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 06-IR8-240

1. Identifying Data: by Attorney

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 17 September 2005 in Balad, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $4,000 on 7 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 husband was shot by a CF while he was serving as a civilian guard near the market in Balad. CF allegedly took the deceased, to the Tikrit hospital, where he pronounced dead on arrival. In support of the claim, the Claimant has presented a death certificate, witness statement, claimant statement and police and judicial records. A SIGACTS investigation revealed no activity meeting 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 insufficient credible evidence of wrongful or negligent acts attributable to CF.

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: [redacted]
POA/ATT: [redacted]

Power of Attorney provided and interpreter approved: Yes - Cert Copy

Decedents: [redacted]

Hometown: [redacted] [redacted] [redacted]

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

My claim arose on: [redacted] 17 2005 (2.13)
Month Day Year

Proof of Ownership: [redacted]
VIN Match: [redacted]
Interpreter Approved: [redacted]

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

Medical Report/Legal Expert Opinion: [redacted]
Interpreter Approved: [redacted]

Witness Statement (Consistent?): [redacted]
Interpreter Approved: [redacted]

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 alleges her husband was a civilian guard for [redacted]

and was shot by [redacted] while on guard duty. [redacted]

took the deceased to [redacted] Hospital - where he was

Advised only to confirm with [redacted] that he was not an employee of [redacted]

Evidence: Death Cert/Witness/
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>$4,000</td>
</tr>
</tbody>
</table>

Total: $4,000

I was insured to the following extent against the damage or injuries I have sustained:

NA

The name and address of my insurer (if any) is:

(Name) NA

(Address) NA

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

$ 4,000 local

(Signature of Claimant)

Subscribed before me this 76 day of February 2006

(Print Name) [redacted]

(Signature) [redacted]