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.

CPT, JA
Chief of Claims
MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted], 6-IT6-007

1. Identifying Data: [redacted], Ad Duluyiah, Iraq

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 19 March 2006, in Ad Duluyiah, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $5,300 on 12 June 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: The Claimant alleges his son, [redacted], a IA soldier stationed in Baghdad, was visiting him while on leave. He states that a CP patrol was in the area doing raids and shot his son as he was leaving. The Claimant provided witness statements, a death certificate, and a legal expert opinion to substantiate the claim. A SIGACTS investigation revealed raids in Ad Duluyiah early that day, but made no mention of the alleged incident.

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. There is no evidence to prove Coalition Forces caused this claim.

7. Recommendation: The claim is denied.

CPT, JA
FCC

000375
TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.
From: Name: [Redacted]
POA/ATT: N/A
Power of Attorney provided and interpreter approved: N/A
Decedents: [Redacted] (son)

Hometown: Al Doura
Iraqi Resident: Yes

My claim arose at: Al Doura [Redacted]
My claim arose on: 11/17/19 2006
Month Day Year

Proof of Ownership: N/A
VIN Match: N/A
Interpreter Approved: N/A

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):
Original: [Redacted], cause of death: shot in head + chest
Interpreter Approved: Yes

Medical Report/Legal Expert Opinion: Yes
Interpreter Approved: Yes

Witness Statement (Consistent?): E:witness is mother of CL's son (consistent)
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.)

CL states that his son is an ETA killer stationed in Baghdad. CL states that his son came to visit him for vacation and then went to his unit. When CL's son left the house, CL claims he heard a shot, the sound of his son calling him, went outside and saw his son die. CL states that there was a raid in the area at the time his son was killed. CL states the COP patrol (on foot) walked to his house.

CL states he will bring in his son's ETA ID.

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>Wrongful Death (funeral expenses)</td>
<td>$7,500,000 ID $5,300</td>
</tr>
</tbody>
</table>

Total: $5,300

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

$5,300 local

(Signature of Claimant)

Subscribed before me this _ day of June, 2006.

(Public Notary)

(Signature)