



DEPARTMENT OF THE ARMY
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
TASK FORCE BAND OF BROTHERS
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

1 July 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 6-IT6-060

1. **Identifying Data:** (b)(6) Bayji, Iraq

2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 17 December 2005, in Bayji, Iraq.

3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000 on 1 July 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:** The Claimant alleges her husband, (b)(6) was riding in a taxi that was shot during an EOF. She states that the taxi caught fire and her husband burned to death in the vehicle. The Claimant provided a photograph, witness statements, and a death certificate to substantiate the claim. A SIGACTS investigation revealed no activity similar to the Claimant's description of events.

6. **Opinion:** Under AR 27-20, paragraph 10-3, Claims arising "directly or indirectly" from combat activities of the U.S. Armed Forces are not payable. AR 27-20 defines combat activities as, "Activities resulting directly or indirectly from action by the enemy, or by the U.S. Armed Forces engaged in armed conflict, or in immediate preparation for impending armed conflict. Allegations show this claim arose from an EOF, a combat activity. This claim is non-compensable under the FCA.

7. **Recommendation:** The claim is d

(b)(3),(b)(6)

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CPT, JA
FCC

CENTCOM 005487

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N:	(b)(6)	
Date..	5 AUG 06	التاريخ
Claim No..	6-IT6-060	رقم المعاملة
Reason ...	CS	السبب
Appointment with...	SJA	الموعد
Signatur	(b)(3),(b)(6)	التوقيع

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26142

6-176-060
8 Jul 06



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

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 (b)(2)High

(b)(3),(b)(6)

CPT, JA
FCC

CENTCOM 005489

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TF Band of Brothers Claims Intake Form



To: United States Air Force Claims Commission
 From: Name: _____ (b)(6) (wife of dead)
 POA/ATT: _____ (b)(6)
 Power of Attorney provided and interpreter approved: N/A/MPS match
 Decedents: _____ (b)(6)
 Hometown: _____ Iraqi Resident: _____

My claim arose at: Bayji
 My claim arose on: NOV 17 2005
(Town) (City) (Country)
Month Day Year
 Proof of Ownership: N/A
 VIN Match: _____
 Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): 3rd degree burns
Names match
 Interpreter Approved: - seen original

Medical Report/Legal Expert Opinion: N/A
 Interpreter Approved: _____

Witness Statement (Consistent?): ① Engineer - we stopped @ CP. 10m away from Humvee
 Interpreter Approved: did you shoot them w/ the 50 cal

② child - my father was killed by CF @ CP.
 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.)

NEAR Oil Factory | 6-IR8-356 → companies
(Abu Jowari Area) | claim.
N. Area of Bayji | 0530 a.m.

"Snap" CF checkpoint. Taxi. CF allegedly told taxi to go forward w/ wave. Then the CF started to shoot @ the vehicle, Orange & white taxi. 2 dead people from incident.

Evidence: Witness X2, photos, 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.)

<u>Item</u>	<u>Amount</u>
<u>Wrongful death</u>	

Total: \$5,000

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

\$ 5,000 local _____

(b)(6)

Subscribed before me this 1 day of July, 2006

MT

(b)(3),(b)(6)

(b)(3),(b)(6)

✓

TF Band of Brothers
Foreign Claims Cover Sheet

File #: 6-IT6-060

Name: _____ (b)(5) _____

POA/ATT: _____ (b)(6)

Date Received: 1 July 06 **Date of Incident:** Nov Dec 17, 2005

Claim Amount: 5,000 **Location:** Bayji

Next Apt: 8 July 06 **Contact Info:** _____

Translation: _____

Further Investigation:

Contact S-2 **Check Sigacts** No sigacts similar EoFs 17 Dec 05 in area

Approved **Denied** de 1 Jul (b)(3),(b)(6)
No SIGACT for GWP

Goodwill Payment recommended: _____
 Approved: _____ **Denied:** _____

MVA **RAID** **LOST** **NEG FIRE** **REAL**
 OTHER: _____

Appeal

Denied

1/E

I checked the 1-3 ID
Records & found nothing.
I found the SIGACT
which was used to
substantiate companion
claim, & realized that
the SIGACT could not
have been a match.
Previous companion claim was
paid in error.

Na

(b)(6)

PA:

Date.. ~~7~~ 8 July 06.....

التاريخ

Claim No. 6-IT6-060.....

رقم المعاملة

Reason .. </s>.....

السبب

Appointment with... SJA.....

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Sig

(b)(3),(b)(6)

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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

MEMORANDUM FOR RECORD

SUBJECT: Waiver of Notification

1. I, the Claimant, hereby agree that if I fail to provide any requested evidence to the CMOC Claims Office within sixty (60) days of the date below or to request a written extension of the sixty (60) day period, such inaction shall constitute an affirmative act of abandonment of my claim, and my claim shall be administratively closed in accordance with the provisions of DA PAM 27-162, paragraph 13-3(f).

2. I further agree that if I wait longer than sixty (60) days from the date below to return to the CMOC to receive notification of the final disposition of my claim or to request a written extension of the sixty (60) days period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance above.

1. انا المشتكى هنا اوافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة ستون (60) يوما , هذا سوف يسبب عدم تكوين تأكيد لفضيتي , ويسبب ذلك فضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ايم 162-27, من الفقرة 13-3(ف)).

2. وانا كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لفضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما , هذا سوف يتسبب برفض قضيتي . والقضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature: _____

Sworn before _____, on _____ day of _____ 200_____.

CENTCOM 005495

Police

Foreign Language Text

Foreign Language Text, (b)(6)

C.S. statement

Foreign Language Text

Foreign Language Text, (b)(6)

WC

Foreign Language Text

Foreign Language Text, (b)(6)

W.

Foreign Language Text

Foreign Language Text, (b)(6)

Judge

Foreign Language Text

Foreign Language Text, (b)(6)

Page 15 redacted for the following reason:

Foreign Language Text, (b)(6)

170813 Dec 05 IED S of Baiji
1-33 CAV No damage/casualties

171913 Dec 05 1-187 S of Baiji
EOP ~~the state of~~ 1xLN
wounded in arm (b)(6)

6-129-356 happened on
17 Nov 05 and
paid \$2,500 (b)(3),(b)(6)

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(b)(6)

26157

Page 18 redacted for the following reason:

Foreign Language

6-IT6-060-00018

26158