

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

AFZC-FC-JA

27 March 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED]: 06-3/4-410

1. Claimants name and address: [REDACTED], Al Duluyia, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 5 Mar 06, in Al Duluyia, Iraq
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$25,000, on 25 Mar 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 father.
5. Facts: Claimant states that US forces shot and killed his son, [REDACTED], while he was riding in a taxi.
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. There is still no evidence of US involvement.
7. Recommended Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$25,000 is denied.

[REDACTED]  
CPT, JA  
Foreign Claims Commission

000284



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1<sup>st</sup> BATTALION 8<sup>th</sup> INFANTRY REGIMENT  
3<sup>rd</sup> BRIGADE COMBAT TEAM, 4<sup>th</sup> INFANTRY DIVISION  
FOB PALIWODA, BALAD, IRAQ  
APO AE 09391

REPLY TO  
ATTENTION OF

AFTV-VVB

2 March 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] (6044-003)

1. Claimant's name and address: [REDACTED] Al Duluyia, Iraq.
2. Date and Place the incident occurred giving rise to the claim: Incident occurred on 5 March 2005
3. Amount of Claim and the date it was filed: Claimant filed the claim in the amount of \$ 25000.00; 14 February 2006.
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 damage to land.
5. Facts:
  - a. Claimant states that US Forces shot and killed his son, [REDACTED] while he was riding in a taxi.
6. Opinion:
  - a. There is no record of this incident and because of length of time no way to investigate. Incident happened in OIF II
7. Recommended action: Recommend claimbe disapproved due to lack of evidence..

[REDACTED]  
SFC, USA  
BN Claims Officer

000285

Claims Form

To: United States Air Force Foreign Claims Commission

From: Name: [Redacted]

Address:

Iraq - Batad - Addehouya

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)

The US forces in Batad

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: Farhatya Eshaki Iraq  
(Town) (City) (Country)

My claim arose on: 3 5 05  
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.)

The US forces killed my person (my son) his name "[Redacted]" when he was inside taxi car to go to our city and in the road they killed him with out reason.

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 person "my son"	\$ 25,000

Total: \$ 25,000

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)

\$ 25,000

local 37,500,000 ID

(Signature of Claimant)

Subscribed before me this \_\_\_ day of \_\_\_, 200\_\_.

(Print Name)

(Signature)

000287