

6-IR8-468

CENTCOM 005161

6-IR8-468-00001

TF Band of Brothers
Foreign Claims Cover Sheet

File #: 6-IR8-468

Name: _____ (b)(3)

POA/ATT: _____ (b)(3)

MAR 2 2006

Date Received: MAR 2 1 2006 **Date of Incident:** MAR / July / 15 / 05

Claim Amount: 6,000 **Location:** Samarra

Next Apt: 4 April 06 **Contact Info:** _____

Translation: _____

Further Investigation:

- POA needed

Contact S-2 **Check Sigacts**

Approved **Denied** C/E

Goodwill Payment recommended: \$2,500

Approved: _____ **Denied:** _____

MVA **RAID** **LOST** **NEG FIRE** **REAL**

OTHER: _____

CENTCOM 005162

6-IR8-468-00002

(b)(2)High

- SAF

recovered from

allegedly

(b)(2)High

RPG attack on TF 3-69

1 LZ drove vehicle
between cross fire & was
killed



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

23 March 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6)

1. **Identifying Data:** (b)(6) by Attorney (b)(6)

2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 1 January 2005 in Samarra, Iraq.

3. **Amount of claim and date it was filed:** Claimant filed a claim for \$6,000 on 21 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 properly filed in a timely manner.

5. **Facts:** The Claimant alleges that her husband, (b)(6) age 65 was standing in the street when a CF convoy, pulling out of the parking lot of the Youth Center, opened fire, killing him. The incident allegedly occurred in the Garbia quarter of the city. A SIGACTS investigation revealed that a TF 3-69 patrol was attacked with RPG fire. At least one local national was killed when he drove his vehicle in between the cross fire between CF and AIF.

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." Here, claimant's injury was caused during a combat engagement with AIF.

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

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

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

CPT, JA
Claims Judge Advocate

CENTCOM 005164

6-IR8-468-00004

6-IR8-408

4 Apr 00



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
Chief of Claims

CENTCOM 005165

6-IR8-468-00005

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission

From: Name: _____ (b)(6) _____

POA/ATT: _____ (b)(6) _____

Power of Decedents: _____ (b)(6) _____

Hometown: Samara Iraqi Resident: _____

My claim arose at: _____ Samara _____
 (Town) (City) (Country)

My claim arose on: _____ 15 July 05 _____
 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): _____ COO - bullets in his body _____
 _____ Dated MATCH _____

Interpreter Approved: _____

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

Interpreter Approved: _____

Witness Statement (Consistent?): ① (b)(6) guy - CF shot the deceased.

Interpreter Approved: _____ ② cousin - husband & my daughter
↳ inconsistent → weird family Rebr

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.)

Youth center - CF there. Houses across the
(only one in town) street. Guy standing in front of the home.
1st Humvee shot the C's husband (b)(6).
CF was pulling man from the Youth center &
shot the (b)(6) guy. Unknown line.

West Samara → Garbia Qtr.

Evidence: _____

claimants statement court

Foreign Language Text

IF REFERRED to, include

Foreign Language Text

Foreign Language Text

Page 10 redacted for the following reason:

Foreign Language Text

Liama's statement

Foreign Language Text

Foreign Language Text

Pages 12 through 16 redacted for the following reasons:

Foreign Language Text



DEPARTMENT OF THE ARMY
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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 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 تأكيد لقصيتي , ويسبب ذلك قصيتي 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 لقصيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما , هذا سوف يتسبب برفض قصيتي . و القضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature: _____

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

CENTCOM 005177

6-IR8-468-00017