

6-1R8-205

4 MAR 06



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

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

[Redacted Signature]

CPT, JA
Chief of Claims

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DEPARTMENT OF THE ARMY
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5 February 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IR8-205

- 1. Identifying Data:** [REDACTED] by Attorney [REDACTED]
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 29 March 2005 in Taji, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 4 Feb. 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 while he was driving his taxi near the Baghdad gate. Witness for the claimant relate that when the convoy approached, the deceased pulled the car over and CF shot him in the car. A SIGACTS investigation revealed no activity meeting the Claimant's description of events.
- 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, there is no credible evidence of this event occurring.
- 7. Recommendation:** The claim is denied.

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

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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:

Decedents: _____

Hometown: _____

Iraqi Resident: _____

My claim arose at: _____

Tayji
(Town)

(City)

(Country)

My claim arose on: _____

Mar
Month

29
Day

2005
Year

(1000)

Proof of Ownership: _____

VIN Match: _____

Interpreter Approved: _____

NA

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

Yes - Certified Copy From Ministry of Health (Hospital of Tikrit)
- gunshot (not specific as to where)

Interpreter Approved: _____

Yes

Medical Report/Legal Expert Opinion: _____

Tikrit Hospital

Interpreter Approved: _____

~~_____~~ Gun shot Wounds to chest & body

- Excessive blood loss

Witness Statement (Consistent?): _____

W - (passenger) - with claimant when CF convoy approached CF for a shot that the ch...
- (passenger) - passenger say US soldier in convoy shot the taxi driver.

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.)

Wrongful Death

Claimant alleges the US forces killed her ~~son~~ SON, a taxi driver while he was driving near the Baghdad gate for no reason. She alleges that he was a law abiding man and now his family has no income.

According to us, when convoy approached ~~he~~ he pulled over and the CF shot him in his car. Attorney says multiple shots.

Evidence: _____

Photos / witness / Death Cert / Medical Records

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: Family of Killed Person "A [REDACTED]"

Address: Iraq - Basra - Center the City

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 U.S. Forces in Basra

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: In the road between Basra - Baghdad Iraq
(Town) (City) (Country)

My claim arose on: Mar 30 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 U.S. forces killed my husband without any reason, he was driver of Taxi car type of KIA CIVIA near of Baghdad gate the U.S. forces shooted the random fire this led to kill him and he was obey for all procedures of U.S. forces, now we have three childs without father

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

Very very large damages

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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
Killed father for three children	\$25000
because nothing and now we	
have not any source for life	
Total:	\$25000

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)

\$ 25000 local 2000000 I.D

(Signature of Claimant)

Subscribed before me this _____ day of _____, 200__.

(Print Name)

(Signature)

000563