

6-1R8-460
25 Mar 02



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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DEPARTMENT OF THE ARMY
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
TASK FORCE BAND OF BROTHERS
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

24 March 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 6-IR8-460

1. **Identifying Data:** [REDACTED] Bayji, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 2 November 2005, in Bayji, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 25 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 filed in a timely manner.
5. **Facts:** Claimant alleges that while driving through Bayji to go to the market CF fired at their vehicle with out reason. The claimant provided death certificate, medical reports and witness statements to substantiate the claim.
6. **Opinion:** The evidence shows that the damage was caused during combat. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
FCC

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TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission

From: Name: _____

POA/ATT: _____

Power of Attorney provided and interpreter approved: Saw Original / kept Copy

Decedents: _____

Hometown: _____

Iraqi Resident: _____

My claim arose at: _____

Bayji
(Town)

(City)

(Country)

My claim arose on: _____

Nov
Month

2
Day

2005
Year

Proof of Ownership: _____

VIN Match: _____

Interpreter Approved: _____

N/A

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

Head is smash and brain is removed (blow out)

Interpreter Approved: _____

Yes

Medical Report/Legal Expert Opinion: _____

Bayji - Entrance from Bullet / Exit other Side of Head

Interpreter Approved: _____

Yes

W- (Cause) - we were in car when deceased was shot by CF took him to hospital / doctor

Witness Statement (Consistent?): _____

W2 - (brother in law) - same as above

Interpreter Approved: _____

Yes

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 her husband was a passenger in the front seat of his son-in-law's car traveling from industrial area in Bayji to market. CF Convay in area and vehicle traveling on road. Not sure why CF were shooting.

- Young mother - with 4 little girls -

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>
Wrongful Death	

Total: \$2,500

I claim as damages: (Indicate amount in U.S. dollars and local currency)
\$ 2500 local _____

(Signature of Claimant)

Subscribed before me this 18 day of March, 2006

(Print Name)

(Signature)