

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

CENTCOM 017897

116-07-0657-00001

2-070-5

07.0057

(b)(6)

Foreign Language Text, (b)(6)



REPLY TO  
ATTENTION OF:

AFZS-B-JA

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 4TH BRIGADE COMBAT TEAM  
10TH MOUNTAIN DIVISION (LIGHT)  
CAMP LOYALTY, IRAQ 09390

16 February 2008

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM 116/07-0657:

Claim of: (b)(6)  
Address: (b)(6)

Date Filed: 11/1/2007 12:00:00 AM

Amount Claimed: \$12000.00

Claimed Loss: Claimant's son killed by small arms involving C.F.

Claim Number: 2.0705

1. Your above-mentioned claim is disapproved.
2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code 1:
  1. Loss was a result of Combat Operations
  2. The filing claimant is an improper claimant
  3. Claim lacked evidence supporting U.S. negligence or fault
  4. Claim lacked evidence to prove a loss
  5. Loss was a result of Anti-Coalition Forces
  6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
  7. Statute of Limitations Expired.
4. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.
5. POC for this memorandum is SSG b(3)(b)(6) FOB Loyalty, @ VOIP 675-1018.

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

CPT, JA  
FOREIGN CLAIMS COMMISSION

CENTCOM 017899

116-07-0657-00003

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0705

USARCS NUMBER: 07-0657

Date Received: 01-Nov-07

Name: (b)(6)

Address: (b)(6)

Claim Summary: Claimant's son killed by small arms involving C.F.

Date of Incident: 13-Jul-07

Amount Requested: \$12,000.00

(b)(5), (b)(3)(b)(6), (b)(2)High

CERP CONDOLENCE CONSIDERATION

EOF: Yes No  
CJA recommend CERP in the amount of \$ \_\_\_\_\_  
 Memo for COL Bannister  
 Coversheet  
 Memo Notifying Claimant  
 Log in Tracker

Form as of: 20 Aug 06

Date entered into USARCS Database: \_\_\_\_\_

CENTCOM 017900

116-07-0657-00004

(b)(6)

CENTCOM 017901

116-07-0657-00005

Claims Form

Claim# 2-070-5

Date: 30<sup>th</sup> Oct 2007

GICof / 9 NISSAN

To: United States Army Foreign Claims Commission.

Claimant Name: (b)(6) Relationship: The victim's father

National of: Iraqi Claimant's Address: Neighborhood: (b)(6)

Q 779 St# 9 H# 1 Ph: (b)(6)

Have you filed a claim before?  Yes  NO

Damage type:  Death  Injury  Car  House  Furniture  Other

Place of incident: St. Kamaliyah main road Town. Kamaliyah

City. Baghdad Country. Iraq

Date of incident: Time 11:00 AM Day: 13<sup>th</sup> Month: July Year: 2007

Give a brief statement of the accident or incident.  
An American patrol was shooting randomly shot the bus which the victim was riding and killed him.

Did you receive a claims card from the military unit that caused the incident?  
 Yes  No  They didn't stop

List in detail the value of the property damage and itemized expenses resulting from the property damage or personal injury:(Attach bills)

Item	Amount: \$	Amount: ID
Death	12,000.00	

Total 12,000.00 U.S.D

List of attached document.

Identity	<input checked="" type="checkbox"/>	House document	<input type="checkbox"/>
Certificate of Nationality	<input checked="" type="checkbox"/>	Car document	<input type="checkbox"/>
Ration card	<input checked="" type="checkbox"/>	Claim card	<input type="checkbox"/>
Residence card	<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>
Picture	<input type="checkbox"/>		
IP Report	<input checked="" type="checkbox"/>		
Certificate of death	<input checked="" type="checkbox"/>		

Signature of claimant: (b)(6) Date: 30<sup>th</sup> Oct 2007

Print Name: (b)(6)

