



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

25 June 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 6-IT6-044

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

2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 3 February 2006, in Samarra, Iraq.

3. **Amount of claim and date it was filed:** Claimant filed a claim for \$10,000 on 24 June 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 an IED detonated on a CF convoy and they started shooting randomly, killing his two children. The Claimant provided witness statements and death certificates to substantiate the claim. A SIGACTS investigation revealed two IED attacks in Samarra during the two previous days, but none on the alleged day.

6. **Opinion:** This claim is non-compensable under the FCA.

a. Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful. There is insufficient evidence to prove this claim.

b. 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." Facts as alleged show CF were reacting to an IED, a combat activity.

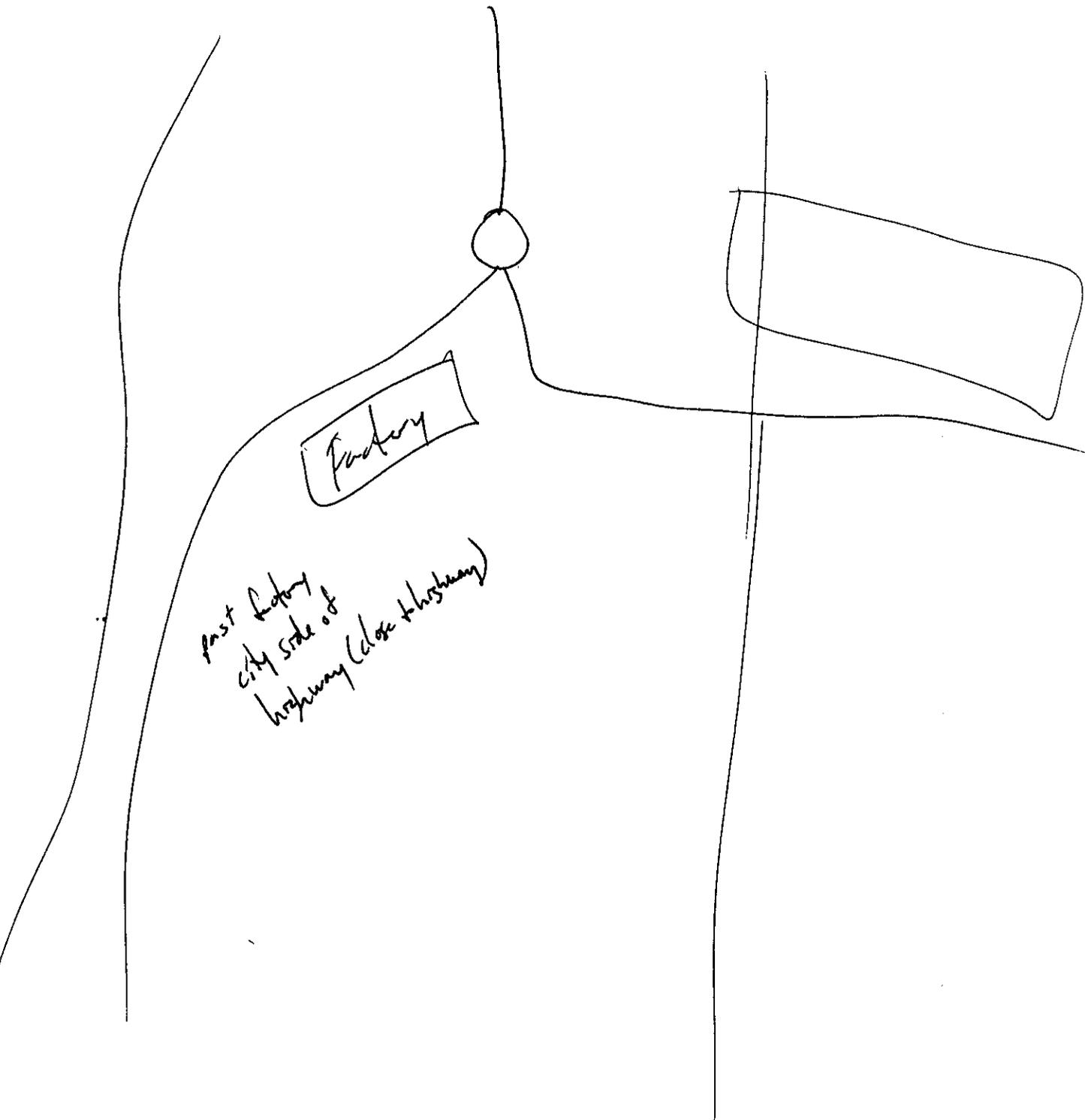
7. **Recommendation:** The claim is denied

