



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 1<sup>ST</sup> INFANTRY DIVISION  
OFFICE OF THE STAFF JUDGE ADVOCATE  
FORWARD OPERATING BASE DANGER, IRAQ APO AE 09392

REPLY TO  
ATTENTION OF:

AETV-BGJA

09 February 2005

**MEMORANDUM OF OPINION**

**SUBJECT:** Claim of [REDACTED]

- 1. Identifying Data:** [REDACTED] Mukashifa, Iraq 5-IA3-410
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 23 November 2003, in Mukashifa, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 9 February 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:** This is one of a series of claims from the day in question.
  - a. U.S. Forces shot and killed the claimant's cousin while he was working on a farm.
  - b. The problem with this claim is lack of proof. The death certificate from Tikrit does not list a cause of death and the claimant has no proof that US forces killed her cousin.
- 6. Opinion:** The claim will be denied. There is no reason to believe that the incident occurred as alleged. The death certificate does not appear to be valid.
- 7. Recommendation:** The claim is denied.

[REDACTED]  
CPT, JA  
Chief, Claims

000792



23 Feb 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 provide additional evidence, then the appeal will be denied.
4. POC is the Tikrit Claims Office at DNVT 553-3362.

[REDACTED]  
[REDACTED]  
S  
CPT, JA

Foreign Claims Commissioner

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

DHFT-JA

12 February 2005

**MEMORANDUM OF OPINION**

**SUBJECT:** Claim of [REDACTED] a

- 1. Identifying Data:** [REDACTED], Mukashifa, Iraq
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 23 November 2003, in Mukashifa, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 9 February 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:** This is one of a series of claims brought forward by this claimant. Claimant alleges U.S. Forces randomly shot and killed the claimant's cousin while he was working on a farm. The US forces were not returning fire or engaged in combat. The death certificate from Tikrit does not list a cause of death and the interpreter believed it was a fake death certificate. This was the second claim this claimant had filed on the same day. In the other claim the claimant alleged US forces traveling in convoy ran down that decedent as he was coming back from the store where he bought cigarettes. Unfortunately, the death certificate indicated the cause of death was cancer of the blood. This claimant's credibility is weak to say the least.
- 6. Opinion:** There is insufficient evidence to support the claim. The claimant produced a fake death certificate and has limited credibility based on other claims she has filed.
- 7. Recommendation:** The claim is denied.

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

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## Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED] (POA= [REDACTED])

Address: [REDACTED]

I am

- A citizen and national of: *Trogi*
- A permanent resident of: [REDACTED]
- Employed by: [REDACTED]
- Check one ( ) An insurer ( ) Not an insurer
- Check one ( ) A subrogee ( ) Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by:  
(Name, Organization, Military Department, Address, Telephone Number)

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at:

(Town)

*Bo-Mukeshtha*

(City)

*Troj*

(Country)

My claim arose on:

*Nov*

*23*

*2004*

*0800*

Month

Day

Year

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.)

*Decedent working farm.*

*US Forces shot decedent randomly  
and kill him*

*Death Cert from TKT lists No  
cause of death*

*Deny*

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

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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

Death Amount  
2500

Total: 2500

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 9 day of Feb, 2005

(Print Name)

(Signature)

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