



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

DHFT-JA

MEMORANDUM FOR Claimant

19 JUNE 2005

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 553-3362.


CPT, JA
Foreign Claims Commissioner

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DEPARTMENT OF THE ARMY
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DHFT-JA

16 June 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 05-IA3-1264

1. **Identifying Data:** [REDACTED], Tikrit, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 1 March 2005, in Tikrit, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$10,000 on 12 June 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 brother was killed by U.S. Forces. The claimant's brother was a shepherd. He was allegedly guiding the flock near the fence at FOB Speicher, when he was shot by a guard in the tower. The father of the decedent found the body later after the shooting. He did not see the event. The uncle provided a corroborating witness statement, even though he didn't see the incident either. The claimant also provided forensic reports and a police report. There was no record of this event in Division records. A guard shooting a shepherd outside the wall would have been reported.
6. **Opinion:** There is insufficient evidence to support this claim.
7. **Recommendation:** The claim is denied.

[REDACTED]
[REDACTED]
[REDACTED] S
CPT, JA
Chief, Claims

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: _____

Power of Attorney provided and interpreter approved: _____

Decedents: [REDACTED]

Hometown: _____ Iraqi Resident: _____

My claim arose at: _____ Tikrit

(Town) (City) (Country)

My claim arose on: MARCH 1 05

Month Day Year

Proof of Ownership: _____

Interpreter Approved: N/A

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): NONE - Will bring on 19 JUNE

Interpreter Approved: _____

Legal Expert Opinion: His medical reports

Interpreter Approved: _____

Witness Statement (Consistent?): Consistent - from Uncle who saw the body

Interpreter Approved: _____

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 Brother was a Shepherd - working near Speicher - guard tower shot him and killed him

② Father found his body and took him to the hospital, where he died

Evidence: Forensic reports, Med reports, Lost identity

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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
Wrongly death	\$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)
\$ _____ local _____

(Signature of Claimant)

Subscribed before me this 12 day of JUN, 2005.

(Print Name)

(Signature)