

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

CENTCOM 020120
27622

08-0173-00001

(b)(6)

(b)6 Foreign Language

2-037-2
5

Set 0-80

CENTCOM 020121

27623

08-0173-00002

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 2.0375

USARCS NUMBER: 08-0173

Date Received: 4/25/2008 12:00:00 AM

Name: (b)(6)

Address: (b)(2)High Iraq. (b)(6)

Claim Summary: claimant filing for consideration of claim #08-0005 and has not provided new evidence.

Date of Incident: 7/12/2007 12:00:00 AM

(b)(2)High, (b)(5)

Notes:

Reconsideration file without new evidence.

CERP CONDOLENCE CONSIDERATION

(b)(2)High



REPLY TO
ATTENTION OF

AFZS-Z-JA

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH BRIGADE COMBAT TEAM
10TH MOUNTAIN DIVISION (LIGHT)
CAMP LOYALTY, IRAQ 09390

June 17, 2008

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM I15/08-0173:

Claim of: (b)(6)

Address: (b)(2)High Iraq (b)(6)

Date Filed: September 15, 2006

Amount Claimed: \$12000.00

Claimed Loss: claimant filing for consideration of claim #08-0005 and has not provided new evidence.

Claim Number: 2.0375

1. Your above-mentioned claim is disapproved.
2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code 1:
 1. Loss was a result of Combat Operations
 2. The filing claimant is an improper claimant
 3. Claim lacked evidence supporting U.S. negligence or fault
 4. Claim lacked evidence to prove a loss
 5. Loss was a result of Anti-Coalition Forces
 6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
 7. Statute of Limitations Expired.
4. You have filed a request for reconsideration regarding your claim. Your file has been reviewed by the FCC. Unfortunately, you did not bring any new evidence that would change the original finding regarding your claim. **This disapproval notice is final. You are no longer entitled to file a claim for this incident in order to receive compensation.** If you are dissatisfied by this action, you may consult Iraqi agencies that may be able to assist you in this matter.
5. POC for this memorandum is SSG (b)(3), (b)(6) FOB Loyalty, @ VOIP 675-1018.

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

CPT, JA
Foreign Claims Commission
CENTCOM 020123
27625

08-0173-00004



REPLY TO
ATTENTION OF:

119
AFZS-B-JA

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH BRIGADE COMBAT TEAM
10TH MOUNTAIN DIVISION (LIGHT)
CAMP LOYALTY, IRAQ 09390

11 February 2008

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM 116/08-0005:

Claim of: (b)(6)

Address: (b)(2)High Iraq, Ph # (b)(6)

Date Filed: 12/20/2007 12:00:00 AM

Amount Claimed: \$12000.00

Claimed Loss: An American helicopter bombed Al-Amain region. His son was killed in the air attack.

Claim Number: 2.0835

1. Your above-mentioned claim is disapproved.
2. This incident does not comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code 1:
 1. Loss was a result of Combat Operations
 2. The filing claimant is an improper claimant
 3. Claim lacked evidence supporting U.S. negligence or fault
 4. Claim lacked evidence to prove a loss
 5. Loss was a result of Anti-Coalition Forces
 6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
 7. Statute of Limitations Expired.
4. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.

5. POC for this memorandum is SSG (b)(3), (b)(6) FOB Loyalty, @ VOIP 675-1018.

Received 10 MAR 2008
General Information Center
TIAA/NY PLAN
2

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

CPT, JA
FOREIGN CLAIMS COMMISSION



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

AETV-BGS-JA

7 October 2007

MEMORANDUM FOR RECORD

SUBJECT: Referral for Claim Number 444-H

1. The claim of Mr [REDACTED] (b)(6) is referred to the Amin CMOC.

Date of Claim: 06 August 2007

Date of Incident: 12 July 2007 [REDACTED] (b)(2)High

Incident: The claimant's son was killed and his house destroyed in an air attack.

2. This claimant was referred to his home location because the incident is still under investigation there. This memorandum is not a denial letter.

3. The claimant should contact Sergeant First Class [REDACTED] (b)(3), (b)(6) at the Amin CMOC at [REDACTED] (b)(6) for more information.

4. Point of contact is the undersigned at [REDACTED] (b)(3), (b)(6), (b)(2)High

[REDACTED] (b)(3), (b)(6)

CPT, EN
Condolence Pay Agent

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

RESTRICTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0000

1. Submit To Appropriate Federal Agency:

506th RCT Legal Office
Camp Loyalty, Iraq
APO AE 09390

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse side.)

