



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

19 NOV 05
6-2A3-054

AFZP-VA-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, JA
Foreign Claims Commissioner

001601



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE COMBAT TEAM
3RD INFANTRY DIVISION (TASK FORCE BAND OF BROTHERS)
FOB SPEICHER, IRAQ APO AE 09393

AFZP-VA-JA

18 November 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IA3-054

- 1. Identifying Data:** [REDACTED], Sharqat, Iraq
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 9 July 2005, in Sharqat, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$7,000.00 on 14 November 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 a CF patrol struck and killed his two sons as they crossed the street near the family home. The claimant stated that the patrol stopped and handed the family a claims card, which the family lost. The claimant provided death certificates, a witness statement, and court documents to substantiate the claim.
- 6. Opinion:** There is insufficient evidence to indicate that U.S. Forces were involved in this incident. A search of SIGACTS revealed no such incident. It is highly unlikely that the incident would go unreported if the patrol stopped to render assistance.
- 7. Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
FCC

001602

Claims 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: _____

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): yes - but they are not original. Family is keeping original docs for purpose of filing w/ govt.

Interpreter Approved: _____

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.)

convoy struck children as they crossed the street. convoy gave claims cards, but I lost it. 2 children were killed. 11 o'clock in morning.

Big trucks - 4 or 5 trucks?

1 truck closed the road, while the rest of the vehicles proceeded through the circle.

Evidence: 2 death certificates (but Khalid will take them back w/ him)

001603

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.)

Item	Amount
child	3,500
child	3,500

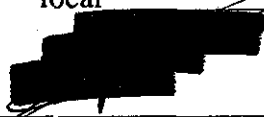
Total: \$7,000

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)
\$ 7,000 _____ local _____



(Signature of Claimant)

Subscribed before me this 14 day of NOV, 200 .



(Print Name)


(Signature)