

4-1R8-512
18 Apr 06



**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: Claimant 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 supporting your claim. If the appeal is sent after 30 days have passed, or does not provide additional evidence, then the appeal will be denied.

4. POC is the 101st Airborne Division (Air Assault) Claims Office at DSN 318-845-1022.

[REDACTED]
CPT, JA
Chief of Claims

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04 April 2006

MEMORANDUM OF OPINION

SUBJECT: [REDACTED] 06-IR8-512

1. **Identifying Data:** [REDACTED] by [REDACTED]
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 07 January 2005, in Ad Dujayl, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$3,000 on 28 March 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 driving from Ad Khalis to Ad Jowmeah when his vehicle approached a CF convoy near an intersection. The Claimant alleges that his son was shot in the head and died from his wounds. A SIGACTS investigation revealed no activity similar to the Claimant's description of events.
6. **Opinion:** Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful. Here, there is insufficient evidence suggesting that CF caused the alleged damage.
7. **Recommendation:** The claim is denied.

[REDACTED SIGNATURE]
CPT, JA
Claims Judge Advocate

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TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved: [REDACTED]

Decedents: [REDACTED]

Hometown: [REDACTED]

Iraqi Resident: [REDACTED]

My claim arose at: [REDACTED]

(Town)

(City)

(Country)

My claim arose on: Jan

Month

Day

Year

Proof of Ownership: [REDACTED]

VIN Match: [REDACTED]

Interpreter Approved: [REDACTED]

NA

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Ad Dujayy / Hospital

Bullet to head

Age - 33 (born 1973)

✓ Interpreter Approved: Yes

Bullet to Head

Medical Report/Legal Expert Opinion: Yes

Interpreter Approved: [REDACTED]

W₁ - (Brother) - took short cut home and CF began shooting - brother hit in back

Witness Statement (Consistent?): W₂ - Father heard from son (W₁) about the incident

✓ Interpreter Approved: 425

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.)

Claimant alleges that his son was driving from Ad Khalis to Al-Townsh where his vehicle approached CF Convoy that was approaching from a cross section ~~of~~ the road. Claimant's son was shot in the head and died from the wounds.

Evidence: Witness/ Death Cert / Med Report

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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.)

<u>Item</u>	<u>Amount</u>
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Wrongful Death

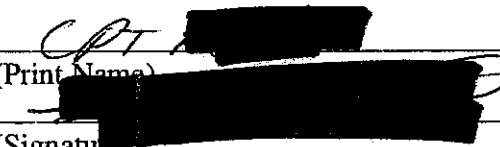
Total: \$3000

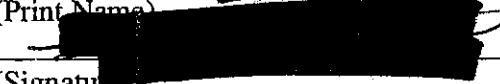
I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 3000 local _____


(Signature of Claimant)

Subscribed before me this 28 day of Mar, 2006


(Print Name) _____


(Signature) _____

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