

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

2-037-5

08-0173

(b)(6)

(b)6 Foreign Language

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

Amount Received: \$12000.00

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

Notes:

Reconsideration file without new evidence.

CERP CONDOLENCE CONSIDERATION

(b)(2)High



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

AFZS-Z-JA

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:

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 I:

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 19 Mar 08

(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. (b)(6) is referred to the Amin CMOC.

Date of Claim: 06 August 2007

Date of Incident: 12 July 2007 / (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 (b)(3), (b)(6) at the Amin CMOC at (b)(6) for more information.

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

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

CPT, EN
Condolence Pay Agent

(b)(6)

Claims Form

Claim# 2-037-5

Date: 23rd Mar 2008

GI Co / 9 NISSAN

To: United States Army Foreign Claims Commission.

Claimant Name

(b)(6)

Relationship: The

Victim's Father

National of: Iraqi

Claimant's Address: Neighborhood

(b)(2)High

Q

(b)(6)

St#

(b)(6)

H#

(b)(6)

Ph

(b)(6)

Have you filed a claim before?

☒ Yes

☐ NO

Damage type:

☒ Death

☐ Injury

☐ Car

☐ House

☐ Furniture

☐ Other

Place of incident: St.

Same address

Town

(b)(2)High

City

Baghdad

Country

Iraq

Date of incident: Time

1100 AM

Day

12th

Month

July

Year: 2007

Give a brief statement of the accident or incident.

An American Helicopter bombed region.
His son got killed in the air attack.

(b)(2)High

Did you receive a claims card from the military unit that caused the incident?

☐ Yes

☐ No

☒ They didn't stop

List in detail the value of the property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills)

Item

Amount: \$

Amount: ID

| | | |
|-------|-----------|--|
| Death | 12,000.00 | |
| | | |
| | | |
| | | |
| | | |

Total 12,000.00 U.S.D

List of attached document.

| | | | |
|----------------------------|-------------------------------------|-----------------------|--------------------------|
| Identity | <input checked="" type="checkbox"/> | House document | <input type="checkbox"/> |
| Certificate of Nationality | <input checked="" type="checkbox"/> | Car document | <input type="checkbox"/> |
| Ration card | <input checked="" type="checkbox"/> | Claim card | <input type="checkbox"/> |
| Residence card | <input checked="" type="checkbox"/> | Bill | <input type="checkbox"/> |
| Signature | <input type="checkbox"/> | Memorandum for record | |
| IP Report | <input checked="" type="checkbox"/> | M.F.R. | |
| Certificate of death | <input checked="" type="checkbox"/> | | |

Signature of claimant

(b)(6)

Date:

23rd Mar 2008

Print Name

(b)(6)

CENTCOM 020126

-00007

27628

| CLAIM FOR DAMAGE, INJURY, OR DEATH | | INSTRUCTIONS: 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. 1105-0008 |
|---|------------------------------|--|---|--|
| 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 for details.) <div style="border: 1px solid black; height: 20px; margin: 5px 0; text-align: center;">(b)(6)</div> <div style="border: 1px solid black; height: 20px; margin: 5px 0; text-align: center;">(b)(2)High</div> | | |
| 3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN | 4. MARITAL STATUS Married | 5. DATE AND DAY OF ACCIDENT 12 th , July, 2007 | 7. TIME (A.M. OR P.M.) 1100 AM | |
| 6. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) <div style="border: 1px solid black; padding: 10px; min-height: 100px;">An American helicopter bombed region. My son got killed in the air strike.</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px; text-align: center;">(b)(2)High</div> | | | | |
| PROPERTY DAMAGE | | | | |
| 8. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) Same as above. | | | | |
| 9. BRIEFLY 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. | | | | |
| PERSONAL INJURY/WRONGFUL DEATH | | | | |
| 10. STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. | | | | |
| WITNESSES | | | | |
| 11. NAME | | ADDRESS (Number, street, city, State, and Zip Code) | | |
| | | | | |
| AMOUNT OF CLAIM (in dollars) | | | | |
| 12a. PROPERTY DAMAGE | 12b. PERSONAL INJURY | 12c. WRONGFUL DEATH 12,000.00 | 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 12,000.00 U.S.D | |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES 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.) <div style="border: 1px solid black; height: 40px; margin-top: 10px; text-align: center;">(b)(6)</div> | | 13b. Place number of obligatory (b)(6) | | 14. DATE OF CLAIM 23 rd Mar 08 |



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

USAPPC-VI-01

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)

Pages 14 through 15 redacted for the following reasons:

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