

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____

Address: _____

I am

- Iraq, Balad, Rialway, Tel Abir village
- a. A citizen and national of: _____
 - b. A permanent resident of: Iraq
 - 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)

American forces in Balad

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.) _____

My claim arose at: Al Said Mohammed - highway Road Balad Iraq
(Town) (City) (Country)

My claim arose on: Feb 18 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.)

American forces in Balad killed my son when he was driving his car and he was driving his car very slowly but one of American soldiers shouted him and killed him and made a large damages in his car (Toyota pick up model 1991 # 1434)

000092

DEPARTMENT OF THE ARMY
3d Heavy Brigade Combat Team
4th Infantry Division (Mechanized)
FOB Warhorse, Iraq
APO AE 09397

AFZC-FC-JA

14 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] 06-3/4-082

1. Claimants name and address: [REDACTED] Balad, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 18 Feb 05, in Balad, Iraq
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$8,450, on 13 Jan 06.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for death of son.
5. Facts: Claimant states his son was driving in his vehicle from his house to go to work at a farm. On the way, US Forces shot and killed him..
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. Claimants son approached US Forces in a threatening manner forcing them to take appropriate action, therefore firing on the vehicle and killing his son.
7. Recommended Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$8,450 is denied.

[REDACTED]
CPT, JA
Foreign Claims Commission

000093



DEPARTMENT OF THE ARMY
HEADQUARTERS, 5th BATTALION, 7th CAVALRY
1st BRIGADE COMBAT TEAM, 3rd INFANTRY DIVISION
FOB PALIWODA, BALAD, IRAQ
APO AE 09391

REPLY TO
ATTENTION OF

AFTV-VVB

19 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED]

1. Claimant's name and address: [REDACTED] Balad, Iraq.
2. Date and Place the incident occurred giving rise to the claim: Incident occurred on 18 February 2005, Balad, Iraq.
3. Amount of Claim and the date it was filed: Claimant filed the claim in the amount of \$8450 on 15 August 2005.
4. Chapter(s) the claim was considered under, and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for death of son.
5. Facts:
 - a. On 18 February Claimant states his son was driving in his vehicle from his house to go to work at this farm. On the way U.S. Forces shot him when they passed, damaging the vehicle and killing his son @ MC285536.
6. Opinion:
 - a. Claimants son approached U.S. Forces in a threatening manner forcing them to take appropriate action, therefore firing on the vehicle and killing his son.
7. Recommended action: This claim should be denied.

[REDACTED]
SGT, USA
BN Claims Officer

claim #

06-3/4-82

DENIED
[REDACTED]

000094

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT:

Power of Attorney provided and interpreter approved:

Decedents:

Hometown: BALAD

Iraqi Resident: Y

My claim arose at:

(Town) BALAD (City) IRAQ (Country)

My claim arose on:

FEB 18 2005
Month Day Year

Proof of Ownership:

VIN#

Interpreter Approved:

[REDACTED]

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):

FEB 19, 2005, GUN SHOT WOUNDS TO HEAD, 40 YEARS OLD DIED

Interpreter Approved:

[REDACTED]

Legal Expert Opinion:

[REDACTED]

Interpreter Approved:

[REDACTED]

Witness Statement (Consistent?):

[REDACTED]

Interpreter Approved:

[REDACTED]

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.)

CLAIMANT STATES HIS SON WAS DRIVING IN HIS VEHICLE FROM HIS HOUSE TO GO TO WORK AT HIS FARM. ON THE WAY US FORCES SHOT HIM WHEN THEY PASSED DAMAGING THE VEHICLE AND KILLING HIS SON [REDACTED]

Evidence: PICTURES, DEATH CERTIFICATE

DEATH OF SON
VEHICLE

Amount
\$ 7,500
\$ 950

Total:

\$ 8,450

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

N/A

The name and address of my insurer (if any) is:

N/A

(Name)

(Address)

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

\$ 8,450

local

[REDACTED]
(Signature of Claimant)

Subscribed before me this 15 day of August, 2005.

