

700 491-1

Gans

623-2
16-2-2005

(b)(6)

CENTCOM 004872

31510



DEPARTMENT OF THE ARMY

HEADQUARTERS, 256 BRIGADE COMBAT TEAM
CAMP AL-TAHREER
APO AE 09344

FIVA-BDZ-SJA

1 March 2005

MEMORANDUM FOR RECORD

SUBJECT: Claim of -
(b)(6)
Address -

Date Filed - 16 Feb 05

Date Received - 21 Feb 05

Amount Claimed - \$6,762.00

Claimed Loss - Shooting

1. Facts - Claimant alleges that, on or about 27 Jan 05, the claimant's son was driving his taxi from Baghdad to Al-Ka'jm when he was shot and killed by Coalition Forces.

2. Your above mentioned claimed is denied based on the following reasons:

- Disapproved based on the combat activities bar to compensation;
 Disapproved based on improper claimant;
 Disapproved based on lack of evidence showing negligence of US personnel;
 Disapproved based on failure to show a loss;
 Approved

(X) Adjudication Explanation: We are sorry and very sympathetic to your loss, however your claim must be denied because U.S. law prohibits awarding compensation for claims resulting from and/or related to combat operations in any way. We determine that your loss is due to combat operations.

3. 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 each request. However, it should describe the legal and/or factual basis for relief. Claimants may also provide new and additional evidence to support their claim. 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.

4. POC for this memorandum is WOI (b)(3), (b)(2) 256th BCT.

Claim# 628-2

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

Claims Certifying Officer

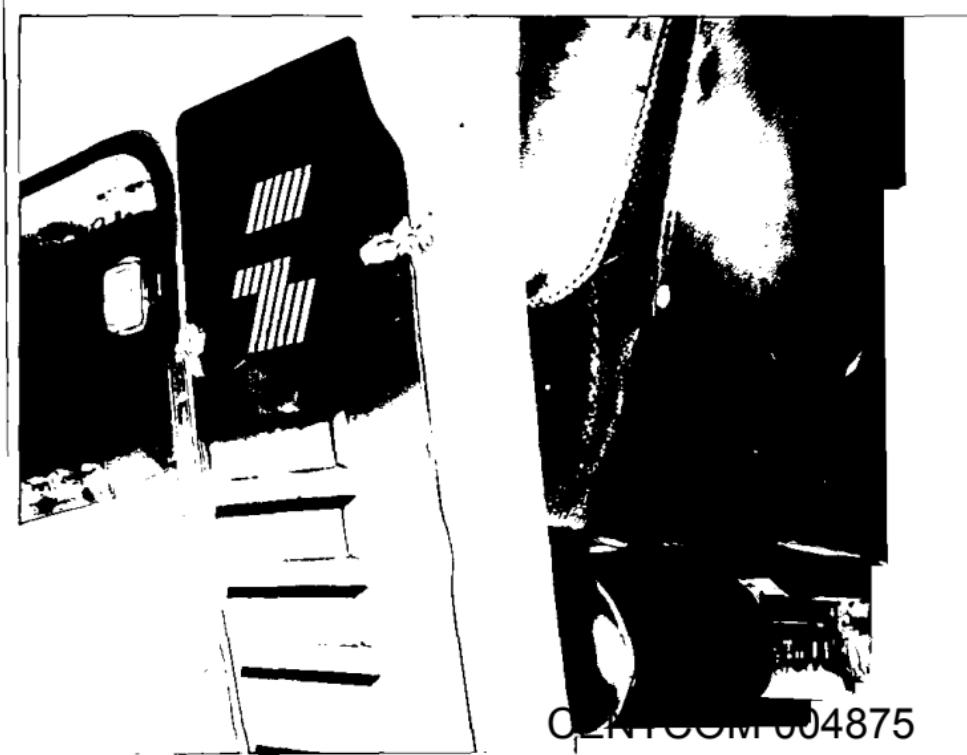
Dey

CENTCOM 004873



CENTCOM 004874

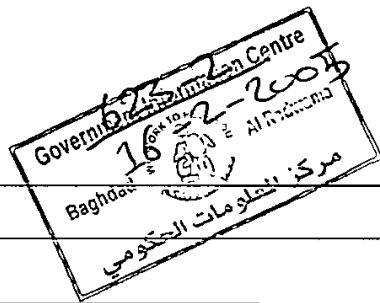
31512



04700M 004875

31513

Claims Form



To: United States Army Foreign Claims Commission

From: Name: _____

Address: _____

(b)(6)

