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DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

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 584-1084.



CPT, JA
Foreign Claims Commissioner

000882



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

22 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 05-IA3-1674

1. **Identifying Data:** [REDACTED], Bayji, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 26 January 2005, in Bayji, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$3,000 on 20 August 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 alleges that U.S. Forces wrongfully shot and killed his son, while he was walking to the market. Claimant alleges that his son left the house at 1830 to go the market. At 1900 the claimant heard shooting outside. U.S. Forces stopped him from leaving the house. Iraqi Police transported his son to the hospital, where he died. The claimant provided corroborating witness statements and medical records. Division records reported that the claimant's son was setting up an IED, when U.S. Forces arrived. He fled the scene and was shot and killed. The son was listed as an Enemy Killed In Action.
6. **Opinion:** This claim is barred by the combat exception.
7. **Recommendation:** The claim is denied.

[REDACTED]
[REDACTED]
CPT, JA
Chief, Claims

000883

Claims Form

To: United States Army Foreign Claims Commission

From: Name:

POA/ATT: [Redacted]

Power of Attorney provided and interpreter approved:

Decedents: [Redacted]

(Father)

(SON)

17 y.o.

Hometown: Bayji

Iraqi Resident: [Redacted]

My claim arose at:

(Town)

Bayji

(City)

Iraq

(Country)

My claim arose on:

Month

JUN

26

Day

2005

Year

1900 to 1930

Proof of Ownership:

Interpreter Approved:

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

Interpreter Approved:

Legal Expert Opinion: Meds

Interpreter Approved:

Witness Statement (Consistent?): W, (Shop)

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.)

C's son left home at 1830 to go to shops in Bayji - 20 meters away. At 1900 C hears shooting, US forces stop C from leaving his house. IP transport C's son to hospital. Son dies at Bayji hospital.

Evidence:

000884

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

W.D

Total: ~~4~~ 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)

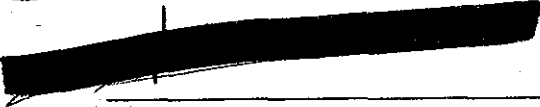
(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$


3000


local


(Signature of Claimant)

Subscribed before me this

20 day of Aug, 2005.


(Print Name)


(Signature)

700 885