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

00558
AFZB-JA-C

5 February 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted], 06-IR8-205

1. Identifying Data: [redacted] by Attorney [redacted]

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 29 March 2005 in Taji, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2,500 on 4 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 her son was killed by CF while he was driving his taxi near the Baghdad gate. Witness for the claimant relate that when the convoy approached, the deceased pulled the car over and CF shot him in the car. A SIGACTS investigation revealed no activity meeting the Claimant’s description of events.

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 credible evidence of this event occurring.

7. Recommendation: The claim is denied.

CPT, JA
Claims Judge Advocate
TF Band of Brothers Claims Intake Form

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

POA/ATT: ☐
☐ Power of Attorney provided and interpreter approved:
Decedents: 

Hometown: ____________________ ☐ Iraqi Resident:

My claim arose at: ____________________ (Town)
My claim arose on: ____________________ (Month) ____________________ (Day) ____________________ (Year)

Proof of Ownership: ____________________
☐ VIN Match: NA
Interpreter Approved: ____________________

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):
☐ Yes - Certified Copy From Ministry of Health (Hospital record)
☐ Interpreter Approved: Yes

Medical Report/Legal Expert Opinion: Tikrit Hospital
Interpreter Approved: ____________________

Witness Statement (Consistent?): ____________________
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.)

Wounded

Claimant alleges the US forces killed her son, a taxi driver while he was driving near the Baghdad gate for a customer. She alleges that he was a law-abiding man and now his family has no income.

According to witness, convoy approached, disarmed, praised over and hit & shot him in his car. Alley says multiple shots.

Evidence: Photos/Witness/Death Cert/Medical Records

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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>$1,500</td>
</tr>
</tbody>
</table>

Total: $1,500

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)

$ 1,500

(Signature of Claimant)

Subscribed before me this 4th day of February, 2006

(Print Name)  
(Signature)
To: United States Army Foreign Claims Commission.

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

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

My claim arose on: [Month] [Day] [Year]

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.)

The U.S. forces killed my husband without any reason. He was driver of Taxi Car type of Kia Civia near of Baghdad Gate. The U.S. forces shoted the random fire this led to the killing. And he was obey for all procedures of U.S. forces now we have three children without father. Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

Very very large damages.
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>killed father for three children</td>
<td>$25,000</td>
</tr>
<tr>
<td>because nothing and now we have not any source for life</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

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)

$ 25,000 local 42,000

(Signature of Claimant)

Subscribed before me this ___ day of ___________, 200_.

(Print Name)

(Signature)