

TF Lightning Foreign Claims Cover Sheet

ISNOVO 6

Final Dehial

Send to USKEY

File #: <u>6-I41-100</u>		
Name:	(b)(6)	
POA/ATT:	(b)(6)	
•	Date of Incident	
Claim Amount:	Location: Al-go	my New EOB Anciond
Next Apt:	Contact Info:	
Translation:		
Further Investigation	on:	
	ek Sigacts &	
□Approved:	t recommended: Denied:	
MIVA RAID DOTHER:	LOST NEG FIRE	□REAL



DEPARTMENT OF THE ARMY

HEADQUARTERS, 25TH INFANTRY DIVISION MULTI NATIONAL DIVISION NORTH CONTINGENCY OPERATING BASE SPEICHER, APO AE 09393

APVG-JA-C

21 September 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of

(b)(6)

06-I41-100

1. Identifying Data:

(b)(6)

by

(b)(6)

- 2. Date and place the incident occurred giving rise to the claim: The claim occurred on March 20, 2006 in Al Dujayl, Iraq.
- 3. Amount of claim and date it was filed: Claimant filed a claim for \$4,300 on 19 September 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 properly filed in a timely manner.
- 5. Facts: Claimant and his brother were driving to their farm near LSA Anaconda when a nearby truck was attacked by AIF. US Forces responded and mistakenly believed Claimant and his brother were the attackers. US Forces fired upon Claimant's vehicle and killed Claimant's brother. Claim is for the death of his brother and damage to his car. Claimant provided photos of damage to the car, death certificate, legal expert estimate, police report, and witness statements.
- 6. **Opinion:** A search of the SIGACTS and INTSUM revealed no evidence of the incident. Thus, there is insufficient evidence to conclude that US Forces caused this injury. Consequently, the claim is not compensable.
- a. Alternatively, as the death and damage to the vehicle were caused by US Forces in response to an attack, the claim is denied because the incident resulted from a combat activity.
- 7. **Recommendation:** This claim is denied.

(b)(3), (b)(6)

CPT, JA Chief, Claims



DEPARTMENT OF THE ARMY

6-I41-100 26 Sep 06

OFFICE OF THE STAFF JUDGE ADVOCATE HEADQUARTERS, 25TH INFANTRY DIVISION OPERATION IRAQI FREEDOM, COB SPEICHER TIKRIT, IRAQ APO AE 09393

APVG-JA-C

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 25th Infantry Division Claims Office at DSN (b)(2)High

(b)(3), (b)(6)

CPT, JA Chief of Claims

TF Lightning Cla	aims Intake Form
Name of Claimant (b)(6)	,
☐ Iraqi ID Card Seen and Identity Ve	rified Iraqi Resident
Copy of Iraqi ID Provided	(Hometown is)
POA/Attorney Name (b)(6)	
Power of Attorney provided	☐ Original Seen
Names Match	☐ If POA, state relation
□ Deced	-
1, (b)(6)	2
3	4
Claim arose at:	11- gwiay/ District near Korokracon)a (City) (Country) 06 Year
Claim arose on:	(City) (Country)
Month Day	Year
Time of Day: 1660	
Proof of Ownership:	
□ Vehicle VIN Number Match	Sales Contract Provided
☐ Land Deed (Name Match)	□ Other (explain)
Death Certificates	
Original Seen	Cause of Death heat stop deto follows in he
Name Match	Age of Decedent
Medical Departure I Francis (O. 1.1	
Medical Report/Legal Expert Opinion	
☐ Legal Expert Report Attached: (total d ☐ Medical Report (State type and severit	amages <u>5 / 300, 3</u>
Dent de to her in my con	y of injury) (re) In shot
Brief statement of the incident on which the clai	m for domestic based
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to Formyles a some truth CIB when	les was estable us Forces they be
it was then attacking the touch so	they tired on them The existing
oper seem trose for they mer.	e the atticipity.
1. 4 -1 -11	
No other pictures of the truck is	possible since the Fother
	CENTCOM 004938

Synopsis of Testim	ony: Rode with his	chather 16	e deceged wh	in U.S. shot his
Me die) due to	his injuries			
	1		7	
2. Witness #2: (Name)	/	/	Ź Eyewitness □ Same Story as Same Story as	Consistent w/ First
Synopsis of Testimo	ony:		anic story as	First witness
Itemized expenses/damag	es resulting from tl	ie property d	amage or perso	onal injury:
<u>Item</u>			mount	······································
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		- 4 ³	20, 42,000 -	trick
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Subscribed before me this	(b)(6) (Signature of Cla	in U.S. dollar qi Dinar aimant)	s and local curre	ency)
→	(b)(6) (Signature of Cl.) (Say of Sept.)	in U.S. dollar qi Dinar aimant)	s and local curre	ency)
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DEPARTMENT OF THE ARMY

OFFICE OF THE STAFF JUDGE ADVOCATE HEADQUARTERS, 25TH INFANTRY DIVISION OPERATION IRAQI FREEDOM, COB SPEICHER TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

MEMORANDUM FOR RECORD

SUBJECT: Waiver of Notification

- 1. I, the Claimant, hereby agree that if I fail to provide any requested evidence to the CMOC Claims Office within sixty (60) days of the date below or to request a written extension of the sixty (60) day period, such inaction shall constitute an affirmative act of abandonment of my claim, and my claim shall be administratively closed in accordance with the provisions of DA PAM 27-162, paragraph 13-3(f).
- 2. I further agree that if I wait longer than sixty (60) days from the date below to return to the CMOC to receive notification of the final disposition of my claim or to request a written extension of the sixty (60) days period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance above.

1. انا المشتكي هنا اوافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوما من تاريخ اليوم او طلب التمديد (الأستناف) خلال فترة ستون (60) يوما ,هذا سوف يسبب عدم تكوين تاكيد لفضيتى , وبسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ا,م 27-162, من الفقرة 13-3(ف).

2.وانا كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحدد من دائرة (السيماك) لأستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما ,هذا سوف يتسبب برفض قضيتي . و القضية سوف تغلق اداريا وفقا للقانون.

	()	· /
Claimant Signatu.	•	
Sworn before _	(b)(3), (b)(6)	, on 15 day of Sept 200 (

(b)(6)

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Pages 10 through 11 redacted for the following reasons:
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Pages 13 through 20 redacted for the following reasons:

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