

6-188-640

CENTCOM 005358

TF Band of Brothers
Foreign Claims Cover Sheet

File #: 6-IR8-640

Name: _____ (b)(6) _____

POA/ATT: _____

Date Received: ~~24~~ ²⁴ April 06 **Date of Incident:** ~~24~~ ²⁴ July 05

Claim Amount: \$3000 **Location:** Samarra

Next Apt: NA **Contact Info:** _____

Translation: _____

Further Investigation:

Contact S-2 **Check Sigacts** _____

Approved **Denied** (b)(3)(b)(6) C/E 29 Apr 06

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

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

6-TR8-640
22 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)(3),(b)(6)

CPT, JA
Chief of Claims



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

AFZB-JA-C

29 April 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 6-IR8-640

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

2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 06 April 2006, in Samarra, Iraq.

3. **Amount of claim and date it was filed:** Claimant filed a claim for \$9,500 on 23 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 started firing on her vehicle as she drove past. The claimant was already paid a GWP for the death of her husband during the incident. The claimant provided photographs, legal expert statement 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 005361

TF Band of Brothers Claims Intake Form

To: United States Army

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

POA/ATT: _____

Power of Attorney provided and interpreter approved: _____

Decedents: _____ *NA*

Hometown: _____ Iraqi Resident: _____

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

My claim arose on: July 27 2005
Month Day Year

Proof of Ownership: Sales "K"

VIN Match: X

Interpreter Approved: Matches Photo (b)(6)

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

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: Car completely blown & destroyed

Interpreter Approved: Yes

W1 - (eye witness) saw US patrol shooting towards dead guy's vehicle.

Witness Statement (Consistent?): Yes (b)(3)(b)(6)

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's husband was driving in Samarra when CF began shooting (likely returning fire) and he & the vehicle were hit. She was paid a GWP for her husband in Jan 06

1987 Brazil (E?)

Evidence: Photos/Witness



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 تكليد لقضيتي , وبسبب ذلك قضيتي 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 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 Sig:

Sworn before

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

7 day of Apr 2006.

Page 8 redacted for the following reason:

Foreign Language, (b)(6)

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Page 10 redacted for the following reason:

Foreign Language, (b)(6)

Foreign Language Text

Plaintiff's statement court

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

W11 COURT

Foreign Language Text

Foreign Language Text

CENTCOM 005369

Page 13 redacted for the following reason:

Foreign Language, (b)(6)

Claimant's statement court

Foreign Language Text, (b)(6)

Page 15 redacted for the following reason:

Foreign Language, (b)(6)

CENTCOM 005373

w/2 police station

Foreign Language Text, (b)(6)

