

(b)(6)

06-IS1-T093
1645-12
20-Dec-2008



2^d BRIGADE COMBAT TEAM

Brigade Operational Legal Team

LEGAL ACTION ROUTING SHEET

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



ACTION: CERP Condolence Payment - (b) (6) (b)(6)

DATE:

SYNOPSIS: On 30 September 2005, A Co, 2-70 AR was conducting a TCP mission in Abu Graib. (b) (6) (b)(6)'s husband (b) (6) (b)(6) was approaching the TCP and was shot a number of times, leading to his death. The recommended condolence payment is \$2,500.00 for the death of (b) (6) (b)(6). This is a condolence payment that was received by 2-101 (AASLT), but not paid.

2d BCT BOLT

INITIALS: (b) (3) , (b)(3),(b)(6)

REMARKS:

(b) (5)

(b)(5)

2d BCT CSM

INITIALS: _____

REMARKS:

2d BCT CDR

INITIALS: _____

REMARKS:

POC: MAJ (b) (3) (b)(6)

COMMANDOS!!



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

AFZS-LF-Z

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I have approved the below individual for receipt of a Condolence payment from 2d BCT (10th MTN DIV (LI)), MND-B in the amount indicated.

a. NAME OF PAYEE: (b)(6) (b)(6) (IS1-T093 / 1443-10)

b. DATE OF ORIGINAL INCIDENT: 30 Sep 05

c. INCIDENT LOCATION: Abu Graib, Iraq

d. INCIDENT DESCRIPTION: On 30 September 2005, A Co, 2-70 AR was conducting a TCP mission in Abu Graib. Mrs (b)(6)'s husband Mr (b)(3)(b)(6) was approaching the TCP and was shot a number of times, leading to his death.

e. JUSTIFICATION: Upon investigation, the unit determined that Mr. (b)(6) did not participate in any negative activity against the US Forces. By making this condolence payment, MND-B demonstrates to the family and community its sympathy for their unfortunate loss. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S):

Death of Mr. (b)(3)(b)(6)	\$2,500
Total	<u>\$2,500</u>

2. POINT OF CONTACT: The POC for this request is CPT (b)(3), (b)(6) POC can be reached at VOIP 242-4377 (b)(3), (b)(6), (b)(2) High

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

COL, IN
Commanding

I concur with the payment:

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

CPT, JA
Operational Law Attorney



Claims Form

1449 -10
25-09-2005

Government Information Centre

Baghdad Al Radwania

Baghdad Al Radwania

To: United States Army Foreign Claims Commission

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)

M.N.F.

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 *Abo Grib Bay* *Iraq*
(Town) (City) (Country)

My claim arose on *sept.* *30* *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 30-09-2005 my husband (the victim) coming back to his house, the M.N.F. was doing U.C.P. and they search the car and they ask the driver to move But the open fire and that led to killed my husband for that I ask for compensation

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

U.S. Army killed my
husband

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>
1-	5000/00
2-	
3- about my husband	
4-	
5-	
6-	
Total: 5000/00	

I was insured to the following extent against the damager 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)

\$ 5000/00 local 7400000/-

(b) (6)

(b)(6)

(Signature of Claimant)

Subscribed before me this 1 (b) (6)

(b)(6)



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.



"THE CLAIM'S CONTAINS"

(b)(6)

The Claimant name: (b)(6)

- claim card from the army with information
- certificate of death for the victim
- memo from the hospital regarding the accident and they do the final surgery
- Iraqi documents for the victim and his wife
- Government Information Center
- Government Information Center

General Information Center/Al-Radhwanya
Date: 25/10/2005



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
APO AE 09398

Foreign Claims Commission IS1

15-Dec-05

SUBJECT: Claim # 06-IS1-T093 / 1443-10

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

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. 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 you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):

LACK OF EVIDENCE - NO US NEGLIGENCE

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 forwarded to this office for Foreign Claims Commission consideration. 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.

Sincerely

(b) (6)

(b)(6)

CPT, JA
CLAIMS ATTORNEY IS1

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

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

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6)

(b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

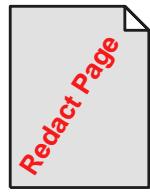
Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

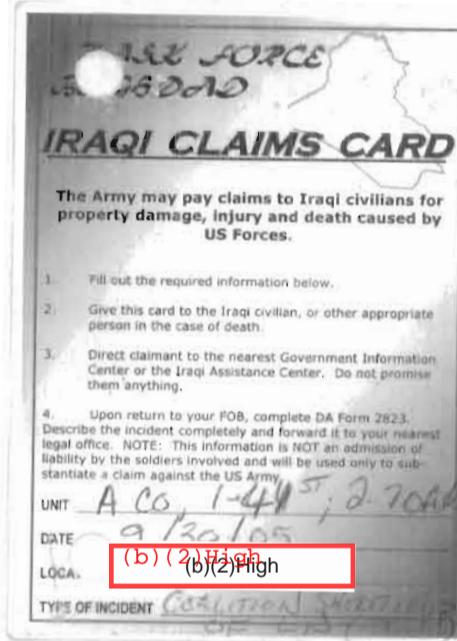
Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Pages 14 through 16 redacted for the following reasons:

(b)(6), Foreign Language
Foreign Language, (b)(6)



1645-12
20-DEC-2005



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.



Government Information Centre

Sub/Appeal request

I am (b)(5) (b)(5)

I had made a claim in NO.1645-12. At 06-15-1-T093.. and the case was rejected, I would like you to appeal my case and I offer a new evidences to support my case:-

1. My claim had been mentioned in the
2. Condolence list attached herewith and
3. was rejected later - I would like to you
4. to appeal my case with my respect.
- 5.

The claimant signature

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

The claimant name

The date:- 20 dec - 2005



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
APO AE 09398

Foreign Claims Commission IS1

15-Dec-05

SUBJECT: Claim # 06-IS1-T093 / 1443-10

(b) (6)

(b)(6)

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Sincerely,

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

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

CPT, JA
CLAIMS ATTORNEY IS1

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

Condolence List

<i>Claim Number</i>	<i>GIC Claim #</i>	<i>Claimant's Name</i>	<i>Amount \$</i>
Nonresponsive, (b)(6), (b)(2)High			

17 06-IS1-T092 1443-10 X LAMIA-SAGHET DHAHI \$2,500.00
Nonresponsive, (b)(6), (b)(2)High

(b) (2) High (b)(2)High

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)