

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 Unites States. In addition, the incident must be caused by either non-combat activities of the Unites 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

000104



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 @ [REDACTED]
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
(878)

000105

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
Month

18
Day

2005
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

000106

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]
(Signature of Claimant)

Subscribed before me this 15 day of August, 2005.

[Redacted Name]
(Print Name)

[Redacted Signature]
(Signature)

000107