

DEPARTMENT OF THE ARMY
TORT AND SPECIAL CLAIMS APPLICATION
CLAIM SUMMARY SHEET

06IO6T366-[REDACTED]

Claimant's Assertion

Claims his daughter was struck by CF; daughter was in home; cf & AIF were fighting in the area on that day

Claimant Information

Claimant Name: [REDACTED]
Claimant SSN: [REDACTED]
Claimant DOB: [REDACTED]
Insured or Deceased: [REDACTED]
Deceased SSN: [REDACTED]
Deceased DOB: [REDACTED]
Claimant Phone: [REDACTED]
Claimant Address: Kirkuk, O (iz)
Claimant Representation: Pro Se
Claimed Amount: \$2,500.00
Property Damage: \$0.00
Personal Injury: \$0.00
Wrongful Death: \$2,500.00

Claim Information

ClaimID: 06IO6T366
Companion(s):
Incident Location: Hawijah, Kirkuk on 01-Nov-05
Incident Date: 01-Nov-05
Date Filed: 12-Apr-06
Filing Office: IO6-FCC IO6 1BCT 101 ABN DIV (AASLT) (Iraq)
Current Office: HQZ-USARCS Claim Retirement Processing
Chapters:
Chapter 10 - Foreign Claims Act
Damage Code:
UNKNOWN
Basis Code: UNKNOWN
Incident Source: OTHER

Army Team

Field Office Investigator: [REDACTED]
Field Office Attorney: [REDACTED]
USARCS Area Action Officer:
USARCS Investigator:
USARCS Paralegal:

Final Disposition

Action	Date	Amount
Claim Denied	15-Apr-06	\$0.00
Claim Abandoned and Closed (See para 13-3(d), AR 27-20)	06-Jul-06	\$0.00
Uploaded Documents Document	Date	Who

Claim Retirement Information
Shipment Number

Date Box

006455



DEPARTMENT OF THE ARMY
Office of the Command Judge Advocate
1st Brigade Combat Team, 101st Airborne Division (AASLT)
FOB Warrior, Kirkuk, Iraq, APO AE 09335

REPLY TO
ATTENTION OF:

AFZB-KA-CJA

15 April 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-JO6-T0366

1. Claimants name and address: [REDACTED] Hawijah, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 1 November 2005, in the Hawijah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim for \$2,500.00 on 12 April 2006.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for wrongful death.
5. Facts:
 - a. [REDACTED] claims that on 1 November 2005, his daughter was shot and killed by Coalition Forces.
 - b. There was a police report, death certificate and photo ID included in the claim.
 - c. On 1 November 2005, Coalition Forces were ambushed with small arms fire and 8-10 RPGs.
6. Opinion:
 - a. In order to form a basis for a claim under the FCA, the incident has to occur outside of the United States and be from either non-combat activities of the U.S. Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

000456

AFZB-KA-CJA

SUBJECT: Claim of [REDACTED] 06-IO6-T0366

b. There is insufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. Any appeal must be submitted within 30 days.

c. This incident is a direct result of combat activities.

7. Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$2,500.00 is denied.

[REDACTED]
[REDACTED]
MAJ, JA
Foreign Claims Commissioner

**CLAIM FOR DAMAGE OR
INJURY DEATH**

INSTRUCTION: Please read carefully the instruction on the reverse side and supply7 information requested on both sides of this form .Use additional sheets (s) .

person
From
approve
MBC

1. submit to appropriate Agency AMER	2. Name of claimants & Address HAWEJA KIRKUK		
3. TYPE OF EMPLOYEE Civil		4. DATE OF BIRTH 1988 Daughters DOB	5. MARITAL STATUS. Single
6. DATE & DAY OF ACCIDE- 1-ONV-05		TIME: 10PM	

T0366

The claim
On the mention date a firefight occurred near the area where the victim live between the CF and the terrorist ,the victim wrongfully killed by one the CFs bullets in her head ,this conclusion was proved by the police investigator in Haweja.

9. **PROPERTY DAMAGE**
NAME AND ADDRESS OF OWNER THAN CLAIMANT (NUMBER, street, city, state, city, state, and, zip code).

10 **Personal injury/wrongfully death**

A female is wrongfully killed
-VICTIM: [REDACTED]

WITNESSES

NAME	ADDRESS
SABAH SULEMAN	HAWEJA victims neighbor

Amount of claim (IN Dollars)

12A PROPERTY	12b PERSONAL INJURY	12c WRONGFUL DEATH \$2,500.00	12A \$ 2,500
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I CERTIFY THAT AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURY CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

Rec'd 12 APR 06

13a. SIGNATURE OF CLAIMANT [REDACTED]	13b. Phone number of signatory	14c. Date of claim 4/11/2006
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CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS 000458
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