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.
MEMORANDUM OF OPINION

SUBJECT: Claim o-1~6-040

1. Identifying Data

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 10 March 2006 in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2,500 on 20 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 properly filed in a timely manner.

5. Facts: The Claimant alleges that encountered a firefight between CF and AIF during which he was shot. The incident occurred in the Al Qadasia quarter of the city around 1100. A SIGACTS investigation revealed that CF conducted two interdiction operations against an AIF VBIED, however, these incidents occurred in different areas of the city.

6. Opinion:

   a. “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 that the event in question was connected with CF.

   b. “Under AR 27-20, paragraph 10-3, Claims arising "directly or indirectly" from combat activities of the U.S. Armed Forces are not payable. AR 27-20 defines combat activities as, “Activities resulting directly or indirectly from action by the enemy, or by the U.S. Armed Forces engaged in armed conflict, or in immediate preparation for impending armed conflict.” Here, even if the Claimant’s allegations are true, the claim is non compensable because they resulted from combat between AIF and CF.

7. Recommendation: The claim is denied

CPT, JA
Claims Judge Advocate

000403
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: Samarra [Redacted] Iraqi Resident: [Redacted]

My claim arose at: Samarra (Al Qudaysiah Quarter) [Redacted]
(Town) (City) (Country)

My claim arose on: [Redacted] March 10, 2006
Month Day Year

Proof of Ownership: [Redacted]
VIN Match: [Redacted]
Interpreter Approved: [Redacted]

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): [Redacted]
Interpreter Approved: [Redacted]

Medical Report/Legal Expert Opinion: [Redacted]
Interpreter Approved: [Redacted]

Witness Statement (Consistent?): [Redacted]
Interpreter Approved: [Redacted]

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.)

[Redacted]

Evidence: [Redacted]
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.)

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Total: ______________________

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

$2500 ______________________

local $2500

(Signature of Claimant)

Subscribed before me this 20 day of June, 2006.

(Print Name)

(Signature)