CENTCOM 017902

116-07-0657-00006

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheets if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0108
1. Submit To Appropriate Federal Agency:  506th RCT Legal Office Camp Loyalty, Iraq APO AE 09390		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)  (b)(6)		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 17 July, 1952	5. MARITAL STATUS Married	6. DATE AND TIME OF INCIDENT 13 <sup>th</sup> July, 2007 1100 AM	
7. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)  An American patrol was shooting randomly shot the bus which was my son riding and killed him.				
8. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) Same as above.				
9. BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) U.S Forces killed my son.				
10. PERSONAL INJURY/PROBABLE DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.				
11. WITNESSES NAME ADDRESS (Number, street, city, State, and Zip Code)				
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)				
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WHEN/IF DEATH 12,000.00	12d. TOTAL (Factors to apply may cause forfeiture of your rights.) 12,000.00 U.S.D	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND BURDEN CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM				
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)  (b)(6)		13b. (Please attach number of attestation)  (b)(6)		14. DATE OF CLAIM 30 <sup>th</sup> Oct 07
CIVIL PENALTY FOR FRAUDULENT FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (48 U.S.C. 3722.)		CIVIL PENALTY FOR FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (18 U.S.C. 207, 1001.)		

Please attach any receipts

STANDARD FORM 95 (Rev. 7-65)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

CENTCOM 017903

116-07-0657-00007

Page 8 redacted for the following reason:

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FOREIGN LANGUAGE DOCUMENT, (b)(6)



(b)(6), Foreign Language Text

CENTCOM 017905

116-07-0657-00009

Page 10 redacted for the following reason:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 017907

116-07-0657-00011

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

Certificate of Death

Certificate Number

(b)(6)

Organization

15 Jul 07

Republic of

Iraq

Ministry of Health

The Counting of  
Life and Health  
Section

1. Name of death person

(b)(6)

2. Sex - m

3. Nationality - Iraqi

4. Religion - muslim

5. Job

(b)(6)

6. Marital status - married

7. Date of Birth

(b)(6)

8. Place of Birth

(b)(6)

9. Governor - Baghdad

10. Residence

(b)(6)

11. Date of Death 15 Jul 07 time 10:00 Am

12. Place of Death - Al-Fedhiliyah

13. Name of Dead's father

(b)(6)

14. Name of Dead's mother

(b)(6)

CENTCOM 017909

116-07-0657-00013

15. Name of the Reporter

(b)(6)

16. Relationship - amkel

17. his address - Same address

18. Certificate of medical death

(A) Fire shooting in his chest  
result by accident from  
American forces received  
by memorandum of Al-Khansah police station

The Dr. place work

(b)(6)

Name of the Dr.

(b)(6)

Stamped  
Ministry of health  
Al-Rusalah office.

(b)(6), Foreign Language Text

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116-07-0657-00015

Pages 16 through 18 redacted for the following reasons:  
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FOREIGN LANGUAGE DOCUMENT, (b)(6)



Al-Kharsa police  
station  
15 July 07

Dir Judgment of Al-Jazeera Baghdad  
Investigation of honorabul

① on time 1100 at date 15 July 07 and where the area is  
Patrol passing on high way in Al-Fadhiliyah area  
near in (Garbage area) I.E.D blow up and after  
the forces undertake to fire shooting and randomly  
shoot on the peoples who was near in accident place  
and caused to martyrize many of peoples and injured  
others. and we organized the continer investigation

② I record all the statements of Reporter

(b)(6) and he Report where the

randomly shooting.

and the martyrize there of

(b)(6)

Birth

(b)(6)

③ I record about all the statement of

(b)(6)

(b)(6)

when the

116-07-0657-00019

randomly shooting

and his brother son get murther

his name

(b)(6)

Birth

(b)(6)

(4) I record down all the statement of Coan

(b)(6)

and he report the same thing randomly shooting

his friend get killed his name

(b)(6)

(5) I record all the statement of

(b)(6)

and he reporting randomly shooting.

