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AD-0496

CENTCOM 006663



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1st BRIGADE COMBAT TEAM
4th Infantry Division
CAMP TAJI, IRAQ APO AE 09378

February 20, 2006

Foreign Claims Commission IV1

SUBJECT: Claim # 05-IJ2-T-0496

(b)(6)

Baghdad, Iraq

Dear Sir:

You have submitted a claim seeking compensation for the damages 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, however, in accordance with the cited references and the investigation into your claim, I find that your claim is not compensable. The evidence provided showed that the damages to your property were the result of combat operations. Damages directly or indirectly related to combat operations are not compensable. Accordingly, your claim must be denied.

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.

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

CPT, JA
Foreign Claims Commission

CENTCOM 006664

3/1AD Claims Coversheet

Claim #: 3/1AD- 9496

Date Claim Submitted: _____

Claimant Information

Last Name: _____

Claimant Address: Fiji

First Name: _____ (b)(6)

Middle Name: _____

Identification Number: _____

Incident Information

- Vehicle Accident
- Detainee Property
- Damage During Raids
- Small Arms Damage/Injury
- Damage to Real Estate
- Other

Incident Date: 14 August 2005

Incident Location: Shikh Amin

Amount Claimed: 15000 \$

Estimates Included? YES NO

Claim Card or Note? YES NO

Investigation Notes: Need statements translated. What happened.

Spoke and interviewed 14 person @ GIC on 14 Feb 2006.

Brother was driving went back and forth they mistook him for attacker, showed out warning. Then fired. Others were detained. Combat excluded claim.

Adjudication Notes:

DENY AS Combat Excluded Claim.

Foreign Language Text, Already reviewed and redacted for release

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Claims Form

To: United States Army Casualty Claims Commission

From: Name: _____
Address: _____ (b)(6) _____

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: _____
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () Not a subrogee

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

U.S.A ARMY

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.) _____

My claim arose at: _____ (b)(6) BAGHDAD IRAQ
(Town) (City) (Country)

My claim arose on: AUG 14 2005
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 14 Aug 05 when my brother
went to algarma district in middle
of street American convoy shoot him when he
was in his car. Result my brother
Dead.

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

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.)

<u>Item</u>	<u>Amount</u>
The claimant asked	15 000 \$

Total: 15 000 \$

I was insured to the following extent against the damage 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)

\$ 15 000 \$ local _____

(Signature of Claimant)

Subscribed before me this _____ day of _____, 200 _____.

(Print Name)

(Signature)

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Pages 9 through 12 redacted for the following reasons:

Foreign Language, (b)(6)

Foreign Language

(b)(6)

(b)(6)

(b)(6)

Foreign Language

The statement of the dead brother (b)(6) late birth (b)(6)
 Live in (b)(6) that his brother that dead went to Algarve and
 in middle of his way in shikha Amin street there was muslim convey
 start shoot fire to my brother (b)(6) Result
 dead by brother (b)(6) when this Reason I asked (request claim)
 claim against the Police forces because my brother (b)(6) and how
 kids and he was (b)(6)

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Language

Judg Realization

- Add the Realization Report of the dead Personal
(b)(6) which is ~~the~~ transfer to our court from
(b)(6) Police station - in date 14 August 2005

- we writed the death wife statement now. (b)(6)

- Add with this Report the death certificate

- Add with Report the ID of
we send the Papers to your I.P station to complete
your ~~investigation~~ Investigation

1 - we script the files

2 - we write the dead's brother statement (b)(6)

- APPROV of wife of dead statement

- the judg take look on the Realization Papers

- Because of immunity of Politior Forces we can not Judg them

Because of immunity of Politior Forces & the Judg decided

by legal in 27 Jun 03 to stop the procedun es

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Page 15 redacted for the following reason:

Foreign Language, (b)(6)

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check in death body

Foreign Language Text: (b)(6)

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Pages 17 through 20 redacted for the following reasons:

Foreign Language
Foreign Language, (b)(6)

**IRAQI CLAIMS
POCKET
CARD**

(b)(6)



Our unit may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

If your unit is involved in an incident resulting in property damage to property of an Iraqi civilian, or the death or injury of an Iraqi civilian:

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest General Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete DA Form 2823. Describe the incident completely and forward it to your legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

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DATE _____ (b)(6), (b)(2) High

LOCATION _____

TYPE OF INCIDENT shot man

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السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقبل الأضرار التي لحقت بك ، سواء كانت أضراراً جسدية من إصابات إلى لخرة ، أو موت لا سمح الله لأحد المقربين ، وكان السبب وراء ذلك القوات الأمريكية ، فقد يكون لك الحق في التعويض.

للتقدم ببلاغ والمطالبة بحقوقك الرجاء إحضار الآتي: هذه البطاقة وهويتك المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع مثل (صور للحادث، شهادة الشهود ، تقرير الشرطة ، ووصول بالإستلام أو التسليم ، وإثبات الملكية لما حطم أو تضرر ولما تحلول أن تحصل على تعويض عنه ، ورخصة السبيلقة إن كنت تحمل رخصة).

الرجاء إحضار هذه المستمسكات إلى مركز المساعدة العراقي في معسكر التاجي (Camp Taji) ، بوابة كنز (Gunner Gate) ، أو أحد أحد المراكز الحكومية: الثورة - نيمان - الكاظمية - الرشيد - المنصور - الرضوانية - الرصافة - الأمقلت.

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Foreign Language, (b)(6)