

26 MAR 06



DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ APO AE 09393

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
Chief of Claims

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24 February 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED]; 06-IA8-304

1. **Identifying Data:** [REDACTED] by POA [REDACTED]
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on January 25, 2006 in Balad, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$7,500 on 19 Feb. 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 CF shot and killed her husband, [REDACTED], when he was driving from home to Ad Duloyia. As he approached a CF checkpoint, his brakes allegedly failed to respond and could not stop. A SIGACTS investigation revealed no escalations of force during the alleged time and place of the 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." Here, there is insufficient credible evidence of this event occurring.
7. **Recommendation:** The claim is denied.

[REDACTED]
[REDACTED]
[REDACTED]
CPT, JA
Claims Judge Advocate

000523

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

POA/ATT: [Redacted] (Relative)

Power of Attorney provided and interpreter approved: *Keep cert copy*

Decedents: [Redacted]

Hometown: _____ Iraqi Resident: _____

My claim arose at: *Ad Dalaayah*

(Town) _____ (City) _____ (Country) _____

My claim arose on: *Jan 25 2006*

Month _____ Day _____ Year _____

Proof of Ownership:

VIN Match: _____
Interpreter Approved: *N/A*

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): *Balad Hospital Bullets to Chest*

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: *Killed Death*

Interpreter Approved: *Yes - but for wife not mother*

Witness Statement (Consistent?): *N/A*

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.)

Wrongful Death
Claimant's son was driving from home to Ad Dalaayah as he approached a CF Check point, his brakes apparently went out and he could not stop. Check point shot the vehicle and killed him

Evidence: *Death Cert / Legal Expert (For Wife)*

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.)

Item

Amount

Wrongful Death

Total: \$7500

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

\$7500 local

[Redacted Signature]

(Signature of Claimant)

Subscribed before me this 19 day of Feb, 2006

[Redacted Name]

(Print Name)

[Redacted Signature]

(Signature)