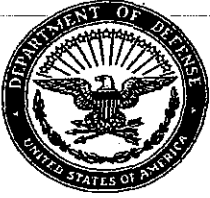


26 June 05



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

DHFT-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 553-3362.

[REDACTED]
[REDACTED]
CPT, JA
Foreign Claims Commissioner

001715



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

DHFT-JA

15 June 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 05-IA3-1254

1. **Identifying Data:** [REDACTED], Tikrit, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 9 April 2005, in Tikrit, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$3,000 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 her son was wrongfully killed by a UXO. Claimant's son was a shepherd. He was leading the sheep through north Tikrit, near an ammo storage site, when he picked up a UXO from a cluster bomb. The UXO detonated and he was killed. Claimant's brother lives near the area and found the boy's body. The claimant provided a death certificate, autopsy report and a police report with a scene sketch. Division records could not verify this event.
6. **Opinion:** This is a horrible loss for the claimant. Unfortunately, there is insufficient evidence to indicate that U.S. Forces caused the death of the claimant's son.
7. **Recommendation:** The claim is denied.

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

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Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____

POA/ATT:

Power of Attorney provided and interpreter approved: _____

Decedents: _____

(Son - 15)

Hometown: _____

Iraqi Resident: _____

My claim arose at: _____

Tikrit

My claim arose on: _____

(Town)

APRIL

(City)

9

(Country)

2005

Month

Day

Year

Proof of Ownership: _____

Yes - looks good - COO wants from explosion

Interpreter Approved: _____

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

COO good, has stamp, serial number - GOOD

Interpreter Approved: _____

Legal Expert Opinion: _____

No

Interpreter Approved: _____

Witness Statement (Consistent?): _____

No witness statements - has statements from

Interpreter Approved: _____

the mother - saw 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.)

① Son was a shepherd tending sheep in north Tikrit, was playing with a UXO from a cluster bomb near Ammo storage sites

② The UXO exploded and killed him

③ Claimant's brother's house near the area and he found the herd blown up

Evidence: _____

Statement, Death Cert

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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
Wm's R1 dash	\$ 3000.00

Total: \$ 3000.00

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)