

Page 1 redacted for the following reason:

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



DEPARTMENT OF THE ARMY
Company C, TASK FORCE RANGER
2ND INFANTRY BRIGADE COMBAT TEAM, 2ND INFANTRY DIVISION
FOB RUSTAMIYAH, IRAQ APO AE 09390

REPLY TO
ATTENTION OF:

AFZN-BCB-C

30 MAY 2007

MEMORANDUM FROM TASK FORCE RANGER

SUBJECT: Death of (b)(6) 's Son

1. On 12 May 2007 (b)(2)High accidentally killed (b)(6) son. (b)(6) received an undisclosed amount of money for a grievance payment for this unfortunate accident.

2. POC for this memorandum is the undersigned @ (b)(2)High

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

1LT, FA
FSO

CENTCOM 011768



REPLY TO
ATTENTION OF:

AFZC-B-JA

DEPARTMENT OF THE ARMY
Headquarters, 2nd Brigade Combat Team (2ID)
1st Cavalry Division
Camp Loyalty, Iraq 09390

14 June 2007

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM 148/07-0386:

Claim of: (b)(6)

Address: (b)(6) baghdad, Iraq (b)(6)

Date Filed: 09-Jun-07

Amount Claimed: \$10,000.00

Claimed Loss: Claimant's son killed by small arms involving CF

Claim Number: 0.0170

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 SFCb(3), (b)(6), FOB Loyalty, @ VOIP (b)(2)High

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

CPT, JA
FOREIGN CLAIMS COMMISSION

CENTCOM 011769

Claims Form

Claim# 2-018-5

Date: 22nd May 2007

GICof / 9 NISSAN

(b)(6)

To: United States Army Foreign Claims Commission

Claimant Name (b)(6) Relationship: The Victim's Father

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

Q (b)(6) St# (b)(6) H# (b)(6) Ph (b)(6)

Have you filed a claim before? Yes NO

Damage type: Death Injury Car House Furniture Other

Place of incident: (b)(6) Town: New Baghdad

City: Baghdad Country: Iraq

Date of incident: Time: 4:00 AM Day: 13th Month: May Year: 2007

Give a brief statement of the accident or incident. An American patrol raided his son's house and opened fire inside the house and shot his son 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: (D)
1. Death	10,000.00	

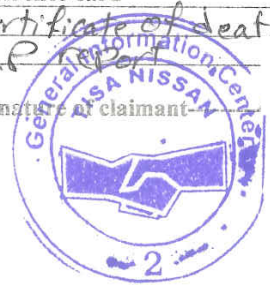
Total: 10,000.00 U.S.D

List of attached document.

Identity	Memo. for task force ranger
Certificate of Nationality	
Ration card	
Residence card	
Certificate of death	
I.P. Report	

Signature of claimant (b)(6) Date: 22nd May 07

Print Name (b)(6)



CENTCOM 011770

**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.
1105-0019

1. Name of appropriate Federal Agency:

2. Name, Address of claimant and claimant's personal representative, if

1st Brigade combat team (2ID)

1st security division

(b)(6)

camp Loyalty Iraq 098390

3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN (b)(6)	4. CLASS OF SERVICE (b)(6)	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 13 th , May, 2007	7. TIME (LOCAL OR GMT) 11:00 AM
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8. CLASS OF CLAIM (State to depict 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 raided my sons house (b)(6) 1. During the patrol got into the house opened fire toward (b)(6)) and killed him.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

Same as above

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATIONS WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

U.S Forces killed my son.

10. PERSONAL INJURY OR PHYSICAL 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 INCIDENT.

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. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
		10,000.00	10,000.00 U.S.D

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND LOSSES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAME AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

(b)(6)

13b. Phone number of signatory

(b)(6)

14. DATE OF CLAIM

22 May 07

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

Whoever shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3728.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$50,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Form No. 1000-100-0000

STANDARD FORM 95 (Rev. 7-05)
PRESCRIBED BY DEPT. OF JUSTICE
20 MAY 07

CENTCOM 011771

Page 6 redacted for the following reason:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 011773

Foreign Language Text, (b)(6)

CENTCOM 011774

Pages 9 through 12 redacted for the following reasons:

(b)(6), Foreign Language Text
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Pages 14 through 17 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)