

U-1R8-197  
7 Feb 00



**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 101<sup>st</sup> Airborne Division (Air Assault) Claims Office at DSN 318-845-1022.

[REDACTED]  
CPT, JA  
Chief of Claims

001080



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

1 February 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IR8-197

1. **Identifying Data:** [REDACTED] by Attorney [REDACTED]
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 6 August, 2005 in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 31 Jan. 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 CF shot and killed his father, [REDACTED] while he was standing outside his home. The incident allegedly occurred in the Al Matasam Quarter. A SIGACTS investigation revealed negative results.
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 that this event actually occurred.
7. **Recommendation:** The claim is denied.

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

001081

**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: NAMEs match - original

Decedents: \_\_\_\_\_

Hometown: Samarra

Iraqi Resident: \_\_\_\_\_

My claim arose at: \_\_\_\_\_

(Town)

Samarra

(City)

(Country)

My claim arose on: \_\_\_\_\_

Month

6 Aug

Day

2005

Year

Proof of Ownership: \_\_\_\_\_

VIN Match: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant's allegations): COD - shot in head

Samarra

Interpreter Approved: \_\_\_\_\_

Medical Report/Legal Expert Opinion: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

Witness Statement (Consistent?)  SON - CF shot C

Interpreter Approved:  " same story

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.)

deceased  
was standing by house in Samarra

C is son of deceased standing by door

3:00 pm

C was teacher -

Al mutasan QTR -

Evidence: copy of death cert, witness X 2

001082

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>

Total: \_\_\_\_\_

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)  
\$ 2500 local \_\_\_\_\_

[Redacted Signature]  
(Signature of Claimant)

Subscribed before me this 31 day of JAN, 200  .

CPT [Redacted]  
(Print Name)  
[Redacted Signature]  
(Signature)