



DEPARTMENT OF THE ARMY
HEADQUARTERS, 101st AIRBORNE DIVISION (AIR ASSAULT)
TASK FORCE BAND OF BROTHERS
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

12 May 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 6-IR8-607

1. **Identifying Data:** [REDACTED], Ad Duluyiah
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 12 August 2005, in Ad Duluyiah, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$7,500 on 18 April 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 filed in a timely manner.
5. **Facts:** The Claimant alleges her husband was walking home when he was shot by a CF convoy. The Claimant provided two witness statements and a death certificate to substantiate the claim. A SIGACTS investigation revealed no activity similar to the Claimant's description of 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 not enough evidence to prove the claim. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

[REDACTED]

CPT, JAA
FCC

001157

6-118-607
16 May 06



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

001158

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: [redacted] (wife)

POA/ATT: [redacted]

Power of Attorney provided and interpreter approved:

Decedents: [redacted]

Hometown: _____ Iraqi Resident: _____

My claim arose at: Adiclyria - City Centre
(Town) (City) (Country)

My claim arose on: Aug 12 05
Month Day Year

Proof of Ownership: _____

VIN Match: _____

Interpreter Approved: NA

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): bullets all over the body

Interpreter Approved: need to see the original Death C.

Medical Report/Legal Expert Opinion: killed by C.F. bullets

Interpreter Approved: match Death C.

Witness Statement (Consistent?): w1 - mechanical

Interpreter Approved: w2 - labor saying the same story

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.)

Claimant (wife) ^{alleged} said that her husband was walking home when C.F. convoy came to the area and start shooting all over the area and he killed by these bullets.
close to police station in Adiclyria / main Hq/

Evidence: POA, Death C., witness

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.)

Item	Amount
\$7500 Dead Person	

Total: \$7500

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

\$ 7500 local

[Redacted Signature]

(Signature of Claimant)

Subscribed before me this 18 day of Apr, 2006.

[Redacted Name]
[Redacted Name]