

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

DHFT-JA

MEMORANDUM FOR Claimant

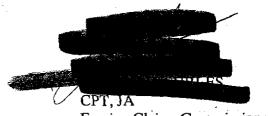
19 JUNE 2005

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.

£	Other:	-						
4.	Outer	 						

- 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.



Foreign Claims Commissioner



DEPARTMENT OF THE ARMY

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

DHFT-JA

16 June 2005

MEMORANDUM OF OPINION

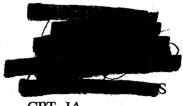
SUBJECT: Claim of

, 05-IA3-1264

1. Identifying Data:

, 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.



CPT, JA Chief, Claims

Claims Form
To: United States Army Foreign Claims Commission. From: Name: POA/ATT:
☐ Power of Attorney provided and interpreter approved: Decedents:
Hometown:
My claim arose at: Tikn+
My claim arose on: (City) (City) Month Day Year
Month Day Year Proof of Ownership: ☐ Interpreter Approved:
Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Nove - Will boy on 19 July
☐ Interpreter Approved:
Legal Expert Opinion: As metal reports
Witness Statement (Consistent?): Constitut - For Uncle al sur the body
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.)
D Brither was a Shephord - working near Spercher - gurd
tower Shit has and Killed ham
2) Father from his body and took him to the hopeff where to draw
Evidence: Forense repus, med repus, und strang

List in detail the ame	ount of property damage and itemized expenses resulting from the pinjury: (Attach bills and receipts, if applicable.)	roperty
Item	Amount	*
Wrng Ri) don		
	Total: \$10,000,00	
	Total: 10 000,00	
•		
I was insured to the f	ollowing extent against the damage or injuries I have sustained:	
1 was moured to the 1	onowing extent against the damage of injuries I have sustained.	i.a.
The name and address	ss of my insurer (if any) is:	
·		
(Name)	(Address)	
T 1		
	Indicate amount in U.S. dollars and local currency)	# ###
\$	local	20.
	(Signature of Claimant)	
	(Signature)	
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Subscribed before me	e this 1^2 day of 0^{10} , $200\overline{5}$.	
		_
	(Print Name)	
		:- -
	(Signature)	