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
AFZB-JA-C

MEMORANDUM OF OPINION

SUBJECT: Claim of 06-JR8-161

1. Identifying Data: Ad Duloyia, Iraq.
2. Date and place the incident occurred giving rise to the claim: The claim occurred on 13 August, 2005 in Ad Duloyia, Iraq.
3. Amount of claim and date it was filed: Claimant filed a claim for $3,000 on 30 Jan. 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 killed by a CF convoy. A SIGACTS investigation revealed various instances of CF patrols receiving small arms fire and IEDs in the vicinity.
6. Opinion: There is insufficient credible evidence to prove this claim. Even if the incident had been documented, the claim would likely be precluded by the combat exception. "Under AR 27-20, paragraph 10-3, Claims arising "directly or indirectly" from combat activities of the U.S. Armed Forces are not payable. AR 27-20 defines combat activities as, "Activities resulting directly or indirectly from action by the enemy, or by the U.S. Armed Forces engaged in armed conflict, or in immediate preparation for impending armed conflict."
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: [Signature]
Power of Attorney provided and interpreter approved: [Yes, Certified Copy]

Decedents: [Names]

Hometown: [City] (City) (Country)

Iraqi Resident: [Yes]

My claim arose at: [Ad dakhilah]

My claim arose on: [August 13, 2015]

Month Day Year

Proof of Ownership: [NA]

VIN Match: [NA]

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):

1. From Ad dakhilah Hospital - Saw Original (kept copy)

Interpreter Approved:

Medical Report, Legal Expert Opinion:

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.)

Witness Death

Claimant alleges that her blind husband was killed by CF Conroy while in his home... Neighbors confessed after Conroy's trial.

Evidence: [Death Certificate, Witness, Medical Report, Draft 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>$3000</td>
</tr>
</tbody>
</table>

Total $3000

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)

$ 3000

(local currency)

(Signature of Claimant)

Subscribed before me this 30 day of January, 2006

(Print Name)

(Signature)
To: United States Army Foreign Claims Commission.
From: [Name redacted]
Address: [Address redacted]

I am
a. A citizen and national of: [Iraq]
b. A permanent resident of: [Al-Qahira]
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)

[Signature redacted]

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-Baghdadi] (Town) [Saddown] (City) [Iraq]

My claim arose on: [Aug] [13] [2005] (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.)

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

as shown in the legal expert report

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

(Signature of Claimant)

Subscribed before me this 29 day of Aug, 2005.

His wife / (Print Name)

(Signature) 000628