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
MEMORANDUM OF OPINION

SUBJECT: Claim of [Redacted], 6-IR8-587

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

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 02 October 2005, in Samarra, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $2,500 on 11 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 shot and killed his son during a battle with AIJ. The claimant provided a death certificate and witness statements to substantiate the claim.

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

7. Recommendation: The claim is denied.

CPT, JA
FCC
TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission
From: Name: ________________

POA/ATT: ________________
Power of Attorney provided and interpreter approved:

Decedents: ________________

Hometown: ________________ [ ] Iraqi Resident: ________________

My claim arose at: ________________
(Town) ________________ (City) ________________ (Country)

My claim arose on: ________________
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):
Name ____________________________ Cause of Death ____________________________ Age _______ Time of Death ____________________________
Interpreter Approved: ________________

Medical Report/Legal Expert Opinion: ________________ [ ] 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.)

Child born 2001

5 year old child allegedly shot & killed

AIF & CF battle, child was allegedly standing in front of house when a stray bullet struck her. ________________ (city) southern

Evidence: death cert.

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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>
</table>

Total: $2,500

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

$2,500

local

(Signature of Claimant)

Subscribed before me this 11 day of April, 2006.