

Foreign Language Text

POB Hawaii

Foreign Language

(b)(6)

208-H

219-A

CENTCOM 003925

Name

David  
7 Feb 67

CENTCOM 003926

Foreign Language

(b)(6)

(b)(6)

Name

Address

Date of acc June 2, 2006

Type of acc: Death of her two sons

CENTCOM 003927

Pages 4 through 6 redacted for the following reasons:

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Foreign Language

Foreign Language, (b)(6)

CENTCOM 003931

Page 8 redacted for the following reason:  
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Foreign Language, (b)(6)

CENTCOM 003933

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Foreign Language, (b)(6)



CENTCOM 003935

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Foreign Language, (b)(6)

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CENTCOM 003939

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Foreign Language, (b)(6)

CENTCOM 003941



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

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

REPLY TO  
ATTENTION OF:

AETV-BGS-JA

31 January 2007

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6) Claim #219-A

1. Facts. Claimant's says her two sons were driving to work, and claims U.S. Forces were driving on the wrong side of the road and shooting, she says her two sons were killed due to the shooting on 2 June 2006. Claimant requested \$5200.00.

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The evidence submitted does not reflect that the damages of the claimant were non-combat related nor that U.S. Forces were negligent.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. The claim is denied.

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

✓ (b)(3)(b)(6) MAJ JA  
Foreign Claims Commission IVS (b)(3)(b)(6)  
(b)(3)(b)(6)

*Claimant has already been compensated  
via CTRP condolence.*

*Same I.D  
Used in claim #  
208-H*

CENTCOM 003942





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

Claims Office

31 January 2007

SUBJECT: Claim # 219-A

(b)(6)

Baghdad, Iraq

Dear Ma'am:

You have submitted a claim seeking compensation for the death of your sons. 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 sons. However, in accordance with the cited references and after investigation into your claim, I find that your claim is **not compensable**. The evidence does not indicate the loss of your sons was non-combat related or due to the negligence of U.S. Forces. Accordingly, your claim must be 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.

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

✓ Major, U.S. Army  
(Foreign Claims Commission IV5)

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

CENTCOM 003943

# Claims Chronology Sheet

Claim #: 219-A Date Filed:                      Amount Claimed: \$5200

Date of Incident: 2 Jun 06

Name & Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

[illegible]

CENTCOM 003944

## Claims Form

To: United States Army Foreign Claims Commission

From: Name: \_\_\_\_\_

(b)(6)

Address \_\_\_\_\_

I am

- a. A citizen and national of: Iraqi
- 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)

MNF

unit: 1-71 CAV

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.)

(b)(6)

My claim arose at: Utafiya Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: June 2 2006  
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 June 2, 2006, my two sons were killed due to the MNF random shooting. They were killed while they were on their way to their work at (b)(6) area (b)(6)

(b)(6) The MNF forces were driving at the wrong side and shooting. The MNF closed the road and apologized also, they handed the claim card to the IA officer who was their in check point. The IA officer gave me the claim card and I went to the police station as a witness. Therefore, I request here to compensate me for the death of my two sons who were the only breadwinner to my family and I also ask a compensation for the damage happened to their car.

Note: the car was KIA-spectra, white color, numbered (b)(6)

Thank you

(b)(6)

Baghdad

CENTCOM 003945

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

Death of the claimant's two sons  
Smashed the windshield of their car

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 above mentioned items deserve	\$ 2500
	\$ 2500
	\$ 200

Total: \$ 5200

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

She deserves \$ 5200 if her claim is found to be compensable.

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)

\$ 5200 local

(Signature of Claimant)

Subscribed before me this 24 day of 2007

(Print Name)

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

CENTCOM 003946

ARMY FORCE  
ROAD  
**IRAQI CLAIM CARD**

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

Fill out the required information below.

Give this card to the Iraqi civilian, or other appropriate person in the case of death.

Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.

Upon return to your FOB, complete a SF 91 or DA Form 23. Describe the incident completely and forward to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT 1-71 CAV  
DATE CENTCOM 20394006  
LOCATION FOB JUS  
TYPE OF INCIDENT SHOOTING

31097

# **IRAQI CLAIM CARD**

## **تسلم عليكم ورحمة الله وبركاته**

لاني موطن كريم: مقابل الاضرار التي لحقت بك ، سواء كانت  
 اضرار جسيمة من اصابات بالى لفرء ، او موت لا سمح الله لأحد  
 المقربين ، وكان تسبب وراء ذلك لقوات الامويكية ، فقد يكون لك الحق  
 في التعويض.

لتتقدم ببلاغ ومطالبة بحق لرجاء بحضور الآتي: هذه البطاقة وهويتك  
 الشخصية مع كل الأوراق الرسمية المستحقة بهذا الأمر والتي تضم لموضوع  
 مثل (صور للحادث، شهادة تشهود ، تقرير الشرطة ، ووصول بالإستلام  
 أو التسميم ، وثبوت الملكية لما خطم أو تضرر ولما تحلون أن تحصل  
 على تعويض عنه ، ورخصة القيادة إن كنت تحمل رخصة).

لرجاء بحضور هذه المستمسكات في مركز المساعدة العراقي في معسكر  
 التاجي (Camp Taji) بوابة كتر (Gunner Gate) ، لبوابة الهندية في  
 معسكر فلكون (Camp Falcon) ، المحمية في معسكر فلب (FOB  
 (Mahmudiyyah).

لو أخذت المراكز الحكومية: النورة - 9 نيسان - لكهنسية - الرشيد  
 - المنصور - الرضوانية - البصرة - البغداد - الموصل - حلب - دمشق  
 كرامة أو سبع نور.

CENT-COM 003948

ملاحظة : يمتلك هذا الكرت (المستمسك) لا يضيي الطبع للملك

وشكر الله لكم معنا

31098

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