6)

B.D.

(b)(6)

live in

(b)(6)

On the date of 04.14.2007 The U.S. Forces  
opened fire randomly and according  
to exchange fire with unknown armed  
people and as a result my son

(b)(6)

(b)(6)

had been killed, I am  
asking compensation against the  
U.S. Forces and this is my claim

sig of

sig

The investigator officer of claimant

(b)(6)

To the investigating & court  
date: 12-09-2007

The claimant who ~~called~~ has the personal  
rights, and I  
read for her the testimony she did  
under swear, so I agree on it.

(b)(6)

sig of judge

Date 12.11.2007

CENTCOM 016911

08-IK5-T455-00026

Page 27 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)

This page is completely repeated as before  
its copy.

Karna Police office  
Testimony of

(b)(6)

Page 29 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)

AL-Karna Police of the  
is completely repeated as before and it is a copy  
testimony

(b)(6)

Page 31 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)

FOREIGN LANGUAGE DOCUMENT, (b)(6)

CENTCOM 016917

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08-IK5-T455-00032

FOREIGN LANGUAGE DOCUMENT, (b)(6)

CENTCOM 016918

08-IK5-T455-00033

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FOREIGN LANGUAGE DOCUMENT, (b)(6)

CENTCOM 016919

29423

08-IK5-T455-00034

## GIC OPINION ABOUT CLAIMS

(b)(6)

### Case no.19-1

1. The claimant presented certificate of death no; (b)(6) from ministry of health confirmed that the US army responsible for killed the claimant's husband because they opened fire onto the victim head on 14.APR.07
2. The claimant presented two sworn statement (b)(6) confirmed that the US army opened fire on her husband in the head and chest which led to died During the claimant's husband driving his car in wedding procession near by the American base in SHEIK AMER area.
3. The claimant asks amount of \$5000.00.
4. We suggest compensate her as she asks.

With our respect,

(b)(6)

The lawyer.

(b)(6)

*14 January 08*

Government Information Centre

Radwerna

(b)(6), Foreign Language Text

in Language

GIC MANAGER.

(b)(6)

*15 - Jan - 2008*

Foreign Language Text, (b)(6)

Iraq Republic Ministry of Health

Death certificate no. 110 (b)(6)

Date of issue: 1/1

Name: (b)(6)

Sex: male

Birth date: (b)(6)

Place of death: Faluja - Karam

Who inform about the death: (b)(6)

Date of Death: at the hour 16:00 day Thursday  
month four year 2007

Cause of death: many fire bullets in the  
head and chest by unknown armed people

sig.

Physician: Dr. Erac F. al. Hospital

Dr. (b)(6)

# CLAIMS LOG

AMOUNT CLAIMED: \$5,000.00  
CLAIMANTS NAME: (b)(6)  
DATE CLAIM SUBMITTED: 14 Jan 08  
DATE OF INCIDENT: 14 Apr 07

PARALEGAL RECOMMENDATION: \_\_\_\_\_

FCC ACTION:     DENY             APPROVE             OTHER

COMMENTS / REMARKS:

CLAIMANT ALLEGES WHILE HER HUSBAND WAS  
DRIVING IN FRONT OF CF BASE, CF SHOT  
HIM IN THE HEAD & KILLED HIM.

- NO CLAIMS CARD

- HAVE (b)(3), (b)(6) DOUBLE-CHECK SOURCE STATEMENTS



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-----FOREIGN LANGUAGE DOCUMENT, (b)(6)