



6 NOV
6-1A3-001

DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE, 3D INFANTRY DIVISION (FORWARD)
TASK FORCE LIBERTY, OPERATION IRAQI FREEDOM
FORWARD OPERATING BASE SPEICHER
APO AE 09393

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 provided additional evidence, then the appeal will be denied.

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

[REDACTED]
CPT, FCC
Foreign Claims Commissioner

001483



DEPARTMENT OF THE ARMY
Headquarters, 1st Brigade Combat Team
Task Force Liberty, Forward Operating Base Speicher, Iraq
APO AE 09393

AFZP-JA

31 October 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IA3-001

1. **Identifying Data:** [REDACTED], Samarra, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 13 September 2005 in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000.00 on 30 October 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 U.S. forces shot his brother as he was crossing the street to buy vegetables for the family. Claimant stated that two other people were killed and that CF paid the family members \$5000.00 for each person killed. The unit allegedly ran out of money and couldn't pay the claimant. The soldiers did apologize to the claimant. Claimant offered a death certificate, witness statements, and court documents to substantiate the claim. SIGACTS did not report any such incident.
6. **Opinion:** There is insufficient evidence to support this claim. The unit responsible for the area where the alleged incident took place has no record of any LN engagement on that day and did not pay any family for wrongful death.
7. **Recommendation:** The claim is denied.

[REDACTED]
[REDACTED]
CPT, JA
FCC

001484

Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____

POA/ATT: _____

Power of Attorney provided and interpreter approved: _____

Decedents: _____

(10 yrs old - official ID seen)

Hometown: SAMARRA

Iraqi Resident: _____

My claim arose at: _____

Samarra

(Town)

(City)

(Country)

My claim arose on: _____

SEP

13 (1630)

05

Month

Day

Year

Proof of Ownership: _____

N/A

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Bullet in head + chest

FROM SAMARRA HOSPITAL

Interpreter Approved: _____

Legal Expert Opinion: _____

N/A

Interpreter Approved: _____

Witness Statement (Consistent?): X2 Consistent but not eyewitnesses

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.)

SENT 10 yo. Brother to shop to get vegetables Near the mosque
Brother tried to cross the street - Z. Ra'ah neighborhood
Didn't see any fighting w/ terrorists - 2 others killed
Claimant was in the house when the shooting started - came out to see brother killed

(Committee came to pay other 2 families \$5000.00)

Evidence: D. Cert, wit statements, court docs

001485

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.)

<u>Item</u>	<u>Amount</u>
Wrongful death	\$5000.00

Total: \$5000.00

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)

\$ _____ local _____

(Signature of Claimant)

Subscribed before me this 30 day of OCT, 2005.

(Print Name)

(Signature)