

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

Address: SalahDain AL-Dulugehai, AL-Jaboor

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: AL-Dulugehai
- 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)

U.S Army

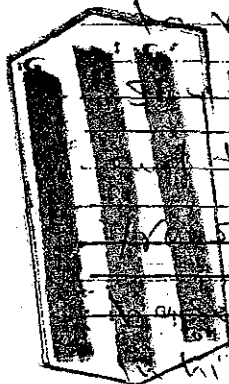
The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at: AL-Dulugehai SalahDain Iraq
(Town) (City) (Country)

My claim arose on: SEP 3rd 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.)

IN 31 SEP, 05 the American forces sh open fire randomly
which led to hit my son while he was
driving his bicycle (12) years old. He was trying
to reach our بيت which lies near the
south bridge. They shot him in his shoulder
they take him to Balad hospital and they
transferred him to the hospital in the American
and he submit to many surgical operations
his shoulder as shown in the medic report which
has hospital and pictures.



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

big damage

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
as shown in the legal expert report	5000 \$

Total: 5000 \$

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)

\$ 5000

local



[Redacted Signature] (Signature of Claimant)

before me this 22 day of Dec, 2005.

[Redacted Name] (Print Name)

[Redacted Signature] (Signature)

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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
PI	\$5,000

Total: \$5,000

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

10/A

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

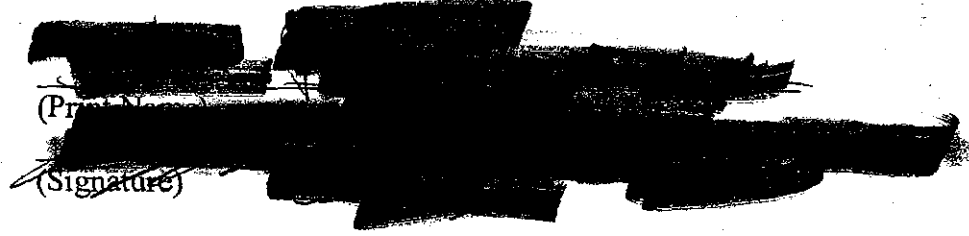
(Name) _____ (Address) _____

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

\$ 5,000 _____ local _____


(Signature of Claimant)

Subscribed before me this 2 day of JANU, 2008


(Print Name)
(Signature)



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd BRIGADE COMBAT TEAM
101st AIRBORNE DIVISION (AIR ASSAULT)
FORWARD OPERATING BASE SPEICHER
APO AE 09393



REPLY TO
ATTENTION OF

AFZB-KC-HC

16 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
[REDACTED] (Claim Number 06-IR8-051)

1. On 3 September 2005, [REDACTED] son was killed by U.S. forces.
2. I certify that funds are available from the CERP to pay [REDACTED] in the amount of \$2,500.00. This is a condolence payment.

[REDACTED]
CPT, EN
Project Purchasing Officer

3. The request to pay [REDACTED] in the amount of \$2,500.00 from CERP is approved. The claimant will receive a payment. There is no legal objection to this payment. I order payment of this money.

[REDACTED]
CPT, JA
Trial Counsel

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DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

4 January 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 06-IR8-051

1. **Identifying Data:** [REDACTED]
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on September 3, 2005 in Al Deloyia, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000 on 2 Jan. 2005.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was properly filed in a timely manner.
5. **Facts:** The Claimant alleges that his son was killed by CF when he was riding his bicycle to the family farm. The incident occurred near the south bridge of Al Deloyia. IP arrived on the scene and took the child to the Balad hospital, whereupon the IA took the injured child to FOB Anaconda for treatment. A SIGACT investigation revealed that a TF 1-15 patrol received SAF 3 km south of Al Duloyia. The patrol returned fire and conducted a search of the area with nothing to report.
6. **Opinion:** Under AR 27-20, paragraph 10-3, Claims arising "directly or indirectly" from combat activities of the U.S. Armed Forces are not payable. AR 27-20 defines combat activities as, "Activities resulting directly or indirectly from action by the enemy, or by the U.S. Armed Forces engaged in armed conflict, or in immediate preparation for impending armed conflict." Here, the Claimant's damage was proximately caused by CF responding to AIF attack. Accordingly, this claim is precluded from payment because CF actions constitute combat activity.

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7. Recommendation: The claim is denied.



CPT, JA
Claims Judge Advocate

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____

POA/ATT: _____ N/A

† Power of Attorney provided and interpreter approved: _____

Decedents: _____ N/A

Hometown: _____ † Iraqi Resident: _____

My claim arose at: Al Deloya
(Town) (City) (Country)

My claim arose on: 3 sept 2005
Month Day Year

Proof of Ownership: _____ N/A

Interpreter Approved: _____

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

† Interpreter Approved: _____ N/A

Legal Expert Opinion: 5,000 PI

† Interpreter Approved: _____

Witness Statement (Consistent?): WI - CF shooting everyone to keep civilians away. → Neighbors

† Interpreter Approved: _____

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.)

C's son trying to go to farm - CF shot at the boy

CF shot for no reason =

Near S Bridge of Al Deloya

Bullet still in son's hand

IF took child to Belad hospital - IFA took to Anacanda - Ex

Evidence: photos, wxl, legal estms

Anacanda - Ex
001369
Heardman

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
PI	\$5,000

Total: \$5,000

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

NO/A

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)

\$ 5,000 local _____



(Signature of Claimant)

Subscribed before me this 2 day of JAN, 2008



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