(b)(6)

Birth

(b)(6)

murther during the accident

(6) I record all the statement of

(b)(6)

and he reporting the randomly shooting.

his brother get killed his name

(b)(6)

and he killed during the accident

Pages 21 through 25 redacted for the following reasons:

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

Foreign Language Text

(b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language Text

Foreign Language

Foreign Language

Foreign Language

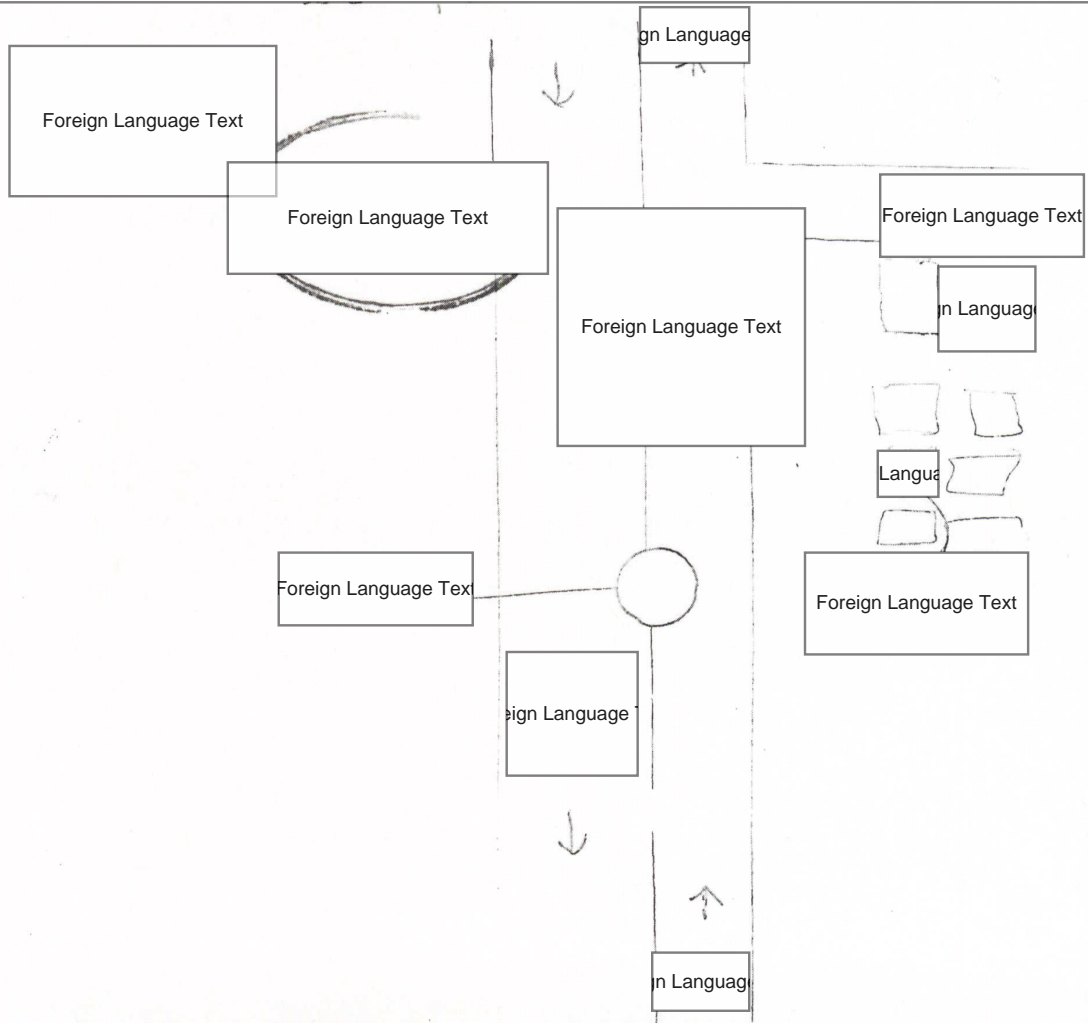
Foreign Language

Foreign Language

CENTCOM 017922

116-07-0657-00026

Foreign Language Text



CENTCOM 017923

116-07-0657-00027