

6-128-656

9 May 06



**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.



CPT, JA  
Chief of Claims

001433



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 101<sup>st</sup> AIRBORNE DIVISION (AIR ASSAULT)  
TASK FORCE BAND OF BROTHERS  
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

30 April 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 6-IR8-656

1. **Identifying Data:** [REDACTED] Samarra, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 25 December 2005, in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000 on 25 April 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 filed in a timely manner.
5. **Facts:** The Claimant alleges that a Coalition Forces convoy shot at children as they were playing because they heard gun fire in the distance. The claimant provided death certificate, legal expert statement and witness statements to substantiate the claim
6. **Opinion:** There is not enough evidence to prove the claim. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

[REDACTED]  
[REDACTED]  
CPT, JA  
FCC

001434

# TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved: \_\_\_\_\_

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

Hometown: \_\_\_\_\_

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

My claim arose at: Samarra

(Town)

(City)

(Country)

My claim arose on: DEC

25

2005

Month

Day

Year

Proof of Ownership:

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

N/A

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

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): \_\_\_\_\_

(1994) Jan 23

25 DEC 05

Shrapnel & bullets all over body for both

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

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

value of death = \$8500

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

but interp. says this is unusual

Witness Statement (Consistent?): \_\_\_\_\_

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

① walking in streets, heard fire from CF, saw children dead  
② heard heavy shooting, saw children shot

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.)

Claimant alleges that children were playing in street about 200m from CF were in vehicles. Started shooting after hearing shots in distance. children were hit with bullets and were killed.

Heavy fire

NO AIF

Samarra General hospital

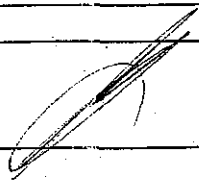
Evidence: \_\_\_\_\_

Diagram; death certs leg. expert, mother's statement, claimant statement

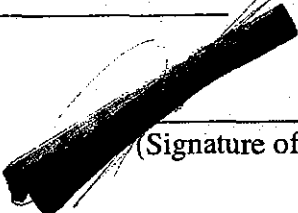
001435

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
death of daughter	\$2,500
" son	\$2,500

Total: \$5000 

I claim as damages: (Indicate amount in U.S. dollars and local currency)  
\$ 5000 local

  
(Signature of Claimant)

Subscribed before me this 25 day of Apr, 2006

  
(Print Name)  
  
(Signature)