Civil Military Operations Center

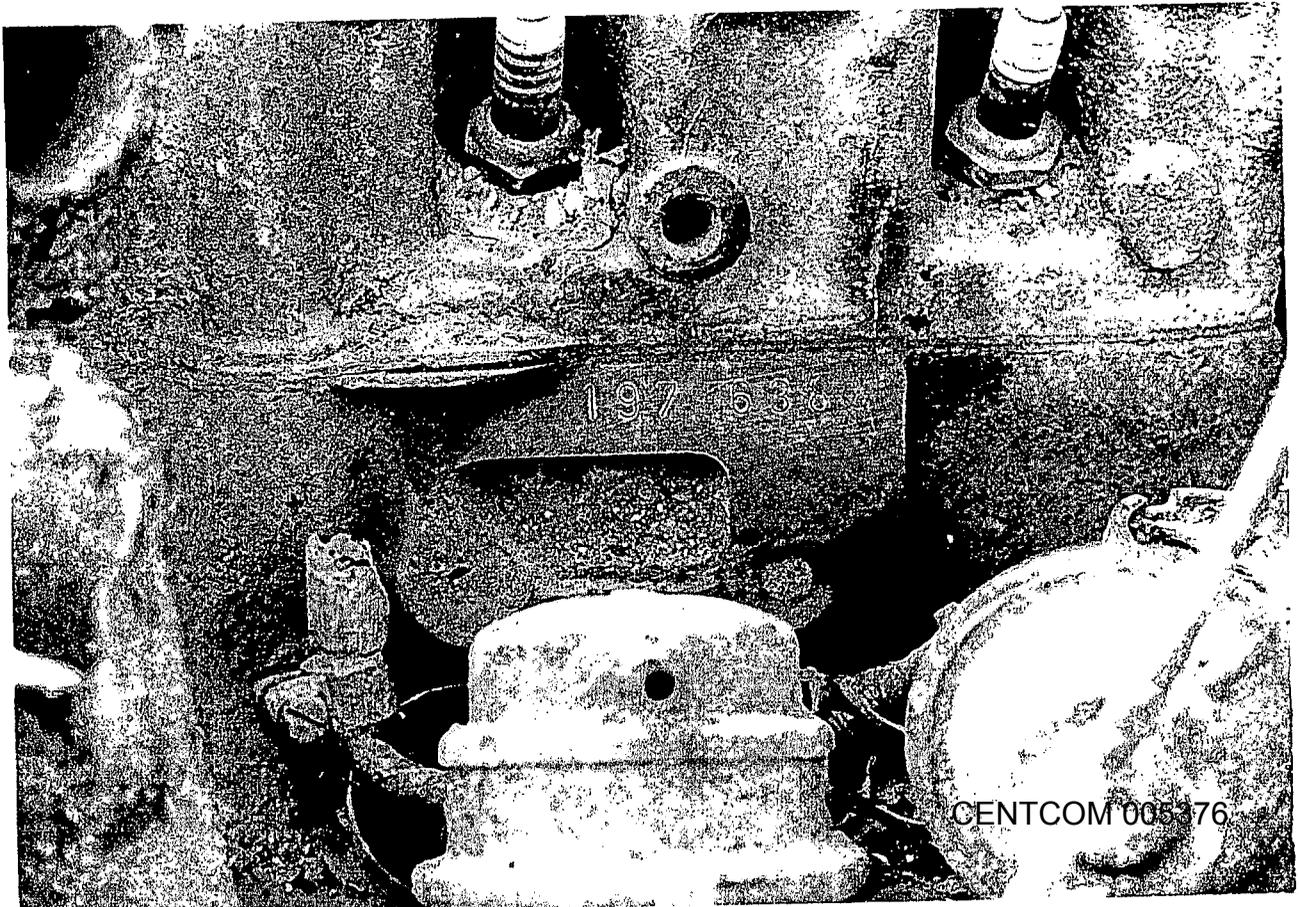
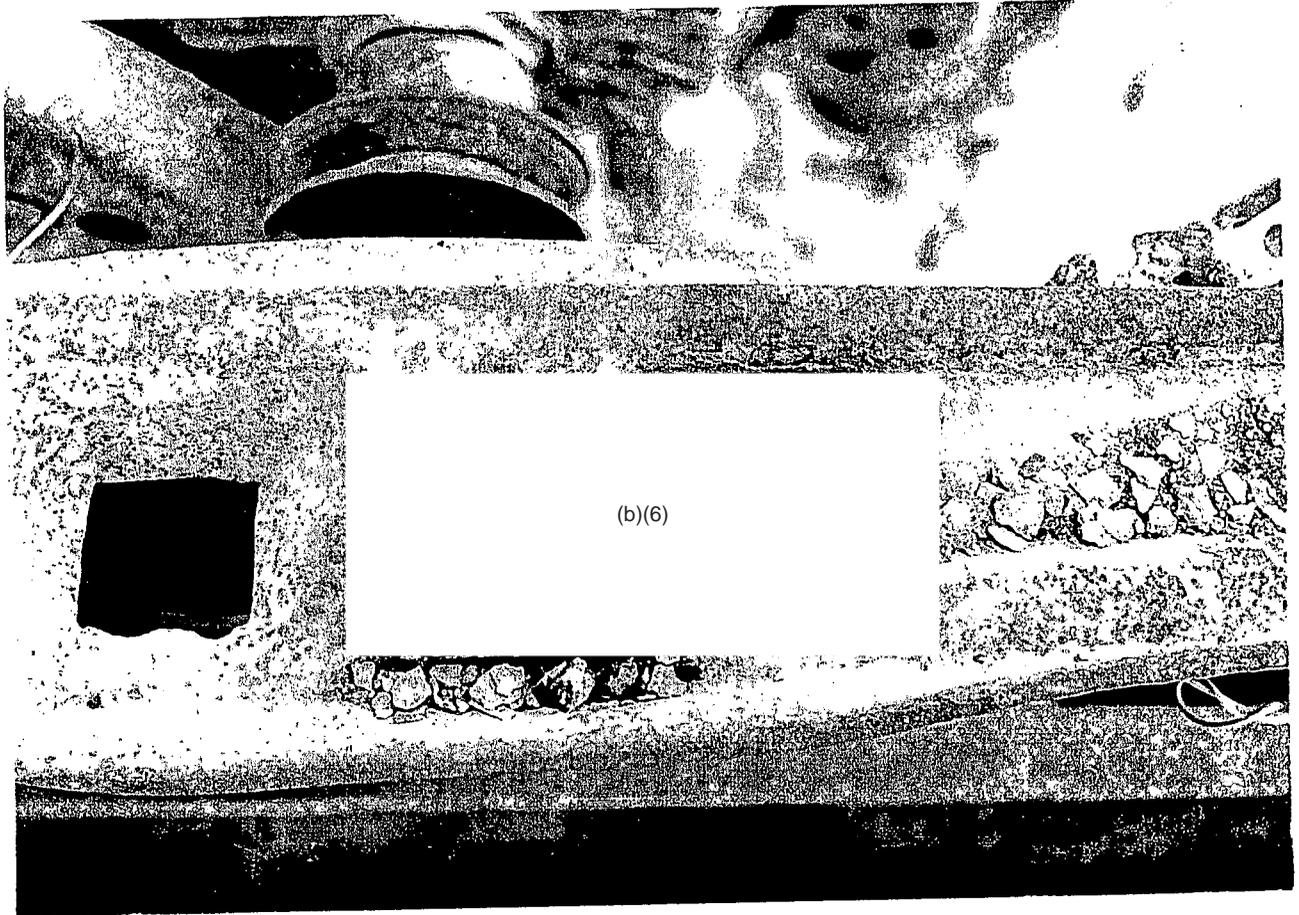
The holder of this slip has business to conduct at the US Army Civil Military Operations Center at FOB Speicher. Business hours are Saturday through Tuesday, from 10:00 to 16:00 hours. To be admitted to the CMOC you must have your Jentsia ID and all pertinent paperwork, including evidence or witnesses if filing a claim. **This slip is only for entrance to discuss your claim, it is not a guarantee.**

