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b)(3)(b)(6)

(b)(6)

CENTCOM 010723

08-12A-A526-00001

Claim Number: 08-I2A-A526

Name:

(b)(6)

Date of Incident: 22-Aug-07

Date Received: 12-Apr-08

Amt Req: \$15000

Summary:

Old Claim lost in the shuffle. Now back again looking for answers. I agree with MA. (b)(6) deny for jurisdiction and information unless TIGR says otherwise

Circle Decision, Fill-in Date, and initial

<u>DENY</u>	INVESTIGATE	PAY - \$ _____
DATE 14 Jul 08	DATE 14 Jul 08	DATE
INIT (b)(3), (b)(6)	INIT (b)(3), (b)(6)	INIT

- ___ Insufficient Evidence
- ___ Combat Exception
- ___ US Involvement
- ___ Lack of Causation
- ___ Statute of Limitations
- ___ Not a Proper Claimant
- ___ Non-Cognizable Claim

TIGRnet is
empty

NO EVIDENCE!

- ___ TIGRnet
- ___ SIGACT
- ___ 15-6
- ___ Claims Card

NOTES:

___ CERP

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

CENTCOM 010724
08-I2A-A526-00002

Claims Checklist and Chronology of Action

Claim Number: 081921		Claimant's Name: (b)(6)	
Date of Incident: 22 AUG 07	Date Filed: 29 JAN 08	Date Received:	Amount of Claim: 15000
Claim Type: Vehicle Damage	Claim Arose From: Combat Activities	Paralegal Recommends: SGT Snyder	
Detainee Property	Approved	Amount	
Damage during Raids	Non Combat Activities or Negligence	CERP	Amount
SAF Damage/Injury	Denied		
Real Estate	Claimant's Assertion: Claimant states her husband was in an accident with coalition forces and was killed		
Other: DEATH			
FCC Decision: CPT		(b)(3), (b)(6)	
FCC Decision Date: 29 MAR 08	FCC Comments: Deny claim - This is not from our area. This is likely from shopping for a claim that has already been paid or was denied.		
Approved	Amount		
SF 44	Settlement Agreement		
Less Than Letter	Action Memo		
CERP	Amount		
SF 1034	Denial Memo		
Condolence Memo	Settlement Agreement		
Action Memo			
Denied	(b)(3), (b)(6)		
Denial Memo	Action Memo		
Date Action Taken: 29 JAN	Action Taken By: (b)(3)(b)(6)	Action Taken: Need to see if STG AOS or 18-6 exists	

CENTCOM 010725

08-12A-A526-00003



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM
4TH INFANTRY DIVISION
FOB FALCON, IRAQ 09361

SUBJECT: Claim # 08-I2A-A526

(b)(6)

(b)(2)High Iraq

Dear Sir:

You have submitted a claim seeking compensation for the loss of your loved one. 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 loved one from events occurring on August 22, 2007. However, in accordance with the cited references and our investigation of the operational records concerning your claim, your claim is not compensable. There is insufficient evidence to validate your claim. Accordingly, your claim is 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.

Sincerely,

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

MAJ, JA USAR
Foreign Claims Commission I2A

CENTCOM 010726
08-I2A-A526-00004

Cell Phone Number:

(b)(6)

Claims Form

طلب تظلم

Name:

(b)(6)

الاسم:

Address:

(b)(6)

المعنوان:

I am

أنا

a. A national citizen of: IRAQI ا. أحمل جنسية:

b. A permanent resident of: above address ب. عنواني الدائم:

c. Employed by: / ج. أعمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

The vehicle accident by U.S.
claim card attached.

أنا أتقدم لدي حكومة الولايات المتحدة للأضرار والإصابات التي لحقت من: (المنظمة، الوحدة العسكرية)

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.)

The vehicle Damaged and driver was died.

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء إظهار المستندات التي تخولكم وتؤكدكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين.
إبداً التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose in:

(Town)

Amel

(City)

Baghdad

(Country)

IRAQ

البلد أو المحافظة

المدينة

القرية

تظلمي قدم لي:

CENTCOM 010727

08-12A-A526-00005

My claim arose on: 5 24 2008
Month Day Year

قدم في: شهر يوم الى

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.)

She said on 8-22-2007 her husband involved in accident. When he was going to Baghdad and the C.F vehicle came opposite direction hit the car in front Resulting to damaged and driver was died. That near Halawa-DORA closed to Salamm bridge is location of accident.

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.)

Item	Amount
The car damaged and driver was died.	
Model, Opel Make, (b)(6)	
Total:	\$ 15,000

بالمتصل متى ضرر والكافة للممتلكات أو للإصابات الجسدية وتكلفتها (الرجاء إضافة التبنونات والممتلكات والنواير الضرورية لكل شئ)

تكاليف	لمتضرر

I was insured to the following extent against the damage or injury I have sustained:

NO Insurance

أأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 15,000

I.D. _____

أب بتعويض للأضرار أو يوازي (أكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية _____

I (have/ have not) previously filed a claim relating to the incident described above.

