

Claim 348-H Recommede CERP Payment 2 Mar 1 Ť. 004206



DEPARTMENT OF THE ARMY HEADQUARTERS, 2ND BRIGADE COMBAT TEAM OFFICE OF THE STAFF JUDGE ADVOCATE CAMP LIBERTY, IRAQ APO AE 09344

AETV-BGS-JA

02 March 2007

MEMORANDUM THRU Comptroller, 1st Cavalry Division

FOR Chief of Staff, 1st Cavalry Division

SUBJECT: Type of Condolence Payment (Death) 348-H

1. NAME OF RECIPIENT: (b)(6)

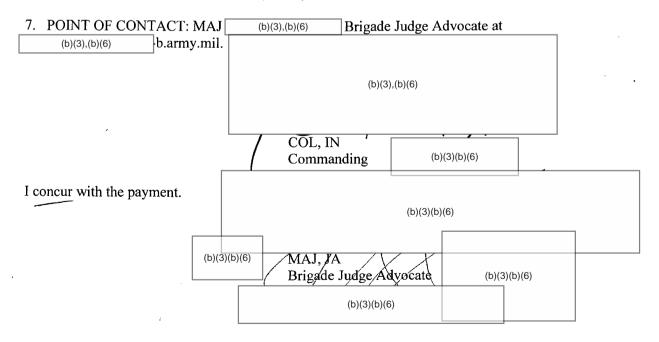
2. DATE OF INCIDENT: 25 March 2005

3. LOCATION OF INCIDENT: Al-Shulla, Baghdad

4. DESCRIPTION: On or about 25 March 2005, the claimant's daughter was killed by warning shots fired by U.S. Forces.

5. JUSTIFICATION: This action was due to combat actions of U.S. forces and is payable under CERP. This payment will positively influence both the community and local Iraqi leaders.

6. AMOUNT OF PAYMENT: \$2,500 (Death)





DEPARTMENT OF THE ARMY HEADQUARTERS, 2ND BRIGADE COMBAT TEAM OFFICE OF THE STAFF JUDGE ADVOCATE CAMP LIBERTY, IRAQ APO AE 09344

AETV-BGS-JA

02 March 2007

MEMORANDUM FOR Government Information Center

SUBJECT: Type of Condolence Payment (Death) 348-H

1. The following claimant has been approved for a **\$2500.00 (Death)** condolence payment:

(a)	(b)(6)

2. This offer is final and cannot be negotiated. This offer cannot be appealed.

3. Point of contact is the undersigned at (b)(6), (b)(3) -b.army.mil

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

1LT, EN Condolence Pay Agent

(b)(3)(b)(6)	CPT 2-1ID 9E S1 OIC		
From: Sent: To: Subject: Categories: Classification Class	(b)(3)(b)(6) CPT CAT-A Team Leader Friday, March 02, 2007 1:10 PM (b)(3)(b)(6) CPT 2-1ID 9E S1 OIC [U] RE: Nonresponsive; claims UNCLASSIFIED		MND-B.army.smil.mil]
Classification: UN	······································		
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DEPARTMENT OF THE ARMY HEADQUARTERS, 2ND BRIGADE COMBAT TEAM OFFICE OF THE STAFF JUDGE ADVOCATE APO AE 09344

REPLY TO ATTENTION OF: AETV-BGS-JA

7 February 2007

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) Claim #348-H

1. <u>Facts</u>. Claimant's says her daughter was shot and killed by warning shots fired by U.S. Forces on 25 March 2005. Claimant requested \$2500.00.

2. <u>Opinion</u>. 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 evidence submitted does not reflect that the damages of the claimant were non-combat related nor that U.S. Forces were negligent.

