

## DEPARTMENT OF THE ARMY

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

DHFT-JA

11 September 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of

05-IA3-1745

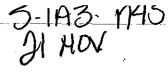
1. Identifying Data:

, Samarra, Iraq

- 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 \$3,000 on 4 September 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 her son was killed by U.S. Forces. Claimant owns a water tank store in Samarra. Claimant's son went to the store to pick up equipment, when the store was fired on by a U.S. Forces tank. Her son was killed while in the store. The claimant was asked to provide photographs of the damage to the store. She said she could not provide photographs, because it is dangerous to return to that area. She also changed her story, indicating that her son was outside the store when he was shot and killed. She further went on to state there was damage to the store. Even though he was engaged by the main gun of the tank, while standing in front of the store, it was allegedly undamaged. The claimant provided two witness statements, both of which stated that her son was killed by bullets hitting him in the chest. There is no report of this incident in Division records.
- 6. **Opinion:** The claimant's testimony and supporting evidence are inconsistent. She is not credible. There is insufficient evidence to indicate that U.S. Forces killed the claimant's son.
- 7. Recommendation: The claim is denied.



CPT, JA Chief, Claims





## DEPARTMENT OF THE ARMY HEADQUARTERS, 1ST BRIGADE, 3D INFANTRY DIVISION (FORWARD)

## TASK FORCE BAND OF BROTHERS, OPERATION IRAQI FREEDOM FORWARD OPERATING BASE SPEICHER APO AE 09393

AFZP-VA-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:		
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- 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.

CPT, JA
Foreign Claims Commissioner

Claims Form				
To: United States Army Foreign Claims Commission.  From: Name:				
Decedents: 1 - 23 40A				
Hometown: Tikrit Straqi Resident:				
My claim arose at: Al Je Beria Sanaria Iraq  (Town)  My claim arose on: Jule 15- (City)  (City)  (Country)  (1800)				
Month Day Year				
Proof of Ownership:  ☐ Interpreter Approved:				
Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):  - CUD- ONC SUNET to CVEST Level  Interpreter Approved:				
Legal Expert Opinion:  Interpreter Approved:				
Witness Statement (Consistent?): 1 Brother - Fighting between AII OF - Dec Minterpreter Approved: 907 Shot by CF in Charle head - 42 515ks 5 5m2 57cm				
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.)  ((A) MANX NNS a WART FORM Shape in Santa Mer Shape in S				
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I was insured to the	e following extent against the damage or injuries I have sustained:	
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The name and add	ress of my insurer (if any) is:	
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	(Signature of Claimant)	1_
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