

6-IR8-256



**TF Band of Brothers**  
**Foreign Claims Cover Sheet**

**File #:** 6-IR8-256

**Name:** \_\_\_\_\_

(b)(6)

**POA/ATT:** \_\_\_\_\_

**Date Received:** 7 Feb 06 **Date of Incident:** Feb 24 ~~25~~ 05

**Claim Amount:** \$4,000 **Location:** Al Diya

**Next Apt:** 21 Feb 06 **Contact Info:** Appeal

**Translation:** \_\_\_\_\_ Denied

**Further Investigation:**  
- date?

I/E \$  
L/E  
(b)(3)(b)(6) 4/2/06

**Contact S-2**  **Check Sigacts**  nothing

**Approved**  **Denied**  cl/E  
\_\_\_\_\_ (b)(6) 2/9/06

(New witnesses don't mention dead guy)

**Goodwill Payment recommended:** \_\_\_\_\_  
 **Approved:** \_\_\_\_\_  **Denied:** \_\_\_\_\_

**MVA**  **RAID**  **LOST**  **NEG FIRE**  **REAL**  
 **OTHER:** \_\_\_\_\_



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

9 February 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 16-IR8-256

1. **Identifying Data:** (b)(6)
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 24 February 2005 in Al Dijail, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$4,000 on 7 Feb. 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:** The Claimant alleges that his son was killed by a controlled detonation in the village of (b)(6) CF allegedly detonated a stockpile of old regime ammunition. The deceased, (b)(6) was allegedly killed by shrapnel from the explosion while he was (b)(6) in a pasture about 1000 meters from the explosion.
6. **Opinion:** "Under AR 27-20, paragraph 10-3, Claims arising "directly or indirectly" from combat activities of the U.S. Armed Forces are not payable. AR 27-20 defines combat activities as, "Activities resulting directly or indirectly from action by the enemy, or by the U.S. Armed Forces engaged in armed conflict, or in immediate preparation for impending armed conflict." Here, detonation of ammunition constitutes a combat activity.
7. **Recommendation:** The claim is c

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

CPT, JA  
Claims Judge Advocate

CENTCOM 005030

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6-108-256  
21 Feb



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 101<sup>ST</sup> AIRBORNE DIVISION (AIR ASSAULT)  
TASK FORCE BAND OF BROTHERS  
FORWARD OPERATING BASE SPEICHER  
APO AE 09393

AFZB-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 101<sup>st</sup> Airborne Division (Air Assault) Claims Office at DSN (b)(2)High

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

CPT, FCC  
Foreign Claims Commissioner

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CENTCOM 005032

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**TF Band of Brothers Claims Intake Form**

To: United States  
From: Name: \_\_\_\_\_ (b)(3),(b)(6)  
POA/AT \_\_\_\_\_  
 Power of Attorney provided and interpreter approved: \_\_\_\_\_  
Decedents: \_\_\_\_\_ (b)(6)  
Hometown: Orville  Iraqi Resident: \_\_\_\_\_

My claim arose at: Al Dujail  
(Town) (City) (Country)  
My claim arose on: 24 Feb 05  
Month Day Year  
Proof of Ownership: N/A  
 VIN Match: \_\_\_\_\_  
Interpreter Approved: \_\_\_\_\_

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Location - COD - Frag in body.  
 Interpreter Approved: \_\_\_\_\_

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

Witness Statement (Consistent?): CF blew up Ammo & Killed Decedent  
 Interpreter Approved: Brother -

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.) ~ 1000 meter range.

C was shepherd controlled blast by CF. Decedent was hit by fragmentation & was killed. C's son was killed. Ammunition belonged to old Iraqi Army.

4:00 pm

controlled blast did not occur on a FOB. I was \_\_\_\_\_ (b)(6) \_\_\_\_\_ time of incident.

Evidence: death cert from Baghdad - frags in leg & eye

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  |
|----------------|---------|
| Wrongful death | \$4,000 |
|                |         |
|                |         |
|                |         |

Total: \$4,000

I was insured to the following extent against the damage or injuries I have sustained:

N/A

The name and address of my insurer (if any) is:

(Name) (Address)

I claim as damages: (In U.S. dollars and local currency)

\$ 4,000

(b)(6)

(Signature of Claimant)

Subscribed before me this 7 day of February, 2006.

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



N

(b)(6)

Date... 21 Mar 86.....

Claim No... 6-IR8-256..... التاريخ

Reason... Appeal..... رقم المعاملة

Appointment with... C.M.C..... السبب

Signature.... (b)(6)