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

4. Action. The claim is denied. (b)(3),(b)(6) (b)(3)(b)(6) (b)(3)(b)(6) (b)(3)(b)(6) (b)(3)(b)(6)



DEPARTMENT OF THE ARMY HEADQUARTERS, 2ND BRIGADE COMBAT TEAM OFFICE OF THE STAFF JUDGE ADVOCATE APO AE 09344

Claims Office

7 February 2007

SUBJECT: Claim # 348-H

(b)(6) Baghdad, Iraq

Dear Ma'am:

You have submitted a claim seeking compensation for the loss of your daughter. 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 loss of your daughter. However, in accordance with the cited references and after investigation into your claim, I find that your claim is **not compensable**. The evidence does not indicate the death was non-combat related or due to the negligence of U.S. Forces. 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)
 Major, U.S. Army Foreign Claims C	(b)(3)(b)(6)
(b)(3)(b)(6)

Claims Chronology Sheet			
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	Claim	s Form	
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From: Name:			
Address:		(b)(6)	
I am			
a. A citizen	and national of:	<i>IRAO</i>	
b. A perman c. Employed	nent resident of :	- IRAO	
	e () An insurer (/)	Not an insurer	<u></u>
	e ()A subrogee (/		
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caused by: (Name, Orga			
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The property damaged is			
attach a power of attorne	ey or other evidence	of authority and fill in	the form below for
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Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

_____ Dogt 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.) Amount Item 2500-00 Death = (b)(6) Total: 2500-00 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: (Address) (Name) I claim as damages: (Indicate amount in U.S. dollars and local currency) local \$____2500~00 (b)(6), Foreign Language (Signature o Subscribed before me this 2 day of Feb ,200 F (Print) Foreign Language, (b)(6) (Signat

