

b)(3)(b)(6)

CENTCOM 017606

31336

316-2008-019-00001



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 213TH AREA SUPPORT GROUP
LSA ANACONDA
BALAD, IRAQ, APO AE 09391

AFRC-ASG-JA

21 February 2008

MEMO FOR: SGT (b)(3)(b)(6) 2-320 FA LSA Anaconda, Balad, Iraq, APO AE
09391

SUBJECT: Memorandum of Opinion Regarding Applicability of Foreign Claims Act;
Our File Number 316-2008-019

1. **Identifying data:** (b)(6)
2. **Date and place the incident occurred giving rise to the claim:** 21 February
2006; Ad Dujail, Balad, Salah Ad Dine, Iraq.
3. **Jurisdiction:** This claim was made pursuant to the Foreign Claims Act, 10 USC
§2734, as implemented by Army Regulation 27-20, chapter 10. Said claim was
timely presented in accordance with the statute.
4. **Facts:** Claimant avers that his son, (b)(6) was killed by
American forces and two daughters, (b)(6) and (b)(6) were injured on (b)(2)High
(b)(2)High
5. **Opinion:** In accordance with AR 27-20, paragraph 10-3, claims arising directly
or indirectly from combat activities of the U.S. Armed Forces are not payable
under the provisions of the Foreign Claims Act.
6. **Recommendation:** for the reasons stated above, this claim must be denied
payment under the provisions of the Foreign Claims Act.

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

1LT, JA
Foreign Claims Attorney

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316-2008-019-00002

English Claims Forms

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

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: aldujail Sedah-aldin Iraq
(Town) (City) (Country)

My claim arose on: NOV 13 2006
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.)

at 9:17 AM he was drive his vehicle
(b)(6)
heading to work the coalition patrol it was
stop close to power station shoot him w/out
any reason this accident lead to kill him and hurt
his sister,
(b)(6)

she's was with him. she request complaint against
to coalition forces and she want claim him

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

2 guys hurt and one guy
killed (death)

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
(b)(6) injury	2000 \$
(b)(6) injury	2000 \$
(b)(6) death	5000 \$

Total: 9000 \$

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) (b)(6) (Address)

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

\$ 9000 local 11000000 ID

(Signature of Claimant)

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

(Print Name)

(Signature)

Pages 5 through 22 redacted for the following reasons:

(b)(6)
(b)(6), Foreign Language Text
Already Reviewed and Redacted for Release
FOREIGN LANGUAGE DOCUMENT
FOREIGN LANGUAGE DOCUMENT, (b)(6)

Foreign Language Text, (b)(6)

Pages 24 through 31 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)

The Complainant

(b)(6)

(b)(6)

FOREIGN LANGUAGE, (b)(6)

FULL NAME

Foreign Language Text

DATE OF VISIT

IS IT A FOLLOW UP OR ANEW CASE

Foreign Language Text

New

FOREIGN LANGUAGE

IF POSSIBLE DATE OF FIRST VISIT

WHERE THEY ARE FROM

Foreign Language Text

(b)(6)

FOREIGN LANGUAGE

TYPE OF CLAIM (IE PROPERTY DAMAGE. PERSONAL INJURY ECT)

Foreign Language Text

2 guys killed and 2 guys hurt

FOREIGN LANGUAGE

LOCATION OF INCIDENT .DATE

Foreign Language Text

21 Feb 06
closter
al dujail

FOREIGN LANGUAGE

RETURN .APPT OR WAITING ON PACKET . PERMIT . DOCUMENTS

DESCR: RTION OF THE INCIDENT

Foreign Language Text

FOREIGN LANGUAGE

ANY OTHER USEFUL INFORMATION (POC. PHONE ECT)

FOREIGN LANGUAGE

(b)(6)

This file contains information regarding (b)(6) the claimant avers that his son was killed by American forces and two daughters (b)(6) and (b)(6) were injured upon returning from BALAD. The two injured sisters contend that the American forces opened fire without any reason or justification which caused their brother's death and already injuring them. Accordingly, the claimant (b)(6) seeks compensation under the provisions of the Foreign Claims Act.

Brief statement of the accident: on Feb. 2, 06 while the deceased was driving his vehicle upon his return from Balad. The Coalition Forces opened fire ~~without~~ on the deceased killing him immediately. Additionally, (b)(6) and (b)(6) were injured. The expenses resulting from these personal injury (NO bills attached or receipts) are 4,000 and (b)(6) death: 5000.00 TOTAL: \$9,000.00

It is important to note that you must refer to Transfer Discharge Summary. The Patients received service at the Air Service Theater Hospital. There is a medical report by an IRAQI doctor stating the following: Damages were caused by Gunfire and the victims transferred to LSA ANAconda. Also, there are eye-witnesses statements confirming what has transpired; Death certificate for Basim from the ministry of Health; OUTOPSY confirming the deceased identity and the method of death.

Pages 34 through 47 redacted for the following reasons:

FOREIGN LANGUAGE DOCUMENT, (b)(6)