MEMORANDUM OF OPINION

SUBJECT: Claim of 6-IR8-240

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

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 18 December 2005 in Ishaki, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2,500 on 7 Feb. 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 her husband was shot by a CF convoy. The deceased, [Redacted] was allegedly shot by CF when the deceased’s car was approaching an intersection with the road in which the CF convoy was traveling. In support of the claim, the Claimant has presented an original death certificate, two witness statements and a claimant statement. A SIGACTS investigation revealed no activity meeting the Claimant’s description of events at the relevant time or 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 insufficient credible evidence of wrongful or negligent acts attributable to CF.

7. Recommendation: The claim is denied.

CPT, JA
Claims Judge Advocate
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 FOR Record

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CPT, JA
Chief of Claims
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: N/A

VIN Match: 

Interpreter Approved: 

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

Interpreter Approved:

Medical Report/Legal Expert Opinion: N/A

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.)

CF convoy shot C's car which was approaching him on a side street. So meter separated the car & control of the street intersection. Decedent has 7 children- C's son was killed.

Evidence: Original death cert, witness XZ claimed — L to C in the car, but was not shot.
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>$2,500</td>
</tr>
</tbody>
</table>

Total: $2,500

I was insured to the following extent against the damage or injuries I have sustained:

N/A

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)

$2,500          local

(Signature of Claimant)

Subscribed before me this 7 day of Feb, 2006.