

(b)(6)

CENTCOM 010368
07-141-469-00001

69H-141-L



REPLY TO
ATTENTION OF

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

APVG-JA-C

30 August 2007

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 07-I41-469

1. **Identifying Data:** (b)(6)
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on June 23, 2007 in Al Alam, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$50,000 on 27 Aug 07.
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's brother was driving himself and another man to the pharmacy to pick up medication for his brother's friend's father. The two men were out after curfew. Claimant alleges his brother and the other man were attacked and killed by U.S. Forces for no reason. The truck was also destroyed. Claimant provided pictures of the destroyed vehicle, a photo of Claimant's nephew, a letter from LTC (b)(6) for the Salah Ad Din PRT), memorandums from the Provincial Joint Coordination Center, witness statements, police reports, a legal expert estimate, and a diagram of the incident.
6. **Opinion:** A claim is not payable if it resulted from "action by an enemy or...directly or indirectly from an act of the armed forces of the United States in combat." 10 U.S.C. §2734(b)(3). Investigation revealed an ongoing operating in the area and that U.S. Forces engaged and killed the two men. Although the specifics of the incident are highly classified, the Judge Advocate from the unit involved confirmed that the engagement was a "clean shoot." Consequently, U.S. Forces were engaged in combat activities and therefore the claim is not compensable under the Foreign Claims Act.

CENTCOM 010370
07-I41-469-00003

APVG-JA-C

SUBJECT: Claim of

(b)(6)

07-I41-469

7. **Recommendation:** Recommend this claim be denied.

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

CPT, JA
Chief, Claims

CENTCOM 010371

07-I41-469-00004

comparisons claim

7-I41-468

TF Lightning
Foreign Claims Cover Sheet

File #: 7-I41-469

side case of 7-I41-468

Name: _____ (b)(6) _____

POA/ATT: _____

Date Received: 27 Aug 07 Date of Incident: 22 June 07

Claim Amount: \$50,000 Location: Al Alam

Next Apt: 03 Sept 07 Contact Info: _____ (b)(6) _____

Additional Evidence / Further Investigation:

POA; Death certificate and medical docc, ID

Check Intsum Check Sigacts No sigacts
Check Investigation Spreadsheet personally verified MVL

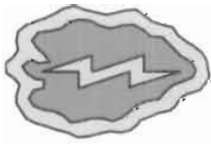
Approved Denied CLA

Goodwill Payment Recommended: _____
 Approved: _____ Denied: _____

MVA RAID LOST NEG FIRE REAL LAND
 OTHER: _____



Three Man Commission



The commission has decided to:

_____ Approve \$ _____

X _____ Deny

the claim of _____ 7-141-469 Related to 7-I-41-468

(b)(6)

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

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

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

CPT

President

31 Aug 07

Date

CPT

Judge Advocate

2 Aug 07

Date

CPT

Judge Advocate

31 Aug 2007

Date

X _____

Combat Activity

Insufficient Evidence

Unknown Enemy

Other (explain)

X _____

Combat Activity

Insufficient Evidence

Unknown Enemy

Other (explain)

X _____

Combat Activity

Insufficient Evidence

Unknown Enemy

Other (explain)

Pages 7 through 8 redacted for the following reasons:

Already Reviewed and Redacted for Release

TF Lightning Claims Intake Form

Name of Claimant: (b)(6) *same info as in 7-341-468 case*

- Iraqi ID Card seen and identity verified Iraqi Resident Iraqi ID # _____
 Copy of Iraqi ID Provided (Hometown is _____)

not yet

POA/Attorney Name _____

- Power of Attorney provided Original Seen
 Names Match If POA, state relation _____

Decedents (if applicable list names below)

1. (b)(6) *name brother* 2. _____
3. _____ 4. _____

Claim arose at: Al Akm (Town) _____ (City)

Claim arose on: 23 June 07
Day Month Year

Time of Day: 0935

Proof of Ownership: _____

- Vehicle VIN Number Match Sales Contract Provided
 Land Deed (Name Match) Other (explain) _____

Death Certificates

not yet

- Original Seen Cause of Death _____
 Name Match Age of Decedent _____

Medical Report/Legal Expert Opinion

not yet

- Legal Expert Report Attached: (total damages \$ _____)
 Medical Report (State type and severity of injury)

Brief statement of the incident on which the claim for damages is based.

Claimant states that his brother was riding in a truck and after a few when a CF helicopter shot and killed him.

Witness Statements

1. *Witness #1:* (Name) (b)(6) Eyewitness

Synopsis of Testimony: Deceased, who was riding in a truck, was
shot by IIC because he was not a soldier.

2. *Witness #2:* (Name) (b)(6) Eyewitness Consistent w/ First
 Same Story as First Witness

Synopsis of Testimony: _____

Itemized expenses/damages resulting from the property damage or personal injury:

<u>Item</u>	<u>Amount</u>
<u>brother</u>	<u>\$ 50,000.00</u>

Total: \$ 50,000.00

I claim these total damages (b)(6) amount in U.S. dollars and local currency)
\$ _____ Iraqi Dinar _____

→ _____ (b)(6)
(Signature of Claimant)

Subscribed before me this 27 day of Aug, 2007

LT (b)(6), (b)(3)
(Print Name)
(b)(3)(b)(6)
(Signature)

Total Evidence Provided (Check all that apply)

<input checked="" type="checkbox"/> Witness Statements (# <u>2</u>)	<input type="checkbox"/> Proof of Ownership	<input type="checkbox"/> Medical Documents
<input type="checkbox"/> Legal Expert Report	<input type="checkbox"/> Police Report	<input type="checkbox"/> Photographs
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____



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 المشتكى 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 (الاستئناف) خلال فترة ستون (60) يوما , هذا سوف يسبب عدم تكوين تأكيد
لقضيتي , ويسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ايم 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 لقضيتي او لطلب التمديد. خلال الفترة المحددة وهي (60) ستون يوما , هذا سوف يتسبب برفض قضيتي .
و القضية سوف تغلق اداريا وفقا للقانون.

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

Claimant Signature: _____

Sworn before SBT (b)(3)(b)(6) , on 27 day of Aug 20007.

GENTCOM 010378

07-141-469-00011