(b)(6)

(b)(2)High

3. TYPE OF EMPLOYMENT
 MILITARY CIVILIAN

(b)(6)

5. MARITAL STATUS

Married

6. DATE AND DAY OF ACCIDENT

72nd, July, 2007

7. TIME (A.M. OR P.M.)

1100 AM

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying person or property damaged, the place of occurrence and the cause thereof.) (See additional pages if necessary.)

An American helicopter bombed
region. My son got killed in the air strike

(b)(2)High

9.

PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Name, street, city, State, and Zip Code)

Same as above.

10. DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

U.S Forces killed my son.

11.

WITNESSES

NAME

ADDRESS (Name, street, city, State, and Zip Code)

12. (See Instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to apply may cause
forfeiture of your rights.)

12,000.00

12,000.00 U.S.D

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND EXPENSES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT said AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See Instructions on reverse side.)

General Information
I, USA, certify that I am a citizen of the United States. The sum of \$12,000.00 is the amount of damages sustained by the United States. (See 31 U.S.C. 3722.)

(b)(6)

13b. Place and date of signature

14. DATE OF CLAIM

(b)(6)

23rd May 08

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

For of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C.
207, 2001.)

Previous Versions of this Form

STANDARD FORM 95 (Rev. 7-65)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

OMB NO. 1105-0000



CENTCOM 020127

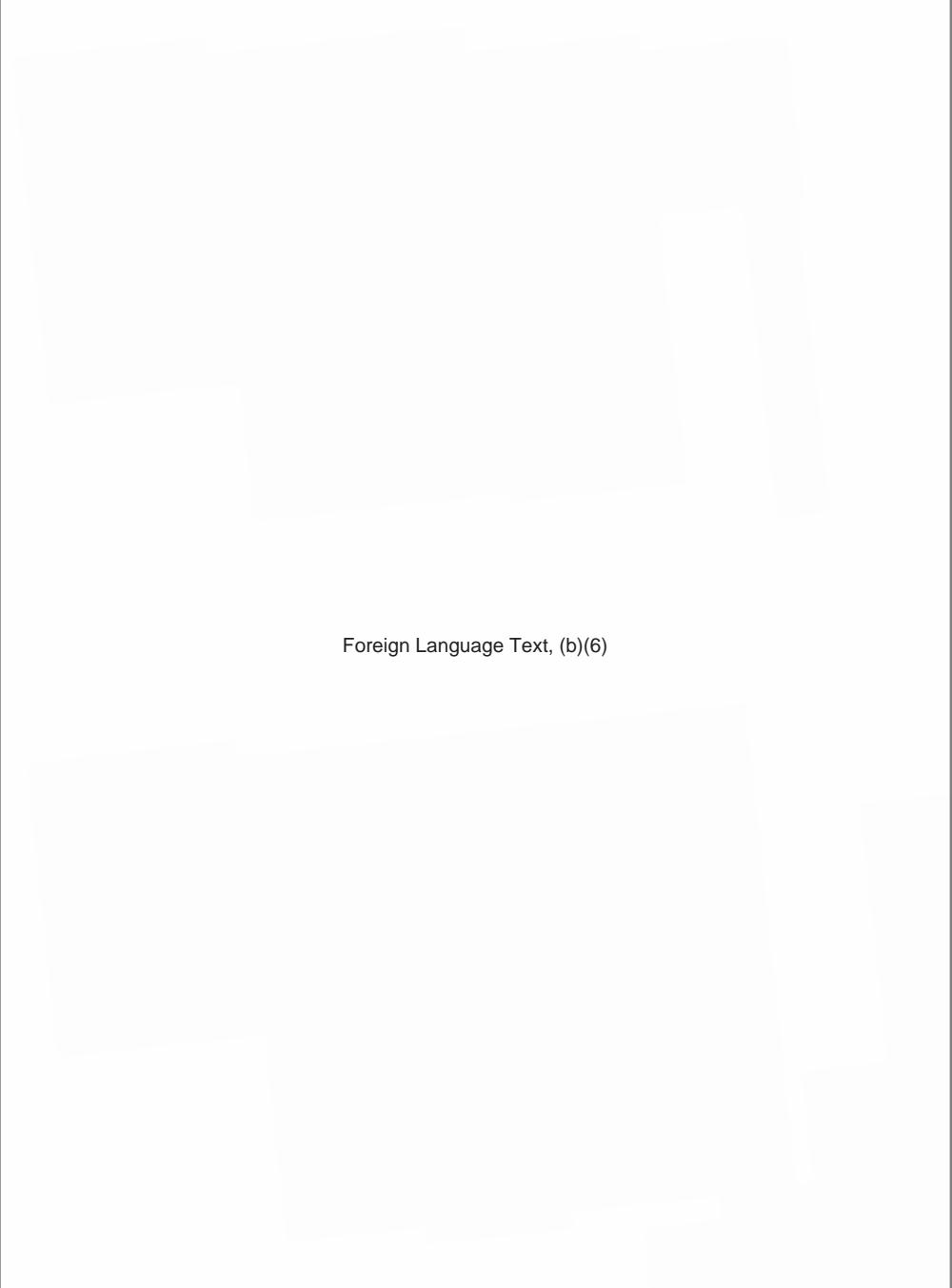
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Foreign Language Text, (b)(6)