نقاً (فعلت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

من علمي طلبت (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو ملفلي أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 24 day of 5, 200 8.

(Signature of Witness)

(Printed Name)

ENCLOSURE I (Claims Form)

CENTCOM 010729

08-12A-A526-00007

Claims Form

Foreign Language

Name: (b)(6) الاسم:

Address: (b)(6) العنوان:

Phone Number: (b)(6)

I am Iraq أنا

a. A national citizen of: Iraq أ. أحملي جنسية:

b. A permanent resident of: Above address ب. عنواني الدائم:

c. Employed by: / ت. أعمل لدي:

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

CCO 2-14 Sep

أنا أنظم لدي حكومي الولايات المتحدة للأضرار والإصابات التي تسببت من: (المنظمة، الوحدة العسكرية)

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.)

Car Accident Death

الممتلكات المتضررة مملوكة من: (إذا كان هذا التظلم قدم من قبل ممثل أو قريب أو عائل فالرجاء أخطار الممتلكات التي تخولكم وتوكلكم للتقدم بهذا التظلم، أو أي دليل من ممثلين رسميين. إملأ التظلم بالأسفل للأفراد المتقدمين بالشكوى للإصابات أو الأضرار التي أصابتهم.)

My claim arose at: High Way near Aldura Area Baghdad Iraq
(Town) (City) (Country)

البلد أو المحافظة

المدينة

القرية

تظلمي قدم في:

CENTCOM 010730
08-12A-A526-00008

My claim arose on: Aug 22 2009
Month Day Year

تظلمى قدم فى: _____
شهر يوم المس

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.)

While the claimant husband driving on the highway
he exposed to accident by collision forces the

باختصار اشرح ما حدث والاضرار التى اصابتك جراء ذلك ، سواء كانت جسمية او ممتلكات . (الرجاء استعمال خلفية هذه الورقة ان لم تكن الأسطر لكفى)

Vehicle Damage and he killed -

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.)

Item	Amount
<u>Car Damage</u>	<u>15000</u>
<u>Person death</u>	

Total: 15000

اشرح بالتفصيل متى تضرر والكلفة للممتلكات او للإصابات الجسمية وتكلفتها (الرجاء اضافة الثبوتات والمتمسكات والفواتير الضرورية لكل شئ لوحدة)

تكلفته

الشئ المتضرر

إجمالي التكلفة:

I was insured to the following extent against the damage or injury I have sustained:

no insure
لدي تأمين على الممتلكات أو الضرر الجسدي المتضرر بما يوازي:

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 15000 I.D. ✓

اطالب بتعويض للأضرار يوازي (اكتب بالدولار الأمريكي أو العملة المحلية)

العملة المحلية \$ _____

I (have/ have not) previously filed a claim relating to the incident described above.

سابقاً (امت) (لم أقم) بتقديم بلاغ لهذه الحادثة المذكورة بالأعلى

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

لحسن علمي طلب تنظم (قدم) (لم يقدم) لهذه الحادثة المذكورة بالأعلى

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

ملاحظة: بالتوقيع أسفل هذا التنظم فإن تقسم على أن كل المعلومات المقدمة في هذا التنظم هي صحيحة وحقيقية. أي شخص يحاول تقديم تنظم كاذب أو مختلق أو يزور التنظم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

(Signature of Claimant)

(توقيع التنظم) الرجاء كتابة الاسم والتوقيع

Subscribed to me this 1 day of Dec, 2007.

(Signature of Witness)

(Printed Name)
CENTCOM 010732
08-12A-A526-00010

foreign language

full story

(b)(6)

foreign language

foreign language

foreign language

The claimant said while her husband was
on the high way at Adura area he exposed to
An accident by Coalition Forces caused him
Death - and her husband was sole provider for the
family - and she asks for compensation -

CENTCOM 010733
08-12A-A526-00011

(b)6 Foreign Language

CENTCOM 010734
08-12A-A526-00012

Sir,
Claimant said she was
turned in the claim on
Nov. 2007 it lost in our
OFFICE, this one is
Second claim.
Thanks @

CENTCOM 010735
08-12A-A526-00013

Pages 14 through 15 redacted for the following reasons:

(b)6 Foreign Language

(b)(6), foreign language

death certificate

CENTCOM 010738
08-12A-A526-00016

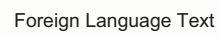
Page 17 redacted for the following reason:

(b)6 Foreign Language

Foreign Language Text, (b)(6)

CENTCOM 010740

08-12A-A526-00018

 N_2^+

(b)(6)

Do not have car

Foreign Language Text

foreign language

Battery
line

foreign language, (b)(6)