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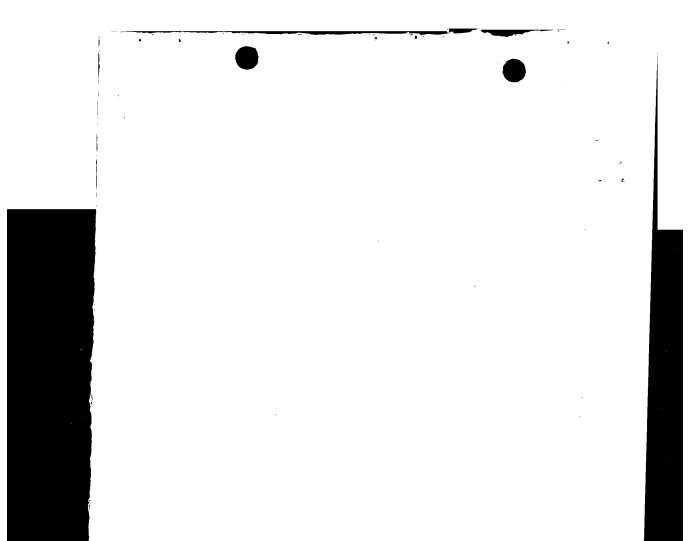
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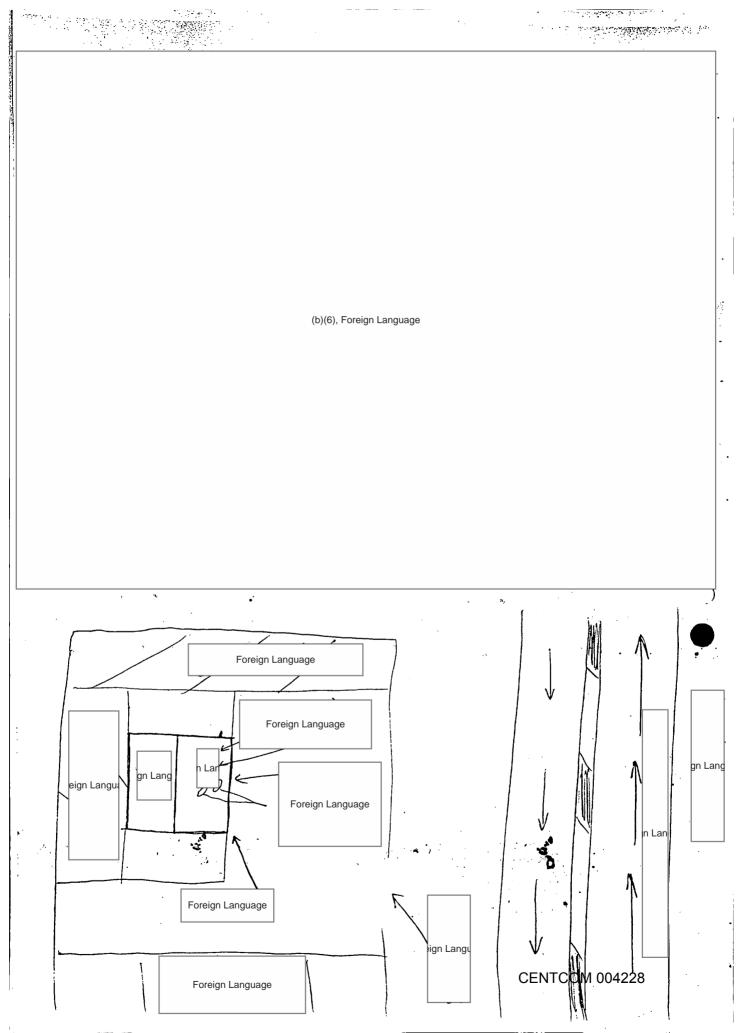
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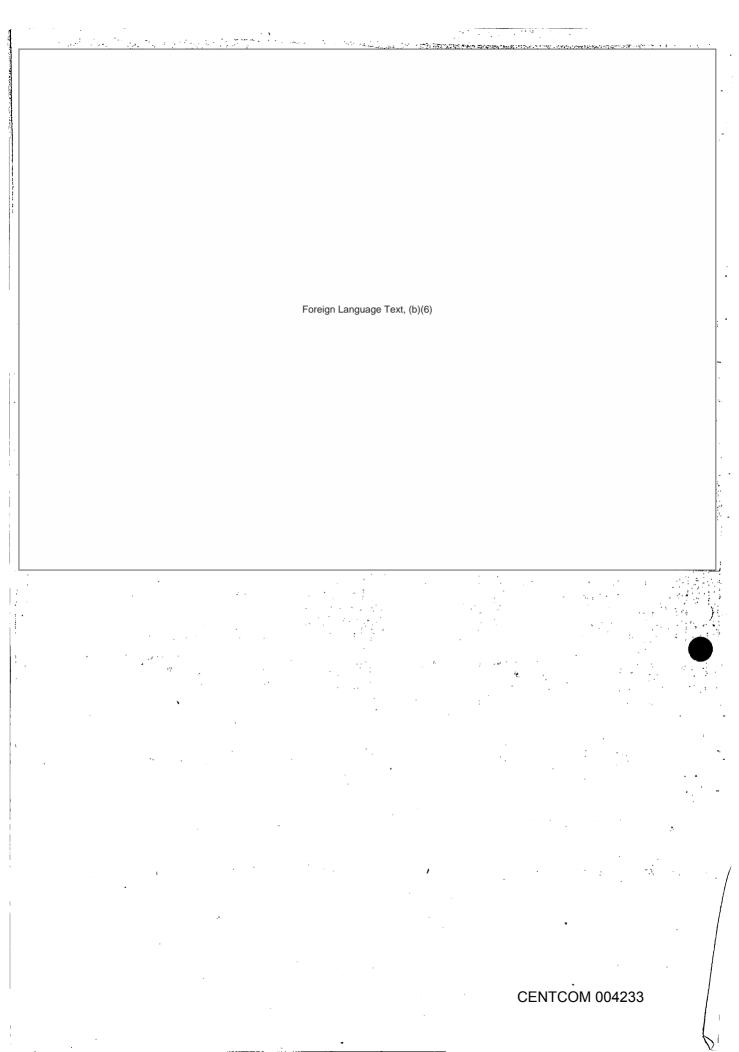




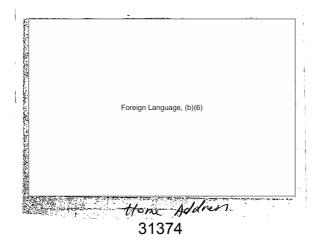




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