[REDACTED]
(Print Name)

[REDACTED]
(Signature)

000096

Balad Court

No.: without

Date 19 April 2005

Subject: Experiences Report

Claimant: [REDACTED]

Based upon the decision of Balad investigation judge to elected me as expert to estimate the damages by American forces when they hit the claimant car kind of Toyota Pick up /load model 1990 which numbered 434/ Salad Din

After my reading to the file of this claim and the statements of witness I estimate the damages as shown in the following table:-

S	Details	Qty	Price\$	Amount\$
1	Destroyed the front of glass.	1	100	100
2	Destroyed water cooler	1	100	100
3	Destroyed the power break.	1	50	50
4	Destroyed the batteries.	1	50	50
5	Damages in bonet.	1	150	150
6	Damages inside engine.	L.S	L.S	100
7	Holes in the body of truck.	whole	whole	-----
8	Metal works.	1	200	200
9	Paint	1	200	200
Total Prices US\$=				950

[REDACTED]
[REDACTED] Legal Expert
[REDACTED]

19 April 05

000097

Balad Court

No.: without

Date 8 June 2005

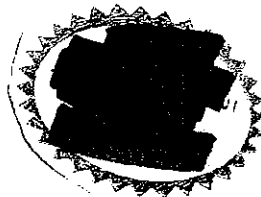
Subject: Experiences Report

Claimant: [REDACTED]

Based upon the decision of Balad investigation judge to elected me as expert to estimate the damages by American forces when they killed his son ([REDACTED])

After my reading to the file of this claim and the statements of witness I estimate the damages as shown in the following table:-

S	Details	Qty	Price\$	Amount\$
1	Killed my son.	whole	whole	5000
2	Incorporeity Damages.	whole	whole	2500
Total Prices USS=				7500



[REDACTED]
[REDACTED]
Legal Expert
[REDACTED]
8 June 05

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

Large Damages

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
Killed my son	\$7500
Car damages	\$950

Total: \$8450

I was insured to the following extent against the damage 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)

\$ 8450

local 13250000 Iraqi Dinar

[Redacted Signature]
(Signature of Claimant)

Subscribed before me this ___ day of ___, 200__.

(Print Name)

(Signature)

000099

DEPARTMENT OF THE ARMY
3d Heavy Brigade Combat Team
4th Infantry Division (Mechanized)
FOB Warhorse, Iraq
APO AE 09397

AFZC-FC-JA

14 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED]: 06-3/4-082

1. Claimants name and address: [REDACTED], Balad, Iraq.
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6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. Claimants son approached US Forces in a threatening manner forcing them to take appropriate action, therefore firing on the vehicle and killing his son.
7. Recommended Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$8,450 is denied.

[REDACTED]
CPT, JA
Foreign Claims Commission

000100



DEPARTMENT OF THE ARMY
HEADQUARTERS, 5th BATTALION, 7th CAVALRY
1st BRIGADE COMBAT TEAM, 3rd INFANTRY DIVISION
FOB PALIWODA, BALAD, IRAQ
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19 December 2005

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6. Opinion:
 - a. Claimants son approached U.S. Forces in a threatening manner forcing them to take appropriate action, therefore firing on the vehicle and killing his son.
7. Recommended action: This claim should be denied.

[REDACTED]
SGT, USA
BN Claims Officer

claim #

06-3/4-82

DELETED
[REDACTED]

000101

Claims Form

To: United States Army Foreign Claims Commission

From: Name [REDACTED]

POA/ATT:

Power of Attorney provided and interpreter approved:

Decedents:

Hometown: BALAD

Iraqi Resident: Y

My claim arose at:

(Town)

BALAD (City)

IRAQ (Country)

My claim arose on:

FEB

18

2005

Month

Day

Year

Proof of Ownership:

VIN#

Interpreter Approved: [REDACTED]

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):

FEB 19, 2005, GUN SHOT WOUNDS TO HEAD, 40 YEARS OLD, DIED

Interpreter Approved: [REDACTED]

Legal Expert Opinion:

Interpreter Approved: [REDACTED]

Witness Statement (Consistent?): [REDACTED]

Interpreter Approved: [REDACTED]

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Evidence: PICTURES, DEATH CERTIFICATE

DEATH OF SON
VEHICLE

Amount
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Total: \$ 8,450

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

N/A

The name and address of my insurer (if any) is:


N/A
(Name)

(Address)

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

\$ 8,450

local


(Signature of Claimant)

Subscribed before me this 15 day of August, 2005.


(Print Name)


(Signature)

000103