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 Tikrit Claims Office at DNVT 584-1084.

CPT, FCC
Foreign Claims Commissioner
MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted], 06-IR8-004

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

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 4 January 2005 in Sammara, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2,500 on 27 Dec. 2005.

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 his brother went to evening prayer and witnessed a CF sniper shoot and kill his other brother. A SIGACTS investigation for the relevant time period was unavailable. Claimant alleges the decedent was deaf and almost blind and got shot on Al Shawaf Street in Sammara.

6. Opinion: 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." Here, there is a presumption that snipers do not kill innocent civilians during force protection. There is no evidence of wrong-doing. Accordingly, this claim is non compensable because it is incident to a combat activity.

7. Recommendation: The claim is denied.

CPT, JA
Claims Judge Advocate
Claims Form

To: United States Army Foreign Claims Commission.
From: Name: [Redacted]
POA/ATT: [Redacted]
Power of Attorney provided and interpreter approved: [Redacted]

Hometown: [Redacted]  Iraqi Resident: [Redacted]

My claim arose at: [Redacted] [Redacted] [Redacted]
My claim arose on: [Redacted] [Redacted] [Redacted]

Proof of Ownership: [Redacted]
Interpreter Approved: [Redacted]

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

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.)

Claimant’s brother went to go to evening prayer & witnessed a cr sniper shot & killed his brother - Decedent is dead & almost blind and got shot & us tried to treat him but he D.O.W.
Occurred on "Al Shewat" street in Samara

Evidence: [Redacted]
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>Wrong door</td>
<td>$2500</td>
</tr>
</tbody>
</table>

Total: $2500

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)

$ 2500.00

(Signature of Claimant)

Subscribed before me this 27 day of DEC, 2005.

(Print Name)

(Signature)