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 provided additional evidence, then the appeal will be denied.

4. POC is the Tikrit Claims Office at DNVT 584-1084.

CPT, FCC
Foreign Claims Commissioner

001202
AFZB-JA-C

MEMORANDUM OF OPINION

10 December 2005

SUBJECT: Claim of 06-IA3-193

1. Identifying Data: by POA

2. Date and place the incident occurred giving rise to the claim: The claim occurred on August 8, 2005 in Tikrit, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $4,000 on 6 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 a CF convoy fired at his vehicle when driving from Tikrit to Bayji. The CF convoy allegedly approached from behind and fired at the vehicle. Claimant’s son was killed when he was struck in the back of the hit. A SIGACTS investigation revealed no incidents meeting the claimant’s description of events for the relevant time period.

6. Opinion: There is insufficient evidence of negligent or wrongful acts attributable to CF. Even if this incident had been documented in SIGACTS, the claim is non compensable because it is incident to a combat activity. 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.”

7. Recommendation: The claim is denied.

CPT, JA
Claims Judge Advocate
Claims Form

To: United States Army Foreign Claims Commission.
From: [Name]

Hometown: [Hometown]

My claim arose at: Tikrit

My claim arose on: Aug 8, 2005

Proof of Ownership: [Proof of Ownership]

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

Witness Statement (Consistent?): [Witness Statement]

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.)

Wrongful Death

Claimant's son was driving from Tikrit to Baghdad. CF came upon claimant's vehicle from behind and pulled over to side of road into oncoming traffic. Claimant's vehicle pulled over as well. The Claimant's son was shot and killed. The CF vehicle then backed up, and the Claimant's son was hit in the head.

Evidence: Witness Statements
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>$2000</td>
</tr>
</tbody>
</table>

Total: $2000

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

[Blank]

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)

$4000 local

(Signature of Claimant)

Subscribed before me this 6th day of Dec., 2005.

(Print Name)

(Signature)