

Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____

Address: _____

I am

- a. A citizen and national of: _____
- b. A permanent resident of: _____
- 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)

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: _____

(Town)

(City)

(Country)

My claim arose on: _____

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.)

- ① Brother was driving when a shooting occurred
- ② claimer it was an accident
- ③ One died one injured
- ④ Car was damaged
- ⑤ Not sure if had combat
- ⑥ claimer and car care to victim and treated them
- ⑦ claimer saw what happen. Nearly saw what happen
- ⑧ Apology from U.S. Gov
- ⑨ Not aware of what happened his brother was

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

Brother's → 24, 21

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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>
Death of brother	\$2,500
INJURY to brother	\$3,000,000 <input checked="" type="checkbox"/>
Damage to vehicle	\$4,000

Total: _____

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)

\$ _____ local _____



(Signature of Claimant)

Subscribed before me this 9 day of January, 2005.

(Print Name)

(Signature)

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST INFANTRY DIVISION
OFFICE OF THE STAFF JUDGE ADVOCATE
FORWARD OPERATING BASE DANGER, IRAQ APO AE 09392

REPLY TO
ATTENTION OF:

AETV-BGJA

30 January 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED]

1. **Identifying Data:** [REDACTED]

2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 13 January 2005, Balad, Iraq.

3. **Amount of claim and date it was filed:** The claimant filed a claim for \$8,555 on 9 January 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 filed in a timely manner.

5. **Facts:** The claimant alleged that U.S. Forces shot and killed one of his brothers, shot and injured another brother, and shot and damaged the vehicle they were using. However, the evidence supporting this claim is weak at best. There are no pictures of what happened. In addition, there a check of local records yielded no results.

6. **Opinion:** The claim is denied, as there is not enough evidence to prove that the claim occurred as alleged.

7. **Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
Chief, Claims

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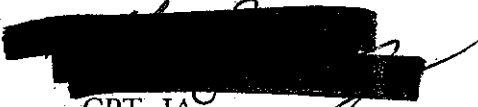
DEPARTMENT OF THE ARMY
HEADQUARTERS, 1st INFANTRY DIVISION
OFFICE OF THE STAFF JUDGE ADVOCATE
FORWARD OPERATING BASE DANGER, IRAQ APO AE 09392

AETV-BGJA

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 provided additional evidence, then the appeal will be denied.
4. POC is the Tikrit Claims Office at DNVT 553-3362.


CPT, JA
Foreign Claims Commissioner

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