MEMORANDUM OF OPINION

SUBJECT: Claim of [redacted], 06-IA3-237

1. Identifying Data: [redacted]

2. Date and place the incident occurred giving rise to the claim: The claim occurred on April 13, 2005 in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $3,000 on 19 Dec. 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 the decedent, [redacted], was shopping in Samarra. A CF convoy allegedly drove by and shot the decedent near the Samarra public garage, in the Al Katasia quarter of the city. About 30 minutes prior to the shooting, there was an alleged fire fight between CF and AIF about 800 meters from the site of the alleged incident. A SIGACTS investigation revealed no activity resembling the Claimant's description of events for the relevant time and place.

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. Here, there is no credible evidence suggesting this event actually occurred.

7. Recommendation: The claim is denied.

CPT, JA
Claims Judge Advocate
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 101st Airborne Division (Air Assault) Claims Office at DSN 318-845-1022.

CPT, FCC
Foreign Claims Commissioner
Claims Form

To: United States Army Foreign Claims Commission
From: Name: [redacted]
POA/ATT: N/A
☐ Power of Attorney provided and interpreter approved:
Decedents: [redacted]
Hometown: [redacted] ☐ Iraqi Resident:

My claim arose at: Samarra
(Town) (City) (Country)

My claim arose on: 13 Apr. 05
Month Day Year

Proof of Ownership: N/A
☐ Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): original seen - given to C, kept copy. ☐ Original seen - kept copy

☐ Interpreter Approved:

Legal Expert Opinion: N/A
☐ Interpreter Approved:

Witness Statement (Consistent?): (I) shopper - same story

☐ 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.)

Decedent was shopping & CF patrol shot husband
- Samarra public garage, Al Kadism Qtr. of Samarra

Contact between CF & AIF.

Witnesses say that the decedent was shot after the contact between AIF & CF.

Decedent was 800 meter away from called, 30 arms and elapi

Evidence: original death cert, witnesses
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>Wrongful death</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

Total: $3,000

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)

$3,000        local

(Signature of Claimant)

Subscribed before me this 19th day of Dec, 2005.

(Print Name) (Signature)