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 101st Airborne Division (Air Assault) Claims Office at DSN 318-845-1022.

CPT, FCC
Foreign Claims Commissioner
MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted], 06-IR8-012

1. Identifying Data: [redacted]

2. Date and place the incident occurred giving rise to the claim: The claim occurred on April 16, 2005 in Samarra, Iraq.

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

5. Facts: The Claimant alleges that her daughter was killed by CF. The daughter was allegedly killed when CF returned fire when they were attacked by an AIF drive-by shooting. The incident allegedly occurred around noon. A SIGACTS investigation (#6595) revealed that an IP patrol was attacked by an AIF drive by shooting near the Golden Mosque in Samarra. The SIGACT reported no Iraqi civilian injuries.

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. Here, there is no action attributable to CF. Claimant’s damage, if real, was caused by combat activity by IP.

7. Recommendation: The claim is denied.

CPT, JA
Claims Judge Advocate
Claims Form

To: United States Army Foreign Claims Commission.
From: [Name]

POA/ATT: [POA/ATT]

Power of Attorney provided and interpreter approved:

Decedents: [Decedents]

Hometown: [Hometown] Iraqi Resident: [Yes/No]

My claim arose at: [Location]
(Town) (City) (Country)

My claim arose on: 6/21/05
Month Day Year

Proof of Ownership: [Proof of Ownership]
Interpreter Approved:

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

Interpreter Approved:

Legal Expert Opinion: [Legal Expert Opinion]
Interpreter Approved:

Witness Statement (Consistent?): 1. Neighbor, executed, CF shot 2. NIF & Killer
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.)

Claimant's daughter killed. - [Claimant's daughter's age]

AIF shot CF convoy - convoy followed AIF car

Turned right - CF shot at car as it turned

Claimant's daughter was hit by CF bullets

Occurred at [time]

Evidence: [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>Wrongful death</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

Total: $2,500

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)

$ 2,500  
local

Signature of Claimant:

Subscribed before me this _2_ day of _JAN_ , 2006.