Foreign Language Text

☞ الشمال وال

Foreign Language Te

CENTCOM 010741
08-12A-A528-00019

foreign language

foreign language

foreign language

foreign language

Spans of the vehicle

المبلغ الكلي
\$ 200
\$ 600
\$ 350
\$ 150
\$ 400
\$ 3600
\$ 450
\$ 350
\$ 100
\$ 50
\$ 650

foreign language

foreign language

foreign language T

Language

foreign language

foreign language, (b)(6)

\$ 800

\$ 700

\$ 1500

foreign language

CENTCOM 010743
08-12A-A526-00021

Page 22 redacted for the following reason:

(b)6 Foreign Language

Foreign Language Text, (b)(6)

CENTCOM 010745
08-12A-A526-00023



CENTCOM 010746
 08-12A-A526-00024

Foreign Language Text, (b)(6)

CENTCOM 010747
08-I2A-A526-00025

Foreign Language Text, (b)(6)

CENTCOM 010748
08-12A-A526-00026

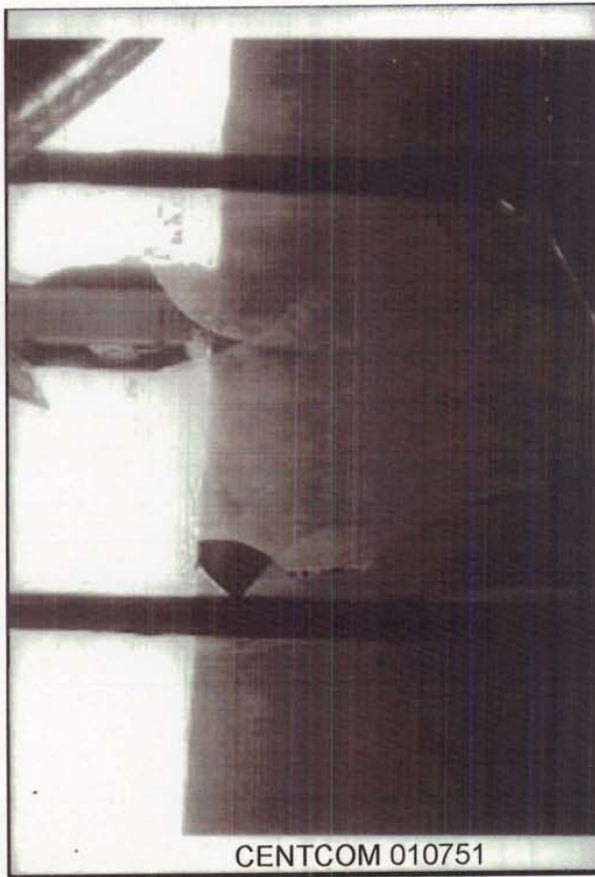
Foreign Language Text, (b)(6)

CENTCOM 010749
08-12A-A526-00027



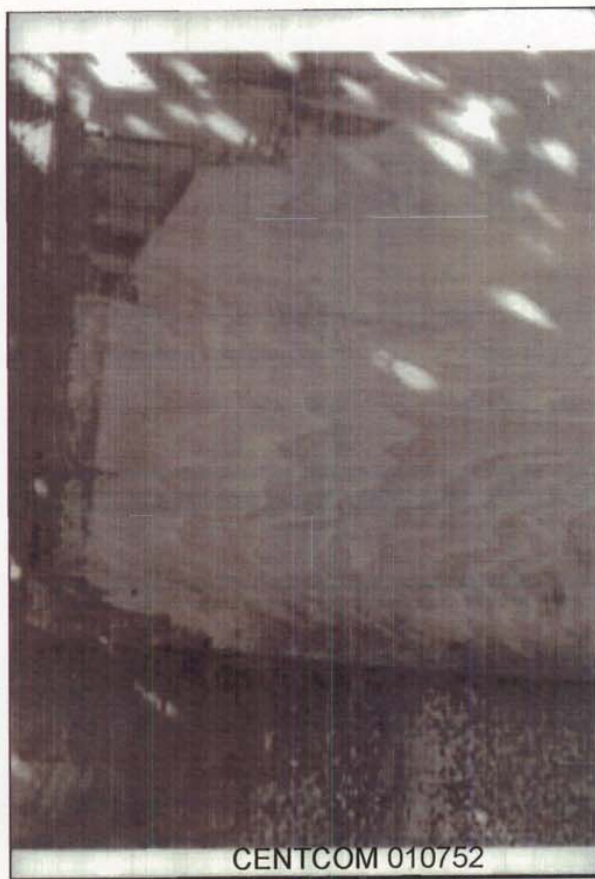
CENTCOM 010750

08-12A-A526-00028



CENTCOM 010751

08-12A-A526-00029



CENTCOM 010752

08-I2A-A526-00030



CENTCOM 010753

08-12A-A526-00031



CENTCOM 010754

08-12A-A526-00032



CENTCOM 010755

08-12A-A526-00033