MEMORANDUM FOR Record

SUBJECT: Claimant 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 supporting your claim. If the appeal is sent after 30 days have 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, JA
Chief of Claims

000914
MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted], 06-IR8-378

1. Identifying Data: By Attorney [redacted]

2. Date and place the incident occurred giving rise to the claim: The claim occurred on November 11, 2005 in Balad, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $3,000 on 7 March 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: On November 11, 2005 Claimant alleges that the driver of a privately owned vehicle was shot in the face and subsequently died. The Decedent was allegedly pulled over on the shoulder of the road when the convoy passed and the last vehicle in the convoy shot the decedent in the face. A SIGACTS investigation revealed no activity on the time, date or location meeting the claimant’s description of the events.

6. Opinion: “Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful.” There is insufficient credible evidence to substantiate this claim. The claim is too old to verify Claimant’s allegations.

7. Recommendation: This claim is denied.

CPT, JA
Claims Judge Advocate
TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.
From: Name: [Redacted]
POA/ATT: [Redacted]

☐ Power of Attorney provided and interpreter approved:
Decedents: [Redacted]

Hometown: [Redacted]  □ Iraqi Resident: [Redacted]

My claim arose at: Balad (Town) - Aziz.Balad (City), Iraq (Country)

My claim arose on: [Redacted] (Month) 11 (Day) 05 (Year)

Proof of Ownership:
☐ VIN Match: [Redacted]
Interpreter Approved: [Redacted]

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

Interpreter Approved: Information matches the medical report and witness
Medical Report/Legal Expert Opinion: Information matches
Interpreter Approved: Information matches
Witness Statement (Consistent?): [Redacted] (Driver went to decedent car)
Interpreter Approved: Information matches

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.)

According to the word (passenger) in the Decedent (driver) was driving when he saw an (IEF convoy) come from behind, the driver pulled over the road, after the convoy pass through the road, the last C of car shot (1 bullet) to the car to the drivers face and killed him.

Evidence: witness, paper, medical report, death cert 006916
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>$5000 for Dead Person</td>
<td></td>
</tr>
</tbody>
</table>

Total: $5000

I claim as damages: (Indicate amount in U.S. dollars and local currency)
$ 5000

(Signature of Claimant)

Subscribed before me this 7 day of March 2006.

(Print Name)  
(Signature)