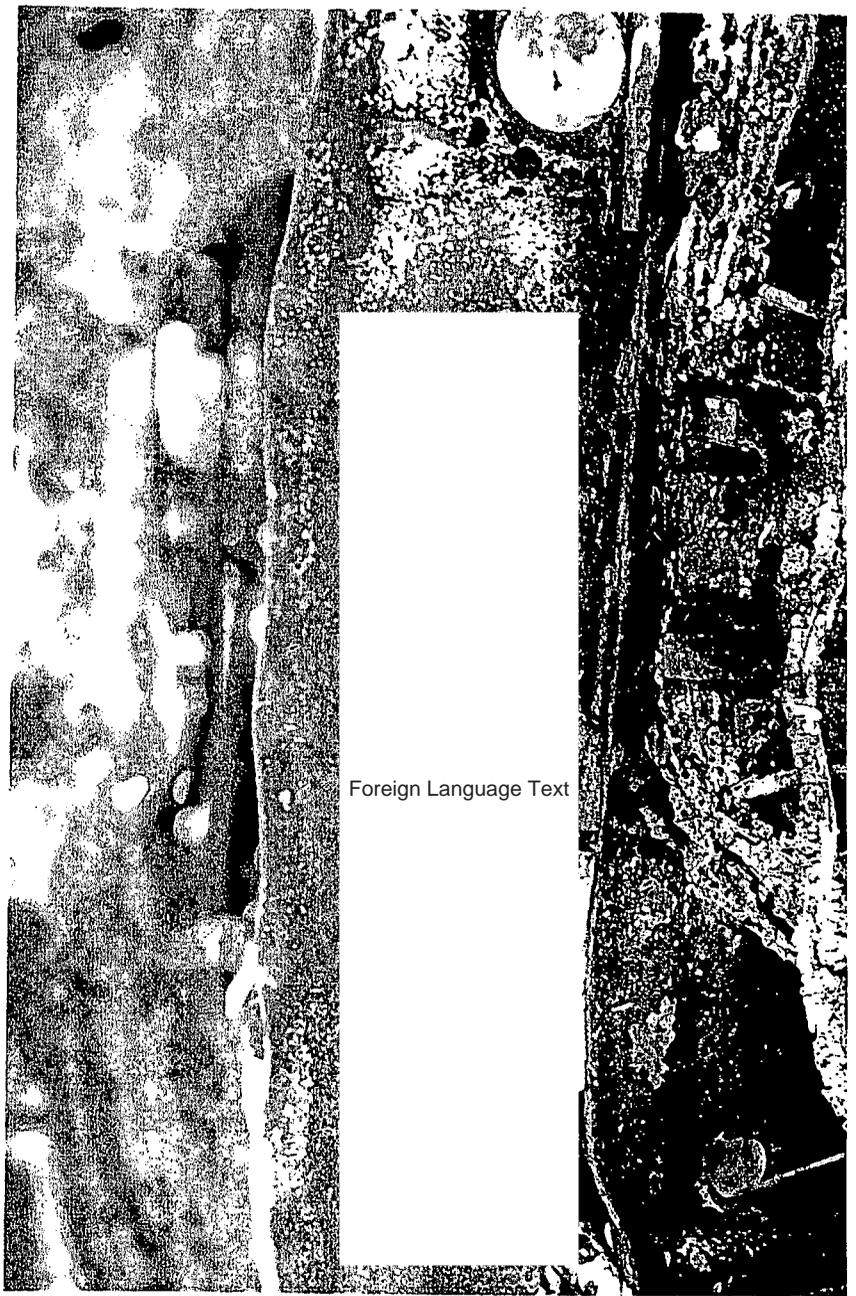
المركز المدني لعمليات الجيش

حامل هذه القصاصه لديه عمل يقوم به في المركز المدني للعمليات الجيش في
قاعدة اسبايكر ساعات العمل من السبت الى الثلاثاء من 10 صباحا الى 4
مساء. لدخول المركز يجب احضار هوية جنسية، مستندات العمل مرفقا بالادلة او
الشهود اذا كان لديه شكوى. ملحوظة هذه القصاصه فقط للدخول لمناقشة
الشكوى وليست ضمان لحل المشكله

CA JAG PPO

CENTCOM 005375





Foreign Language Text