DHFT-JA

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 Tikrit Claims Office at DNVT 553-3362.

CPT, JA
Foreign Claims Commissioner
MEMORANDUM OF OPINION

SUBJECT: Claim of [Redacted], 05-JA3-1336

1. Identifying Data: [Redacted], Samarra, Iraq

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 3 March 2005, in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2,500 on 22 June 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 filed in a timely manner.

5. Facts: Claimant alleges that his son was killed by U.S. Forces. Claimant was allegedly in front of his house when he heard a gunshot. He assumes that it was an AIF shooting at U.S. Forces. Shortly after a missile allegedly hit his neighbor’s house, causing a large explosion. His wife and son were in their house. He ran into his house and allegedly found his wife screaming and his eight month old son bleeding from the nose and ears. His son was allegedly dead. The claimant provided corroborating witness statements, which simply stated U.S. Forces randomly shot and killed the claimant’s son. The witnesses provided no more detail than that. The claimant also provided a photocopy of a death certificate and a police report with a scene sketch. There is no record of this incident in Division records.

6. Opinion: There is insufficient evidence to indicate that U.S. Forces caused the death of the claimant’s child.

7. Recommendation: The claim is denied.

CPT, JA
Chief, Claims
To: United States Army Foreign Claims Commission.

From: Name: [redacted]

POA/ATT: [redacted]

Power of Attorney provided and interpreter approved: [redacted]

Decedents: [redacted]

Hometown: Samarra  [redacted] Iraqi Resident: [redacted]

My claim arose at: Samarra Samarra Iraq

(Town) (City) (Country)

My claim arose on: March 3 2005

Month Day Year

Proof of Ownership: [redacted]

Interpreter Approved: [redacted]

Death Certificate: [redacted]

Interpreter Approved: [redacted]

Legal Expert Opinion: [redacted]

Interpreter Approved: [redacted]

Witness Statement: US Forces killed son

Interpreter Approved: [redacted]

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.)

US Forces shot and killed son.

In front of house.

Missile hit his neighbors property.

I heard screaming in my house.

Son was killed by explosion.

Son bleding from nose & mouth.

Wife was with son near damaged car damaged.

Evidence: [redacted]
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.)

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<tr>
<th>Item</th>
<th>Amount</th>
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Total: **2500**

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)

$ 2500  
local  

(Signature of Claimant)

Subscribed before me this 22 day of JUNO, 2002.

(Print Name)  
(Signature)