

6-18-256
21 Feb



DEPARTMENT OF THE ARMY
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
TASK FORCE BAND OF BROTHERS
FORWARD OPERATING BASE SPEICHER
APO AE 09393

AFZB-JA-C

MEMORANDUM FOR Claimant

SUBJECT: Claim 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 proving your claim. If the appeal is sent after 30 days has passed, or does not provided additional evidence, then the appeal will be denied.

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


CPT, FCC
Foreign Claims Commissioner

000519

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: _____

Decedents: _____

Hometown: Dujail

Iraqi Resident: _____

My claim arose at: _____

(Town)

Al Dujail

(City)

(Country)

My claim arose on: _____

Month

24

Day

Feb

05

Year

Proof of Ownership: _____

N/A

VIN Match: _____

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): COO - Frag in body.

Location -

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: _____

Interpreter Approved: _____

Witness Statement (Consistent?): DCF blew up Ammunition Killed decedent

Interpreter Approved: Brother -

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.) ~1000 meter strike.

C was shepherd

controlled blast by CF. Decedent

was hit by fragmentation & was killed

C's son was killed.

Ammunition belonged to old Iraqi Army.

Al Rawad village -

controlled blast did not occur on a FOB.

I was feeding sheep @ time of incident.

Evidence: death cert from Baghdad - frags in leg & eye

00 pm

000520

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.)

<u>Item</u>	<u>Amount</u>
wrongful death	\$4,000

Total: \$4,000

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:

(Name) (Address)

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

\$ 4,000 local

[Redacted Signature]

(Signature of Claimant)

Subscribed before me this 7 day of February, 2006.

[Redacted Signature]

(Signature)