MEMORANDUM OF OPINION

SUBJECT: Claim 6-IT6-044

1. Identifying Data: Samarra, Iraq

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 3 February 2006, in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $10,000 on 24 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 an IED detonated on a CF convoy and they started shooting randomly, killing his two children. The Claimant provided witness statements and death certificates to substantiate the claim. A SIGACTS investigation revealed two IED attacks in Samarra during the two previous days, but none on the alleged day.

6. Opinion: This claim is non-compensable under the FCA.

   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. There is insufficient evidence to prove this claim.

   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.” Facts as alleged show CF were reacting to an IED, a combat activity.

7. Recommendation: The claim is denied.

CPT, JA
FCC
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: ✔
Decedents: [Redacted]

Hometown: Samarra

Iraqi Resident: ✔

My claim arose at: Samarra (City)
(Town) (Country)

My claim arose on: Feb 3rd, 2006
Month Day Year

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

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

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

Witness Statement (Consistent?): [Redacted]
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.)

[Redacted]

Evidence:
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: $10,200

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

$10,200

(local)

(Signature of Claimant)

Subscribed before me this 24 day of June, 2006.

(Print Name)

(Signature)