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.

CPT, JA
FCC

000421
MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted], 6-IT6-056

1. Identifying Data: [redacted], Samarra, Iraq

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 29 March 2006, in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2500.00 on 27 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: Claimant alleges CF shot his wife while they were approaching the Samarra General Hospital in their car. The claimant provided death certificates and witness statements to substantiate the claim.

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. A search of the SIGACTS and INTSUM for 29 March 2006 reveals no such activity occurring on said date. There is not enough evidence to prove the claim. This claim is non-compensable under the FCA.

7. Recommendation: The claim is denied.

CPT, JA
FCC
MEMORANDUM OF OPINION

SUBJECT: Claim of 6-I6-056

1. Identifying Data: Samarra, Iraq

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 9 March 2006, in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2500.00 on 9 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 CF shot his wife while they were approaching the Samarra General Hospital in their car. The claimant provided death certificates and witness statements to substantiate the claim.

6. Opinion: A SIGACTS investigation revealed no activity similar to the Claimant’s description of events. A SIGACT on the same date was found describing an IED detonation on IP in what is believed to be the same area of Samarra the claimant claims his wife was shot. However, the said IED detonation was 5 hours prior to the time the claimant claims his wife was shot. Nevertheless, the evidence shows that the damage was caused during combat. 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.” This claim is non-compensable under the FCA.

7. Recommendation: The claim is denied.

CPT, JA
FCC
To: United States Army Foreign Claims Commission
From: ____________________________

POA/ATT: ____________________________
□ Power of Attorney provided and Interpreter approved: ____________________________
Decedents: ____________________________

Hometown: ____________________________ □ Iraqi Resident: Affirmative

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

My claim arose on: ____________________________
Month ____________________________ Day ____________________________ Year 2006

Proof of Ownership: ____________________________
□ VIN Match: ____________________________
Interpreter Approved: ____________________________

Death Certificate (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations)
______________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ___________________ 000424
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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: $28,000

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

$ 28,000 local

(Signature of Claimant)

Subscribed before me this 27th day of June, 2006

(Print Name)

(Signature)