MEMORANDUM OF OPINION

1. Identifying Data: 06-I3A-017

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

3. Amount of claim and date it was filed: Claimant filed a claim for $4,500 on 7 November 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 CF hit his car head on with a Bradley Fighting Vehicle while driving on the wrong side of the road. A SIGACTS investigation revealed no information reference this incident.

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 wrongfull. Here, there is insufficient evidence suggesting that CF caused the alleged damage.

7. Recommendation: The claim is denied.

CPT, JA
Chief of Claims
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
Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted]
POA/ATT: [Redacted]

☑ Power of Attorney provided and interpreter approved:

Decedents: [Redacted]

☐ Iraqi Resident:

Hometown: __________________________

My claim arose at: __________________

(Town) (City) (Country)

My claim arose on: SEP 11 05

Month Day Year

Proof of Ownership: I will bring original document and on 8-MN 05

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Will bring death dates two men death on 8-nov 05

Interpreter Approved:

Legal Expert Opinion: Medical report for mortl guy — treat many, went on fire, left leg many

Interpreter Approved: [Redacted]

Witness Statement (Consistent?): From brother

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.)

BFV was driving up the road changed over to the opposite lane.
and drove toward oncoming traffic — Claimant driving didn't realize it was a BFV until it hit the rear, hurt but dead.
on and the BFV ran over the rear — Killed 2 people — secondly

moved and destroyed 2 vehicles (Deney Prime) + (Mabedah 1482)

US forces came to hospital to visit him. Gave him paper but let help.

Evidence: His note of 117th TRes Co + Hawkeye 25

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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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle - Dropped into home</td>
<td>$300.00</td>
</tr>
<tr>
<td>Les nancy -</td>
<td>$1500.00</td>
</tr>
<tr>
<td>High tech -</td>
<td>$5400.00</td>
</tr>
</tbody>
</table>

Total: $9500.00

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 ___ day of Nov, 200__.

(Print Name) ____________________________  (Signature) ___________________________________________

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