DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

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
MEMORANDUM OF OPINION

SUBJECT: Claim of [Redacted]; 06-IR8-439

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

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 16 January 2006 in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2,500 on 18 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: The Claimant alleges that a CF patrol fired on a tomato track and killed his brother [Redacted]. A SIGACTS investigation revealed that a tractor trailer carrying tomatoes approached a CF observation post. The OP tried to get the truck to stop with hand and arm signals and disabling shots. The truck continued to accelerate and the passenger of the vehicle began to shoot a handgun at the CF with 6 rounds impacting the HUMVEE. The patrol engaged the vehicle with crew served weapons and killed the two persons in the vehicle.

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, claimant's damage was caused by CF engaged in combat with AIF. The claim is clearly not compensable.

7. Recommendation: The claim is denied.
TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.
From: Name: ________________________________

POA/ATT:  

[ ] Power of Attorney provided and interpreter approved:

Decedents: ________________________________

Hometown: ________________________________  [ ] Iraqi Resident:

My claim arose at: ___________________________

(Town) ____________________________ (City) ____________________________ (Country) ____________________________

My claim arose on: ____________________________

Month _______ Day _______ Year _______

Proof of Ownership: ____________________________

[ ] VIN Match: ____________________________

Interpreter Approved: ____________________________

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

[ ] 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.)

Evidence: Death Certificate

0000020
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.)

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Total: ___________________________

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

$ ____________ local ________________

(Signature of Claimant)

Subscribed before me this ____ day of ____________, 200__.

(Print Name)

(Signature)