



DEPARTMENT OF THE ARMY
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
TASK FORCE BAND OF BROTHERS
FORWARD OPERATING BASE SPEICHER
APO AE 09393


U-1138-1001
U Feb 00

AFZB-JA-C

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: Already paid a GWP by COL Breto
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 provided 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

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TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted] (wife)

POA/ATT: (Cousin) [Redacted]
Power of Attorney provided and interpreter approved: Yes, Certified Copy

Decedents: [Redacted] (Husband)

Hometown: _____ Iraqi Resident: Yes

My claim arose at: Ad duluiyah (Town) _____ (City) _____ (Country)

My claim arose on: Aug 13 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): Yes - From Ad duluiyah Hospital - Saw Original (kept Copy)
COD - Bullet Wounds to Chest

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: From Al Hadamidi Hospital / Bullet head / 2 in Chest / 1 in Back

Interpreter Approved: _____

Witness Statement (Consistent?): W1 - (Neighbor) heard bullets coming from patrol, saw CF firing at the CF lot found dead. W2 - (Neighbor) - found deceased after CF firing in area. IA took to 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.)

Wrongful Death

Claimant alleges that her blind husband was killed by CF Convoy while in his home, while she was out feeding the livestock. Alleges Convoy was in the area and began firing into the neighborhood.

Evidence: Death Certificate / Witness / Medical Report / Death Cert

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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.)

<u>Item</u>	<u>Amount</u>
Wrongful Death	

Total: \$3000

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)

\$ 3000

local

[Redacted Signature]
(Signature of Claimant)

Subscribed before me this 30 day of January, 2006.

[Redacted Name]
(Print Name)

[Redacted Signature]
(Signature)

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted]

Address: [Redacted]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Al-Dulayhah
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () Not a subrogee

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

US Army

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: Al-Ba'raj (Town) Sakhdain (City) Iraq (Country)

My claim arose on: Aug (Month) 13 (Day) 2005 (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.)

In the date mention above I left my house and my husband in the house with my kids because of it is far away from the city, after that the person who live near our house come to me and told me that the American forces went to the house by tank and kill my husband and destroy the farm tools causing damage to me. In addition to that

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Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

big damage

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
as shown in the legal expert reports	10,000 \$

Total: 10,000 \$

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)

\$ 10,000

local



[Redacted Signature]

(Signature of Claimant)

Subscribed before me this 29 day of Aug, 2005.

His wife / [Redacted Name]
(Print Name)

[Redacted Signature]

(Signature)

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