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.

   [Redacted]
   CPT, JA
   Chief of Claims
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [Redacted] (Claim Number 06-IR8-3634)

1. On 11 December 2005, [Redacted]'s husband, [Redacted], was killed by U.S. Forces as he was on the highway near COB Speicher and a U.S. Forces convoy came up from behind him and began shooting at his vehicle. The convoy then stopped and took the deceased to the hospital at COB Speicher.

2. I certify that CERP funds are available to pay [Redacted] in the amount of $2,500.00. This is a condolence payment.

3. The request to pay [Redacted] in the amount of $2,500.00 from CERP has been legally reviewed. There is no legal objection to this payment and it is accordingly approved.

CPT, EN
Project Purchasing Officer
MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted]; 06-IR8-348

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

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 11 December 2005 in Tikrit, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2,500 on 4 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 properly filed in a timely manner.

5. Facts: The Claimant alleges CF killed her husband, [redacted], while he was a passenger in a vehicle which was allegedly shot by CF. The deceased’s vehicle was on the highway near COB Speicher when a CF convoy allegedly came from behind and started to shoot at the vehicle. The convoy then allegedly stopped and took the deceased to the hospital. A SIGACTS investigation revealed that a small arms attack was initiated against a CLP about 4 km southwest of Tikrit. Two rounds were fired at the convoy resulting in one TCN WIA. The individual was taken to the CSH at COB Speicher for treatment.

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, the claimant’s husband was killed by AIF.

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
Decedents: [redacted]
Hometown: [redacted]
Iraqi Resident: [redacted]

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

My claim arose on: Dec 11 2005
Month Day Year

Proof of Ownership: 
VIN Match:
Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):
GSW (head and back) Speicher(GSW) 11 Dec 05
Interpreter Approved: Yes

Medical Report/Legal Expert Opinion: No
Interpreter Approved:

Witness Statement (Consistent?): We (driver) I was driving the car between two convoys when the first convoy came behind them and there is another convoy in front of them and this convoy start shooting at them and the two passengers were killed and then the convoy stopped and took them to the hospital.
Interpreter Approved: Yes

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.)

Evidence: Witness, Death Certificate
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:

NA

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 4th day of March, 2006

(Print Name)

(Signature)