MEMORANDUM FOR Claimant

SUBJECT: Claim Denial

5 June 2005

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.

   (i) Other: Claimant was ATF

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.
MEMORANDUM OF OPINION

SUBJECT: Claim of [Redacted], 05-I-A3-740.1

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

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 19 or 20 January 2005, in Balad, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $3,000 on 26 March 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 her husband was shot and killed by U.S. Forces. Claimant alleges her husband is a security guard at a nearby school. On the night in question he heard noises at the school and went to investigate. She alleges he was shot and killed by U.S. Forces as he approached the school. Task Force 1-77 reported that they were ambushed at the school by AIF forces. They responded fire and the claimant’s husband was listed as one of the AIF killed in action by them. The claimant provided a corroborating witness statement, death certificate and a police report with a scene sketch.

6. Opinion: There is sufficient evidence to indicate that U.S. Forces killed the claimant’s husband. However, those forces were responding to enemy fire at the time. The enemy fire was coming from the claimant’s husband. This case falls within the combat exception.

7. Recommendation: The claim is denied.

CPT, JA
Chief, Claims

001713
To: United States Army Foreign Claims Commission.
From: [Name]

POA/ATT: ____________________________
Decedents: ____________________________

Hometown: ____________________________

□ Iraqi Resident

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

My claim arose on: ____________________________
Month ____________________________, Day ____________________________, Year 2005

Proof of Ownership: [Interpreter Approved: N/A]

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): [Good Name: [Redacted] GSW - CF the arms]

[Interpreter Approved: ]

Legal Expert Opinion: YES - All good JP + Judge approved statements

[Interpreter Approved: ]

Witness Statement (Consistent?): Eyewitness - 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.)

1. [Redacted]
2. [Redacted]
3. [Redacted]

0017% 4
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>
<tbody>
<tr>
<td>Wrongful death</td>
<td>$3,000.00</td>
</tr>
</tbody>
</table>

Total: $3,000.00

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 26 day of March, 2005.

(Print Name)  
(Signature)