

U-1R8-587

TF Band of Brothers
Foreign Claims Cover Sheet

File #: 6-IR8-587 /

Name: _____

(b)(6)

POA/ATT _____

Date Received: 11 April 06 Date of Incident: 2 Oct 05

Claim Amount: 2,500 Location: Samarra

Next Apt: 25 April 06 Contact Info: _____

Translation: _____

Further Investigation:

Contact S-2 Check Sigacts _____

Approved Denied C/E 14 Apr 06

*Appeal denied
1 May 06*

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

~~Approved 14 Apr 06~~
et (b)(3), (b)(6)

Goodwill Payment recommended: _____
 Approved: _____ Denied: _____

MVA RAID LOST NEG FIRE REAL
 OTHER: _____

'1644

973 MP Co received
direct fine.

-Unit did not
Return fine

-fine was random &
not directed at any one

60-1R8-587
25 Apr 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)(6), (b)(3)

CPT, JA
Chief of Claims

CENTCOM 005316



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

AFZB-JA-C

14 April 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6), 6-IR8-587

- 1. Identifying Data:** (b)(6) Samarra, Iraq
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 02 October 2005, in Samarra, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 11 April 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 a Coalition Forces shot and killed his son during a battle with AIF. The claimant provided a death certificate 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)(6)

CPT, JA
FCC

CENTCOM 005317

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission. (b)(6)
From: Name: _____ (b)(6)
POA/ATT: _____
 Power of Attorney provided and interpreter approved: _____
Decedents: _____ (b)(6)
Hometown: _____ Iraqi Resident: _____

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

My claim arose on: 2 Oct 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): CDP - shot
date match
 Interpreter Approved: _____

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

Witness Statement (Consistent?) ① Eyewitness - saw child hit
 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.)

Child born 2001 10:00 a.m.
5 year old child allegedly shot & killed
AIF & CF battle. Child was allegedly
standing in front of house when a stray
bullet struck her At Mutawh - inside
150 m away. city / southern

Evidence: 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>
<i>wrongful death child</i>	

Total: 2,500

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

\$ 2,500 local _____

(Signature of Claimant)

(b)(6)

Subscribed before me this 11 day of April, 2006.

CPT

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

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

State ment of wittness ((b)(6)) lives in Sammara ministry of interior employed says that

In 1/10/2005I was in my duty in sammara ereaat 2:00 at that time there were a wedding party and they were shooting in the air and there were an american patrol they heard the shoting and open fire randimly .We knows that there is alittle girl inquired and there is abig wond in her head which led to kill her after they took her to the hospital .

Wittness

the officer

(b)(6)

Statement of wittness ((b)(6)) lives in Sammara ,IP employed says that .

In 1/10/2005 I was in the checkpoint in sammara area when there were a lotof cars croose the cheek point ,it was a wedding party at that time the American Forces reach the location ,I heard some shooting and I found that the Americar open fire randimly which led to hit alittle girl in her head and die .

Wittness

the officer

(b)(6)

Page 9 redacted for the following reason:

foreign language, (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. انا المشتكي 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 لقضيتي, ويسبب نك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ايم 162-27, من الفقرة 13-3-ف).

2. لو اننا 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 للقانون.

(b)(6)

Claimant Signatur _____

Sworn before _____, on 11 day of April 2006.

Page 11 redacted for the following reason:

foreign language, (b)(6)

Claims Form

To: United States Army Foreign Claims Commission.

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

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Sammarra
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

U.S Army

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) _____

My claim arose at: Sammar SabkDah Iraq
(Town) (City) (Country)

My claim arose on: oct 2nd 2005
Month Day Year

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.)

In the date mention above at 10:00 in the morning
the American forces entered Sammarra city
and open fire randomly which led to kill
my daughter C (b)(6) which
led to kill her immediately as shown in the legal
expert report and death certificate which shows
the reason of death

Pages 13 through 16 redacted for the following reasons:

Foreign Language
foreign language

**Al-Duluyeha Investigation
Court**

SUB/ Damage reoprt

Claimant : - (b)(6)

According to the decision taken by the court to evaluate the damage happened to the claimant as a result of

Killing her daughter by randomly shooting in

--Sammara area.

. this cause big damage to the claimant . After seeing the police reoprt and the statement of witness and pictures ,I evaluate the damage as shown in the following table.

No	Details	Qua	Price \$
1	<i>Killing her daughter by randomly shooting which she fall near her house.</i>	-	<u>2500</u>
Foreign Language Text			

Total price 2500 \$

Legal expert

(b)(6)

28/ oct / 2005