I am

- a. A citizen and national of: Baghdad - Iraq
- b. A permanent resident of: Baghdad - Iraq
- c. Employed by: Worker
- d. Check one () An insurer (X) Not an insurer
- e. Check one (X) 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)

Multi National Forces

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: The high way To Ramadi Anbar Iraq
(Town) (City) (Country)

My claim arose on: 8 January 27 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 Janu 27th, 05 and when my son was working as driver (Taxi driver) on his Car: (b)(6) and during his work when he was moving some passengers from Baghdad to Al kuim an American force shot my son's Car which led to kill my son (b)(6) after that they searched the Car but, they couldnt find any thing after that they took my son's body to IBN SINA hospital by Helicopter, and when I went to Ibn Sina hospital they gave me my son's body.

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

1. Killing my son (b)(6)

2. Shooting my car by many rounds.

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- <u>For killing my son</u> (b)(6)	<u>5 000 \$</u>
2- <u>For the damages al my car according to the receiveds, 194 - 169</u>	<u>1 762 \$</u>
6-	
Total: <u>6 762 \$</u>	

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)

\$ 6 762 local 7 804 900 Iraqi Dinar
(in)

(Signature of Claimant)

Subscribed before me this 17 day of FEB, 2005.

(Print Name)

(b)(6)

(Signature)

DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE 1-156
CAMP LIBERTY
BAGHDAD, IRAQ

FIVA-256-BDB-CMO

18-Feb-05

MEMORANDUM FOR RECORD

SUBJECT: UCO Report, Claim of: (b)(6)

1. Pursuant to AR27-20, I have investigated the claim of (b)(6)
2. AMOUNT OF CLAIM AND PLACE OF FILING
 - a. AMOUNT \$6,762.00
 - b. DATE AND PLACE OF FILING. The claim was filed on 16-Feb-05 GIC(Radwaniya)
3. DATE AND PLACE OF INCIDENT.
 - a. DATE 1/27/2005
 - b. PLACE. The highway to Ramadi
4. CLAIMANT'S ADDRESS. (b)(6)
5. CHAPTER(S) THE CLAIMS WAS CONSIDERED UNDER, AND BRIEF DESCRIPTION OF THE INCIDENT TO THE ISSUES RAISED BY THE CLAIMANT: Foreign Claims act and chapter 10, AR 27-10, paragraph 10-3,: claim filed for damage to real and personal property resulting from negligent and wrongful acts of soldiers of the U.S. Armed forces.
6. FACTS OF INCIDENT.
 - a. CLAIMANT'S BACKGROUND. NA
 - b. THE INCIDENT. On 27 JAN 05, (b)(6) was a taxi driver carring passengers from Baghdad to Al-Ka'im when the US Forces shot (b)(6) car which led to his death afterwards the US Forces searched the car, they then took his body to IBN Hospital by hellicopter.
7. OPINION (b)(6) has a death certificate, the receipts for fixing the car, and pictures of the damages done to thecar.
8. RECOMMENDATION: approve the claim:because of (b)(6) mother pain and sufferig
9. POC for this information is the undersigned at DNVT (b)(2)High, IRAQNA: (b)(2)High

(b)(6)

SSG, FS
Claims NCO

CENTCOM 004878

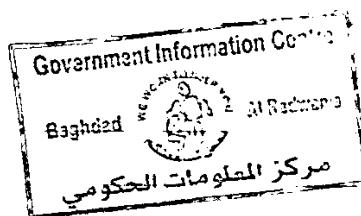
31516

Mr-

(b)(6)

Claim Contains

1. I.D Card + living card.
2. The death document for the victim Fu'ad Lefta
3. Pictures For the damage Car and the Victim.
4. The Receiveds in No. 194 , 169 for Fixing the car



