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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 584-1084.



CPT, JA  
Foreign Claims Commissioner

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DEPARTMENT OF THE ARMY  
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APO AE 09308

DHFT-JA

22 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 05-IA3-1674

1. **Identifying Data:** [REDACTED], Bayji, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 26 January 2005, in Bayji, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$3,000 on 20 August 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:** The claimant alleges that U.S. Forces wrongfully shot and killed his son, while he was walking to the market. Claimant alleges that his son left the house at 1830 to go the market. At 1900 the claimant heard shooting outside. U.S. Forces stopped him from leaving the house. Iraqi Police transported his son to the hospital, where he died. The claimant provided corroborating witness statements and medical records. Division records reported that the claimant's son was setting up an IED, when U.S. Forces arrived. He fled the scene and was shot and killed. The son was listed as an Enemy Killed In Action.

6. **Opinion:** This claim is barred by the combat exception.

7. **Recommendation:** The claim is denied.

CPT, JA  
Chief, Claims

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## Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED] (Father)

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved: [REDACTED]

Decedents: [REDACTED] (Son) 17 yo

Hometown: [REDACTED]

Iraqi Resident: [REDACTED]

My claim arose at: [REDACTED]

(Town)

JAN

(City)

26

(Country)

2005

1900 to  
1930

My claim arose on: [REDACTED]

Month

Day

Year

Proof of Ownership: [REDACTED]

Interpreter Approved: [REDACTED]

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

Interpreter Approved: [REDACTED]

Legal Expert Opinion: Meds-④

Interpreter Approved: [REDACTED]

Witness Statement (Consistent?): W, (older) 1930

Interpreter Approved: W, (older) 1930

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.)

CS son left home at 1830 to go to shop  
in Bayji 20 meters away

At 1900 others shooting, US forces stop  
from leaving his house.

IP transport CS to son hospital.  
Son dies at Bayji Hospital

Evidence: [REDACTED]

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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

W.D

Total: 3000

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)

\$ 3000 local

(Signature of Claimant)

Subscribed before me this 20 day of Aug, 2005.

(Print Name)

(Signature)

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