AFZB-JA-C

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
MEMORANDUM OF OPINION

SUBJECT: Claim of 6-IR8-660

1. Identifying Data: Samarra, Iraq

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 25 June 2005, in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $3,000 on 29 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: Claimant alleges that a Coalition Forces convoy started shooting because traffic congestion was blocking the street. Claimant alleges son was riding his bike in the area and was shot in the head. Coalition Forces took the Claimant's son to the hospital. Claimant provided two witness statements and a dated certificate of death, stating cause of death as bullets to the head.

6. Opinion: 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. The evidence shows that the damage was caused during combat. This claim is non-compensable under the FCA.

7. Recommendation: The claim is denied.
TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.
From: Name: [Redacted] (Father)
POA/ATT: [Redacted] (Son)

□ Power of Attorney provided and interpreter approved:
□ Decedent: [Redacted] (Son)

Hometown: ____________________ □ Iraqi Resident: ____________________

My claim arose at: [Redacted] - Albanian St.
(Town) (City) (Country)

My claim arose on: June 25 05
Month Day Year

Proof of Ownership:
□ VIN Match: ______
Interpreter Approved: ______

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): ______
Interpreter Approved: ______

Medical Report/Legal Expert Opinion: Cause of Death is bullet in head
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.)

Claimant alleges that his son was using his bike when C-130 convoy started shooting in the area to get their way in cause there was too many C-130's in the street.
The kid got shot in his head and the people took him to the hospital. C-130's fell on him and told his family to go fill a claim.

During the day
12:30 pm

Evidence: POA, Death Certificates, 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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td>Dead person</td>
<td></td>
</tr>
</tbody>
</table>

Total: $5,000

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

$3,000 local

(Signature of Claimant)

Subscribed before me this 29 day of AP, 200_

(Print Name)

(Signature)