

6-IR8-460 \

CENTCOM 005144

6-IR8-460-00001

**TF Band of Brothers**  
**Foreign Claims Cover Sheet**

**File #:** 6-IR8-460

**Name:** \_\_\_\_\_ (b)(6) \_\_\_\_\_

**POA/ATT:** \_\_\_\_\_ (b)(6) \_\_\_\_\_

**Date Received:** ~~March 18/06~~ March 18/06 **Date of Incident:** ~~Nov 2/05~~ Nov 2/05

**Claim Amount:** \$2800 **Location:** Beigi

**Next Apt:** 25 Mar 06 **Contact Info:** \_\_\_\_\_

**Translation:** \_\_\_\_\_

**Further Investigation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact S-2**  **Check Sigacts**  \_\_\_\_\_

**Approved**  **Denied**  b)(3),(b)(6) 24 Mar 06

**Goodwill Payment recommended:** \_\_\_\_\_

**Approved:** \_\_\_\_\_  **Denied:** \_\_\_\_\_

**MVA**  **RAID**  **LOST**  **NEG FIRE**  **REAL**  
 **OTHER:** \_\_\_\_\_

6-IR8-460  
25 Mar 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 101<sup>st</sup> Airborne Division (Air Assault) Claims Office at DSN (b)(2)High

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

CPT, JA  
Chief of Claims

CENTCOM 005146

6-IR8-460-00003



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 101<sup>st</sup> AIRBORNE DIVISION (AIR ASSAULT)  
TASK FORCE BAND OF BROTHERS  
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

24 March 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6)

1. **Identifying Data:** (b)(6), Bayji, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 2 November 2005, in Bayji, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 25 March 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:** Claimant alleges that while driving through Bayji to go to the market CF fired at their vehicle with out reason. The claimant provided death certificate, medical reports and witness statements to substantiate the claim.
6. **Opinion:** The evidence shows that the damage was caused during combat. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

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

CPT, JA  
FCC

CENTCOM 005147

6-IR8-460-00004

# TF Band of Brothers Claims Intake Form

To: United States

From: Name: \_\_\_\_\_ (b)(6)

POA/ATT: \_\_\_\_\_ (b)(6)

Power of Attorney provided and interpreter approved: Saw Original / kept copy

Decedents: \_\_\_\_\_ (b)(6)

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

My claim arose at: Bayji

My claim arose on: Nov (Town) 2 (City) 2005 (Country)  
Month Day Year

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

VIN Match: \_\_\_\_\_

Interpreter Approved: NA

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): \_\_\_\_\_ (b)(6)

Interpreter Approved: Yes

Medical Report/Legal Expert Opinion: Bayji - Entrance from Bullet / Exit other Side of Head

Interpreter Approved: Yes  
W - (Casualty) - we were in car when deceased was shot by CF took him to hospital / out

Witness Statement (Consistent?): W - (brother in law) - same as above

Interpreter Approved: Yes

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.)

Claimant alleges her husband was a passenger in the front seat of his son-in-law's car traveling from industrial area in Bayji to market. CF Convoy in area and vehicle traveling on road. Not sure why CF were stopping.

Young mother - with (b)(6) girls.

Evidence: Witness / Death Cert / med Report

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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>
Wrongful Death	

Total: \$2,500

I claim as damages: (Indicate amount in U.S. dollars and local currency)  
\$ 2500 local \_\_\_\_\_

(b)(6)  
\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this 18 day of March, 2006

CAJ (b)(3),(b)(6) -  
(Print Name)  
\_\_\_\_\_  
(Signature) (b)(6)



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. أنا المشتكى هنا اوافق على اني اذا فشلت في اثبات طلبي بالاملة 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 تكويد لفضيتي , ويسبب نلك قضيتي سوف تترك و تغلق اداريا طبقا للقتون (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 لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما , هذا سوف يتسبب برفض قضيتي . و القضية سوف تغلق اداريا وفقا للقتون.

(b)(6)

Claimant Signature: \_\_\_\_\_

Sworn before \_\_\_\_\_

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

on 18 day of Mar 2006.

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Pages 8 through 17 redacted for the following reasons:

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Foreign Language Text