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 provide additional evidence, then the appeal will be denied.

4. POC is the Tikrit Claims Office at DNVT 553-3362.

[Signature]

CPT, JA
Foreign Claims Commissioner
DHFT-JA

MEMORANDUM OF OPINION

15 June 2005

SUBJECT: Claim of [redacted] 05-IA3-1254

1. Identifying Data: [redacted], Tikrit, Iraq

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 9 April 2005, in Tikrit, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for $3,000 on 12 June 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 son was wrongfully killed by a UXO. Claimant’s son was a shepherd. He was leading the sheep through north Tikrit, near an ammo storage site, when he picked up a UXO from a cluster bomb. The UXO detonated and he was killed. Claimant’s brother lives near the area and found the boy’s body. The claimant provided a death certificate, autopsy report and a police report with a scene sketch. Division records could not verify this event.

6. Opinion: This is a horrible loss for the claimant. Unfortunately, there is insufficient evidence to indicate that U.S. Forces caused the death of the claimant’s son.

7. Recommendation: The claim is denied.

CPT, JA
Chief, Claims
Claims Form

To: United States Army Foreign Claims Commission
From: Name: P0AfAl-P
POA/ATT: @

□ Power of Attorney provided and interpreter approved:
Decedents: (San - 15)

Hometown: ____________________ □ Iraqi Resident: ____________________

My claim arose at: ______

My claim arose on: ____________ (Town) ____________ (City) ____________ (Country)
Month Day Year

Proof of Ownership: Yes - book signed - C20 was killed from explosion

□ Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):

□ Interpreter Approved:

Legal Expert Opinion: ❌

□ Interpreter Approved:

Witness Statement (Consistent?): No witness statements - the witness saw the body

□ 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. Son was a shepherd leading sheep near Tal'at, was playing with a UXO from a cluster bomb
2. The UXO exploded and killed him
3. Claimant's brother has seen the area and he said the Ked blown up

Evidence: Student Death Cert
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>Wage lost</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 12 day of  , 2005.

(Print Name)  
(Signature)