



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

25 March 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 06-IR8-459

- 1. Identifying Data:** [REDACTED] by Attorney [REDACTED]
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 1 June 2005 in Samarra, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 18 March 2006.
- 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 her son was killed by CF in the Al Juboria neighborhood of Samarra as he was trying to catch a taxi. A SIGACTS investigation revealed that an IP patrol received small arms fire from a red vehicle with a taxi sign on the top. The patrol engaged the car.
- 6. Opinion:** "Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful." Here, the alleged damage was not committed by CF, but rather IP.
- 7. Recommendation:** The claim is denied.

[REDACTED]  
[REDACTED]  
[REDACTED]  
CPT, JA  
Claims Judge Advocate

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6-1R8-459

1 Apr 06



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MEMORANDUM FOR Record

SUBJECT: Claimant Denial

1. This is in response to your claim against the United States Government. Your claim has been reviewed under the Foreign Claims Act, 10 U.S.C. 2734, as implemented by Army Regulation 27-20, Chapter 10. I regret to inform you that your claim has been denied.

2. Your claim has been denied for the following reasons:

a. There is not enough evidence to prove your claim.

b. The evidence shows that United States Forces did not cause the damage.

c. The evidence shows that the damage was caused during combat.

d. The evidence shows that the damage was caused by your own negligence or wrongdoing.

e. The evidence shows that your claim was fraudulent.

f. Other: \_\_\_\_\_

3. If this is the first time your claim has been viewed by this office, you may submit an appeal. This office must receive the appeal no later than 30 days after receipt of this message. The appeal must also contain additional evidence supporting your claim. If the appeal is sent after 30 days have passed, or does not provide additional evidence, then the appeal will be denied.

4. POC is the 101<sup>st</sup> Airborne Division (Air Assault) Claims Office at DSN 318-845-1022.

[REDACTED]  
CPT, JA  
Chief of Claims

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## TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission

From: Name: \_\_\_\_\_

POA/ATT: \_\_\_\_\_

Power of Attorney provided and interpreter approved: Saw Original / kept Copy

Decedents: \_\_\_\_\_

Hometown: \_\_\_\_\_

Iraqi Resident: \_\_\_\_\_

My claim arose at: \_\_\_\_\_

Samarra

(Town)

(City)

(Country)

My claim arose on: \_\_\_\_\_

Jun

1

2005

Month

Day

Year

Proof of Ownership: \_\_\_\_\_

VIN Match: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

NA

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

Bullets to Chest Samarra Hospital

Interpreter Approved: \_\_\_\_\_

Yes

Medical Report/Legal Expert Opinion: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

NA

Witness Statement (Consistent?): W<sub>1</sub> (Brother/eye witness) In his shop, as brother left shop to get a taxi, he was shot by CF.

Interpreter Approved: \_\_\_\_\_

Yes

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.)

WP

Claimant alleges her SON WAS SHOT & killed by CF in the Aljabi neighborhood in Samarra. Her son was trying to catch a taxi in the Aljabarian neighborhood, when CF shot him for no reason.

Evidence: Death Certificates / Witnesses

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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

Wrongful Death

Total: \$2500

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

\$ 2500

local \_\_\_\_\_

[Redacted Signature]  
(Signature of Claimant)

Subscribed before me this 18 day of Mar, 2006

[Redacted Name]  
(Print Name)

[Redacted Signature]  
(Signature)

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