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6-193-001

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1<sup>ST</sup> BRIGADE, 3D INFANTRY DIVISION (FORWARD)  
TASK FORCE LIBERTY, OPERATION IRAQI FREEDOM  
FORWARD OPERATING BASE SPEICHER  
APO AE 09393

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.

[REDACTED]  
CPT, FCC  
Foreign Claims Commissioner

001483



**DEPARTMENT OF THE ARMY**  
Headquarters, 1st Brigade Combat Team  
Task Force Liberty, Forward Operating Base Speicher, Iraq  
APO AE 09393

AFZP-JA

31 October 2005

**MEMORANDUM OF OPINION**

**SUBJECT:** Claim of [REDACTED], 06-IA3-001

- 1. Identifying Data:** [REDACTED] D, Samarra, Iraq
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 13 September 2005 in Samarra, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$5,000.00 on 30 October 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:** Claimant alleges U.S. forces shot his brother as he was crossing the street to buy vegetables for the family. Claimant stated that two other people were killed and that CF paid the family members \$5000.00 for each person killed. The unit allegedly ran out of money and couldn't pay the claimant. The soldiers did apologize to the claimant. Claimant offered a death certificate, witness statements, and court documents to substantiate the claim. SIGACTS did not report any such incident.
- 6. Opinion:** There is insufficient evidence to support this claim. The unit responsible for the area where the alleged incident took place has no record of any LN engagement on that day and did not pay any family for wrongful death.
- 7. Recommendation:** The claim is denied.

[REDACTED]  
CPT, JA  
FCC

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## Claims Form

To: United States Army Foreign Claims Commission [REDACTED]

From: Name: [REDACTED]

POA/ATT:

Power of Attorney provided and interpreter approved:

Decedents:

10 yrs old off, Act ID seen

Hometown: Samara  Iraqi Resident: \_\_\_\_\_

My claim arose at: Samara

(Town)

My claim arose on: SEP 13 (1630) 05 (Country)

Month

Day

Year

Proof of Ownership: N/A

Interpreter Approved: \_\_\_\_\_

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Bullets in head + chest

From SAMARA HOSPITAL

Interpreter Approved: \_\_\_\_\_

Legal Expert Opinion: N/A

Interpreter Approved: \_\_\_\_\_

Witness Statement (Consistent?): X2 Consistent but not eyewitnesses

Interpreter Approved: \_\_\_\_\_

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.)

SENT 10 yo. Brother to shop to get vegetables  
Brother tried to cross the street - Ze Ra'ah neighborhood

Didn't see any fighting w/ terrorists - 2 others killed

Claimant was in the house when the shooting started - came out to see brother killed

(Committee came to pay other 2 families \$5000.00) ( [REDACTED] )

Evidence: D. Cert, wit statement, court docs

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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

Wrong death

Amount

\$ 5000.00

Total: \$ 5000.00

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 70 day of Oct, 2005.

(Print Name)

(Signature)

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