CENTCOM 005035

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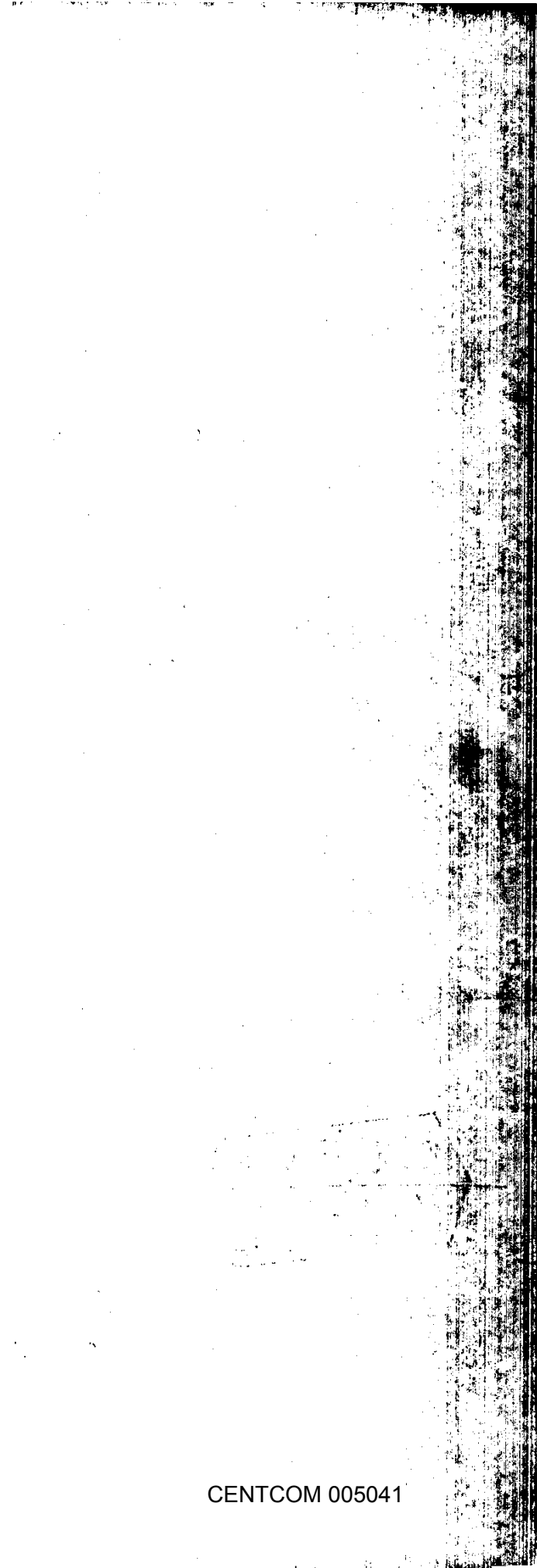
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Foreign Language, (b)(6)

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Foreign Language, (b)(6)



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Foreign Language

b)(6), Foreign Language Text

(b)(6), Foreign Language Text

Confew that  
day -  
standing in front  
of door. 2 helicopter  
shot rockets.

Foreign Language

Foreign Language

New  
witness  
doesn't mention  
anyone getting killed

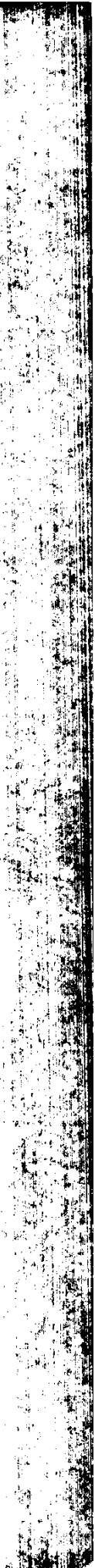
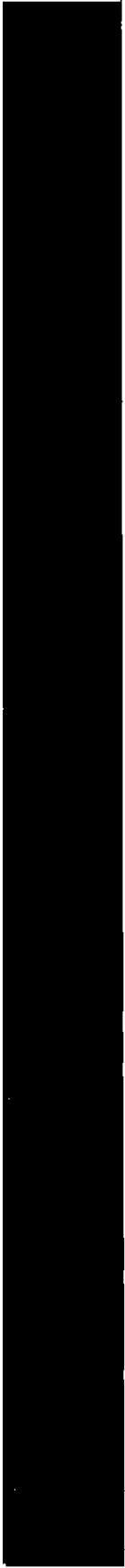
(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

CONFIDENTIAL

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Foreign Language, (b)(6)

Foreign Language

CF  
Burn 1  
dunam -  
trees burnt.  
No mention of  
dead person

Foreign Language

Foreign Language

Foreign Language Text, (b)(6)

CENTCOM 005045



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: 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 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 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 60 day period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance.

1. انا المشتكى هنا اوافق على اني اذا فشلت في اثبات طلبي بالاملة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (60) يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة ستون (60) يوما , هذا سوف يسبب عدم تكوين تأكيد لفضيتي , ويسبب ذلك فضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ا,م 162-27, من الفقرة 13-3(ف).

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

Claimant Si: (b)(6)

Sworn before: \_\_\_ day of \_\_\_ 200\_\_.

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Foreign Language, (b)(6)

oreign Language Text, Illegible Te:

Date death certified

Foreign Language Text, (b)(6)



*[Faint, illegible handwritten text]*

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Foreign Language, (b)(6)

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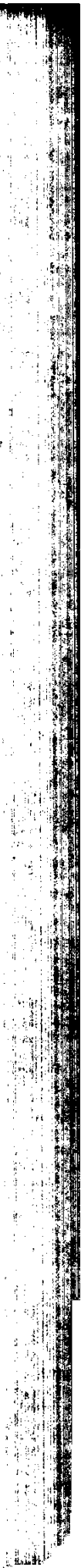
Foreign Language Text, (b)(6)

*Claimant statement*

Foreign Language Text

Foreign Language Text, (b)(6)

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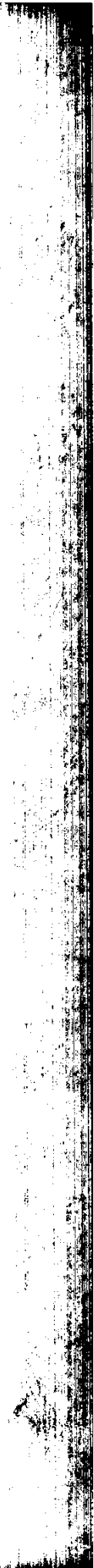


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IP Report

Foreign Language Text

Foreign Language Text, (b)(6)

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