



**DEPARTMENT OF THE ARMY**  
OFFICE OF THE STAFF JUDGE ADVOCATE  
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)  
OPERATION IRAQI FREEDOM, COB SPEICHER  
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

13 January 2006

MEMORANDUM OF OPINION

SUBJECT: [REDACTED] 06-IA3-020

1. **Identifying Data:** [REDACTED]
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 7 August 2005 in Al-Sharqat, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$6,000 on 8 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 properly filed in a timely manner.
5. **Facts:** The Claimant alleges that CF driving in a convoy hit his two children and killed them. A SIGACTS investigation revealed no information reference this incident.
6. **Opinion:** Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful. Here, there is insufficient evidence suggesting that CF caused the alleged damage.
7. **Recommendation:** The claim is denied.

[REDACTED]  
CPT, JA  
Chief of Claims

001605



6-1A3-020  
BND

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

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

001606

# Claims Form

To: United States Army Foreign Claims Commission.

From: Name: \_\_\_\_\_

POA/ATT: \_\_\_\_\_

Power of Attorney provided and interpreter approved: *Will bring original - Have copy*

Decedents: *X* \_\_\_\_\_

COB: \_\_\_\_\_

Hometown: \_\_\_\_\_

Iraqi Resident: \_\_\_\_\_

My claim arose at: \_\_\_\_\_

*SHARQAT*

(Town)

(City)

(Country)

My claim arose on: \_\_\_\_\_

Month

Day

Year

Proof of Ownership: \_\_\_\_\_

Interpreter Approved: *N/A*

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): *GOOD - COB no head trauma*

Interpreter Approved: \_\_\_\_\_

Legal Expert Opinion: \_\_\_\_\_

Interpreter Approved: *N/A*

Witness Statement (Consistent?): *X* \_\_\_\_\_

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.)

*US patrol Army from Tikrit to Shargat - two children  
tried to cross the street in front of the convoy  
and hit the kids - killed both children - patrol did  
not stop*

Evidence: *Death certs,*

001607

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
Wiring & dev't x 2	\$ 6000.00

Total: \$ 6000.00


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 8 day of NOV, 2005.

\_\_\_\_\_  
  
(Print Name)  
\_\_\_\_\_  
  
(Signature)