

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

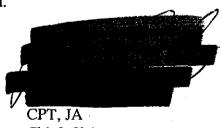
05-IA3-1629

1. Identifying Data:

, Sa

, 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.



Chief, Claims



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

DHFT-JA

MEMORANDUM FOR Claimant

SUBJECT: Claim Denial

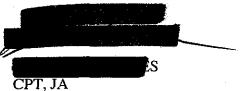
- 1. This is in response to your claim against the United States Government. Your claim has been reviewed under the Foreign Claims Act, 10 U.S.C. 2734, as implemented by Army Regulation 27-20, Chapter 10. I regret to inform you that your claim has been denied.
- 2. Your claim has been denied for the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

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.



Foreign Claims Commissioner

Claims Form					
To: United States Army Fo	reion Claims Commiss	ion N			
From: Name:	Torgii Cianno Commisso				€
POA/ATT:				**	
	y provided and interpre	er approved:	Commi	DAA	<u> </u>
Decedents:				1011	
Hometown:		☐ Iraqi Resider	nt:		 - -
My claim arose at:		MML MA			
(Tow		(City)	2005 (Cou	intry)	
My claim arose on:		(30)			_
Mon	th Day		Year		
Proof of Ownership:	KIIA				
☐ Interpreter Approved:	<u> </u>		<u></u>		
Death Certificates (Name, C	Cause of Death, Age, an	d Time of Deat	th Consistent	with Claims	ant
allegations): NOT ORTO	ENAL - COD S	hot n ches	+ + bruk	-1: 000	lett ava
L. H Some on	anal W/C on	- BOWN	- 12 m	15 AUG 0	5
☐ Interpreter Approved:					
				, , , , , , , , , , , , , , , , , , ,	
Legal Expert Opinion:		·			
☐ Interpreter Approved:					
Witness Statement (Consist Interpreter Approved:	ent?): Iwitres, ->	just agree.	with the	Clamit	- not
Give a brief statement of the personal injury is based. (U	e accident or incident o	n which the cla			
Super on sp	oral Monoret	, S.	vngvvn	Shit	Chammat.
Son W	W. 5/10	7 /	0 1		
20	h 4 h				ŝ
your know exact	In you of huggered				
3 6			الماميا جيرا		
5) Son Vis on "	o my to whe	- 	ready supp	- company	
ATK C. C.	nuira heispiral an	1 died	HE SN	3 0 12	
1) 120	nuith pospired an	31 O'1 O'1	~		
					
Evidence: Congravitue	so Shekments, Copy o	+ D/L			
				0.0	0826

List in detail the amount of	f property damage and itemized expenses resulting (Attach bills and receipts, if applicable.)	from the proper	ty
Item	Amount		٠
Wrngfil death x	# 10 zxx 00		·
	Total: \$1000.00		
	Total: # 10000.00	<u></u>	
			·
I was insured to the following	ing extent against the damage or injuries I have sus	tained:	\$ ²
		<u></u>	
The name and address of n	ny insurer (if any) is:		
(Name)	(Address)		7
I claim as damages: (Indica	ate amount in U.S. dollars and local currency)	e Section	$\cdot Y_{i}$.
\$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	locai		Ž.
7- 6-0		·	
	(Signature of Claimant)	·	Ti e
Subscribed before me this	18 day of AUG, 2005.		27 T
	CRY THE STATE OF T		
	(Print Name)		
	(Signature)		••