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

2 Aug 05
MEMORANDUM OF OPINION

SUBJECT: Claim of X-IA3-1338

1. Identifying Data: [Redacted] Tikrit, Iraq

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 10 June 2005, in Tikrit, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $7,210 on 25 June 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 that her husband was killed by U.S. Forces and the vehicle he traveled in was damaged. The claimant’s husband was riding in a vehicle in a wedding procession, when they drove near a U.S. Forces patrol. The patrol opened fire, injuring the claimant’s husband and damaging the vehicle. The claimant’s husband died several weeks later. The claimant provided corroborating witness statements, photographs, medical records and a death certificate. A legal expert report estimated the damages to the vehicle at 4,075,000 ID. There is no report of this incident in Division records.

6. Opinion: There is some evidence to indicate that U.S. Forces killed the claimant’s husband and damaged the vehicle. Unfortunately, those forces were involved in security operations at the time. Therefore, this case falls within the combat exception.

7. Recommendation: The claim is denied.

CPT, JA
Chief, Claims
Claims Form

To: United States Army Foreign Claims Commission.

From: Name: (Wife of decedent)

POA/ATTY: (Husband)

Decedents: [ ] Iraqi Resident:

Hometown:

My claim arose at: Tikrit (City) (Country)

My claim arose on: May June 10 2005

Month Day Year

Proof of Ownership: [ ] Need new owner card
[ ] Interpreter Approved: Good

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

[ ] Interpreter Approved:

Legal Expert Opinion: [ ] will bring records for medical treatment

[ ] Interpreter Approved:

Witness Statement (Consistent?): yes x 2 consistent

[ ] 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.)

- Forgot to bring statement

Wedding procession driving from Tikrit - car hit

A US patrol - was shot by the patrol

Vehicle was damaged - see pics - Claimant #2

Guy got shot up - died several weeks later - Claim #1

Evidence: Photos with stories attached report

000326
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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Damage</td>
<td>$225,000.00</td>
</tr>
<tr>
<td>Personal Injuries</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Medical Bills</td>
<td></td>
</tr>
</tbody>
</table>

Total: $275,000.00

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)

$7210

(Signature of Claimant)

Subscribed before me this 25th day of June, 2005.

(Print Name)

(Signature)