



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB-LIBERTY)
APO AE 09308

DHFT-JA

27 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 05-IA3-1629

1. **Identifying Data:** [REDACTED], Samarra, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 12 February 2005, in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$10,000 on 14 August 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 filed in a timely manner.
5. **Facts:** Claimant alleges that his son was wrongfully killed by U.S. Forces. A U.S. Forces sniper allegedly shot the claimant's son from the Spiral Minaret in Samarra. The claimant's son was allegedly walking to work at the medical supply company. The claimant's son was taken to Samarra hospital, where he died after surgery. The claimant was not present and did not see what happened. The claimant provided two witness statements from witnesses who simply agreed with what the claimant said. The claimant further provided a photocopy of a death certificate. There is no report of this incident in Division Records.
6. **Opinion:** There is insufficient evidence to indicate that U.S. Forces killed the claimant's son.
7. **Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
Chief, Claims

000824

28 Aug 05



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DHFT-JA

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 Tikrit Claims Office at DNVT 584-1084.

[Redacted Signature]

[Redacted Name]

CPT, JA
Foreign Claims Commissioner

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RHODA

Claims Form

To: United States Army Foreign Claims Commission.

From: Name:

POA/ATT:

Power of Attorney provided and interpreter approved:

Decedents:

Good POA

Hometown:

Iraqi Resident:

My claim arose at:

(Town)

Samarra

(City)

(Country)

My claim arose on:

FEB
Month

12 (930)
Day

2005
Year

Proof of Ownership:

Interpreter Approved:

N/A

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

NOT ORIGINAL - COD shot in chest + back + left arm
Will bring original D/C in - brought in on 15 FEB 05

Interpreter Approved:

Legal Expert Opinion:

Interpreter Approved:

Witness Statement (Consistent?):

Interpreter Approved:

Witnesses -> just agree with the claimant - not really witnesses

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.)

- 1) Sniper on Spind Murret in Samarra shot claimant's son ~~son was shot by patrol~~
- 2) Heavily know exactly how it happened
- 3) Son was on his way to work at a medical supply company
- 4) Taken to Samarra hospital and died after surgery

Evidence: Copy witness statements, copy of D/C

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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 x1	\$10,000.00



Total: \$10,000.00

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)
\$ 10,000 local _____

 
(Signature of Claimant)

Subscribed before me this 18 day of AUG, 2005.

CPV 
(Print Name)

(Signature)