DRAFT

0751

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

DECEASED (Last, First, Middle) UNIDENTIFIED		NAME OF DECEASED (Nom et prénom) NA		GRADE Grade NA	GRADE Grade NA	BRANCH OF SERVICE Arme NA	SOCIAL SECURITY NUMBER Insurance Sociale NA
ORGANIZATION Organization NA		NATION (e.g., United States) Pays IRAQ		DATE OF BIRTH Date de naissance ND		SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Feminin	
RACE Race <input type="checkbox"/> CAUCASOID Caucique <input type="checkbox"/> NEGROID Negroïde <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) NA		MARITAL STATUS État Civil <input type="checkbox"/> SINGLE Célibataire <input type="checkbox"/> MARRIED Marié <input type="checkbox"/> WIDOWED Veuf		RELIGION Religion <input type="checkbox"/> DIVORCED Divorcé <input type="checkbox"/> SEPARATED Séparé <input type="checkbox"/> PROTESTANT Protestant <input type="checkbox"/> CATHOLIC Catholique <input type="checkbox"/> JEWISH Juif		OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent				RELATIONSHIP TO DECEASED Parent du décédé avec le susdit			
STREET ADDRESS Domicile à (Rue)				CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)			
MEDICAL STATEMENT Déclaration médicale							
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		U.S. RELATED INJURY		IMMED.			
ANTECEDENT Antécédent Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire						
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, avant d'aboutir à la cause primaire						
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²							
MODE OF DEATH Condition de décès <input type="checkbox"/> NATURAL Mort naturelle <input type="checkbox"/> ACCIDENT Mort accidentelle <input type="checkbox"/> SUICIDE Suicide <input type="checkbox"/> HOMICIDE Homicide	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 015 25 JAN 2005	PLACE OF DEATH Lieu de décès IRaq		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non				
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus							
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme M.D.					
GRADE Grade LLDR		INSTALLATION OR ADDRESS Installation ou adresse S-SD ITA					
DATE Date 26 JAN 05		(b)(6)					
1 State disease, injury or complication which caused death, but not mode of death such as heart failure, etc 2 State conditions contributing to the death, but not related to the disease or condition causing death 1 Précisez la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt cardiaque, etc. 2 Indiquez la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la manière qui a provoqué la mort (b)(3)(b)(6)							

DD FORM 2005
1 APR 75

GSA GEN. REG. NO. 2500, 1 JAN 72 AFM DA FORM 3565-R (PAS), 25 SEP 75, WHICH REplaces DA FORM 3565-R, 1 JAN 72.

CENTCOM 004880

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE 20050128
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number) (b)(3)(b)(6) UNIDENTIFIED IRAQI	GRADE NA	SERVICE NO. SSAN NA	CIL CASE NUMBER (If applicable) NA
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER 01205 USMC DET 1/2			PLOT NA
RECEIVED FROM TO FLIGHT LINE			ROW NA
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification) 3 FORMS OF IRAQI IDENTIFICATION			GRAVE NA
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct follow procedures outlined in TM10-2861) (b)(6)			IMPRINT OF IDENTIFICATION TAG N/A
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PHYSICAL DESCRIPTION ESTIMATED HEIGHT (b)(6)			MUSCULARITY MEDIUM
COLOR OF HAIR BLACK			RACE OR NATIVITY (b)(6)
TATTOOS, SCARS OR MARKS ON BODY			
NONE NOTED			
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS			
NONE FOLND			
WOUNDS OR INJURIES			
NONE NOTED			
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.			
NAME, GRADE, AND ORGANIZATION (b)(3)(b)(6)		SIGNATURE (b)(3)(b)(6)	
DD FORM 800, 2-1-52 PREVIOUS EDITION OF THIS FORM IS OBSOLETE			

CENTCOM 004881

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL			1. DATE (YYYYMMDD)	2. PAGE
			20050128	1 of 1 PAGES
PRIVACY ACT STATEMENT AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).				
PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.				
DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.				
3. TENTATIVELY IDENTIFIED DECEASED				
a. NAME (Last, First, Middle Initial or Unidentified)	b. GRADE	c. S	d. ORGANIZATION	e. STATUS
(b)(3)(b)(6) UNIDENTIFIED D PAGE	(b)(3)(b)(6)	(b)(3)(b)(6)	NA	DECEASED 20050128
4. PLACE OF RECOVERY (Include grid coordinates)			5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS
TO FLIGHT LINE			20050128	(b)(2)High
7. INVENTORY OF EFFECTS				
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
6	MISC. PAPERS	CMP	POOR	TH BIA P
1	MISC. PICTURE	CMP	POOR	BIA P
NOTHING FURTHER				
8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS				
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
14	250 DINAR			
NOTHING FURTHER				
9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)				
<input type="checkbox"/> ALL KNOWN EFFECTS	<input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT	<input checked="" type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS		
10. PREPARING OFFICIAL				
a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	d. DATE SIGNED (YYYYMMDD)	
(b)(6), (b)(3)	E 3	MA CO. ANACOSTIA	20050128	
11. RECEIVING OFFICIAL				
a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	d. DATE SIGNED (YYYYMMDD)	
d. SIGNATURE				
12. RECEIVING OFFICIAL				
a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	d. DATE SIGNED (YYYYMMDD)	
d. SIGNATURE				

Pages 12 through 20 redacted for the following reasons:

(b)(6)
foreign language
foreign language, (b)(6)