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

CPT, JA  
FCC

CENTCOM 005404

6-IT6-044-00001



CENTCOM 005405

6-IT6-044-00002

## TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

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

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

† Power of Attorney provided and interpreter approved: \_\_\_\_\_

Decedents: ✓

Hometown: Samarra † Iraqi Resident: Affirmative

My claim arose at: \_\_\_\_\_  
(Town) (City) (Country)

My claim arose on: Feb 3rd 2006  
Month Day Year

Proof of Ownership: \_\_\_\_\_ †

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

Interpreter Approved: \_\_\_\_\_

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations) (b)(6) Shot fire, 10 ~~around~~ (b)(6) years old, 1230 pm

† Interpreter Approved: ✓

Medical Report/Legal Expert Opinion: ① while the Convoy came through out road cross. It was mine exploded. Convoy members were shot randomly suddenly

† Interpreter Approved: ✓

Witness Statement (Consistent?): ① While the Convoy came through out road cross. It was an (IED) explosion. Convoy members were shot randomly suddenly I saw them & two kids (b)(6) I died and lied on the ground.

† Interpreter Approved: ② Same story

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 Iraq Feb 2006, the died persons (b)(6) were came back home from their schools. One of ~~the~~ Convoy moved through out the quarter where the died persons lived. An explosion of mine (IED), (road side pump) to that Convoy happened. The Convoy's members had ~~the~~ opened fire randomly, some ~~of~~ bullets ridded their heads and other ~~of~~ bodies parts immediately they have been dead. according to the death certificates and witnesses statements.

Evidence: \_\_\_\_\_



(b)(6)

Date <sup>22</sup> July 29 ..... الاسم

Claim No. 6 IT6 - 44 ..... التاريخ

Reason C/S on Appeal ..... رقم المعاملة

Appointment with C/N ..... السبب

م.س.س.

(b)(6)

6-IT6-044-00005

Sign

*Doubly  
Check  
Research*

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

**File #:** 6-IT6-044

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

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

**Date Received:** 24 June 2006 **Date of Incident:** 3rd Feb 2006

**Claim Amount:** \$10,000 **Location:** Samarra city

**Next Apt:** 8th July 2006 **Con:** \_\_\_\_\_

**Translation:** (b)(3),(b)(6) \_\_\_\_\_

*Said this incident  
was in the news.  
Check INTSUMS*

**Further Investigation:**  
\_\_\_\_\_  
\_\_\_\_\_

**Contact S-2**  **Check Sigacts**  IEP 01155 FEB 06 (b)(2)High  
*Nothing on 3 Feb 06 - 4 Feb 06*

**Approved**  **Denied**  1/E 25 Jun 06 (b)(3),(b)(6)  
*02175 FEB 06 (b)(2)High market area, NICE*

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

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

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

**OTHER:** \_\_\_\_\_

CENTCOM 005409

- Redchecked 4 acts -  
nothing
- Did Google News  
search for ~~the~~ samarra  
Feb 3, 2006 - Nothing
- Did advanced search  
on Aljazeera for  
Feb 3-6 on samarra.  
Nothing
- probably combat related,  
so deny FC
- up to you on CERP.

(b)(6)

Appeal

Denied

~~can't find anything~~

IF

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

says

this was on the

news, tell him

to bring me a

newspaper clipping.

Name

(b)(6)

.....

الاسم

Date.. 5 Aug 06

.....  
التاريخ

Claim No. 6-176-044

.....  
رقم المعاملة

Reason ? Appeal

.....  
السبب

Appointment with CMUC

.....  
الموعد مع

Signature (b)(6)

.....  
التوقيع

CENTCOM 005411

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Foreign Language Text  
Foreign Language Text, (b)(6)

Na

(b)(6)

.....

Date. 8 July 2006.....

التاريخ

Claim No. 6-IT6-044.....

رقم المعاملة

Reason ... 6/5.....

السبب

Appointment with... C.M.C.....

المو

Signature

التوقي

(b)(6), Foreign Language Text

6-IT6-044-00014

6-176-044

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 101<sup>st</sup> Airborne Division (Air Assault) Claims Office at DSN (b)(2)High

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

CPT, JA  
FCC

CENTCOM 005418

6-IT6-044-00015

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(b)(6), Foreign Language Text

Foreign Language Text

Foreign Language Text

CENTCOM 005421

6-IT6-044-00018

Page 19 redacted for the following reason:

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(b)(6), Foreign Language Text

Claimant statement in police station  
(The death Soniweusan)

Foreign Language Text, (b)(6)

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(b)(6), Foreign Language Text

Foreign Language Text

Foreign Language Text

CENTCOM 005425

6-IT6-044-00022

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Foreign Language Text



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 CMO 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 CMO 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 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 لقضيتي , وبسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ا,م 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 Signature: \_\_\_\_\_

Sworn before \_\_\_\_\_, on \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_.

CENTCOM 005427

6-IT6-044-00024