

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

13 January 2006

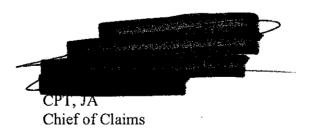
MEMORANDUM OF OPINION

SUBJECT:

06-IA3-020

1. Identifying Data:

- 2. Date and place the incident occurred giving rise to the claim: The claim occurred on 7 August 2005 in Al-Sharqat, Iraq.
- 3. Amount of claim and date it was filed: Claimant filed a claim for \$6,000 on 8 November 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 properly filed in a timely manner.
- 5. Facts: The Claimant alleges that CF driving in a convoy hit his two children and killed them. A SIGACTS investigation revealed no information reference this incident.
- 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 insufficient evidence suggesting that CF caused the alleged damage.
- 7. Recommendation: The claim is denied.





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:

- 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:				
POA/ATT:				
Dewer of Attorney provided and interpreter approved: Will boy argul - Hore Copy				
Decedents:				
COD:				
Hometown: Iraqi Resident:				
My claim arose at:SHARAM				
(Town) _ (City) (Country)				
My claim arose on: Au (-)				
Month Day Year				
Proof of Ownership:				
□ Interpreter Approved:				
Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): (7000 - (00) - Lend Towns				
□ Interpreter Approved:				
Legal Expert Opinion: A [] A-				
Legal Expert Opinion: ☐ Interpreter Approved:				
Witness Statement (Consistent?): X - Consistent of Stry 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.)				
US patrol dray for Tikot to Shugat - two Children				
tred to cross the Street in that of the convey				
and ht the Krds - Killed both children - propol ord				
nt stip				
0 . 1				
Evidence: Dent cents,				

	nt of property damage and itemized expenses resulting from the propiury: (Attach bills and receipts, if applicable.)	erty
Item Land	Amount	
	Total: \$\int 6000.00	
I was insured to the fol	llowing extent against the damage or injuries I have sustained:	
The name and address	of my insurer (if any) is:	
(Name)	(Address)	<u>-</u> .
I claim as damages: (In	local local currency)	
	(Signature of Claimant)	
Subscribed before me	this 6 day of 000, 2005.	
	(Print Name)	
	(Signature)	