CENTCOM 020128
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08-0173-00009



Foreign Language Text, (b)(6)

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Foreign Language Text, (b)(6)

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Page 12 redacted for the following reason:

(b)6 Foreign Language

Foreign Language Text, (b)(6)

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27634

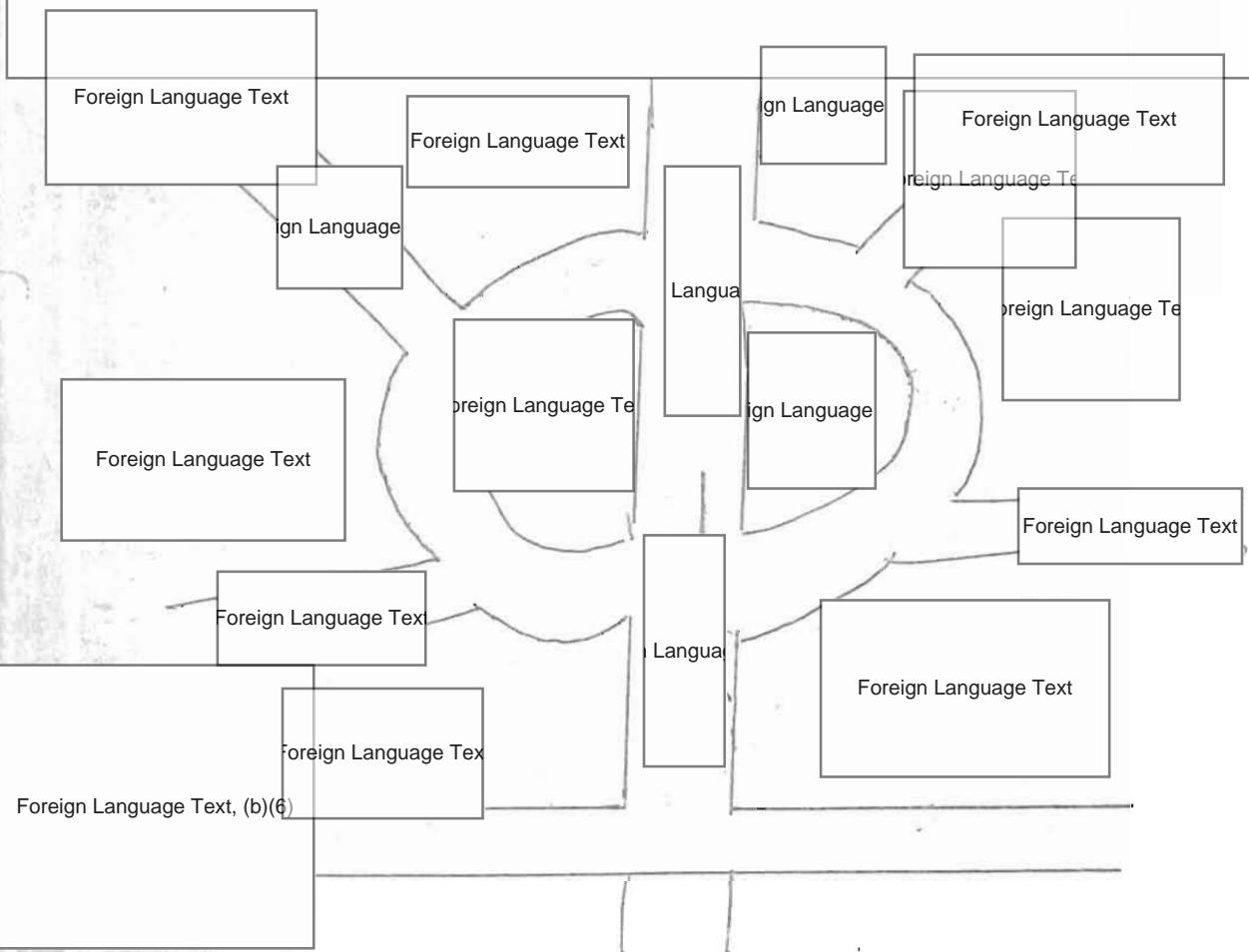
08-0173-00013

Pages 14 through 15 redacted for the following reasons:

(b)6 Foreign Language

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



Foreign Language Text, (b)(6)