

090

(b)(3)(b)(6)
CPT, U.S. Army
Judge Advocate

TF Band of Brothers
Foreign Claims Cover Sheet

File #: 6-IT6-090

Name: _____ (b)(6)

POA/ATT. _____ (b)(6)

Date Received: 8 July 06 Date of Incident: 7 May 05

Claim Amount: \$5000 Location: Samarra - ~~UNIDENTIFIED~~ ~~UNIDENTIFIED~~

Next Apt: 22 July 06 Contact Info: _____

Translation: _____

Further Investigation:

Contact S-2 Check Sigacts Nothing Found

Approved Denied C/E 9 Feb ligh. (b)(3)

Goodwill Payment recommended:
 Approved: _____ Denied: Too old

MVA RAID LOST NEG FIRE REAL
 OTHER: _____

22 Jul 06
6-176-090



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 005542



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

AFZB-JA-C

9 July 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 6-IT6-090

1. **Identifying Data:** (b)(6) Samarra, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 7 May 2005, in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000 on 8 July 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 he was driving in Samarra when CF engaged AIF. He states that his son was in the car and was shot and killed. The Claimant provided a death certificate, witness statements, and a medical report to substantiate the claim. A SIGACTS investigation revealed no activity similar to the Claimant's description of events. *+ Combat → (see attached spot report)*
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." Evidence indicates this claim was caused by CF engaged in armed conflict. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim

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

CENTCOM 005543



TF Band of Brothers Claims Intake Form



To: United States Army Foreign Claims Commission.

From: Name: (b)(6) _____

POA/A1 (b)(6) _____

Power of Attorney provided and interpreter approved: _____

Decedents: (b)(6) _____

Hometown: Samarra Iraqi Resident: _____

My claim arose at: Samarra - Alshuhada area
(Town) (City) (Country)

My claim arose on: May 7 05
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): Bullets all over body

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: killed by bullets

Interpreter Approved: note with Death C

Witness Statement (Consistent?): w1 - brother w2 - uncle

Interpreter Approved: saying 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.)

C alleges that his son was in the car when Cif was firing back into bad guys in samarra during a combat battle. he was driving black apol vectra at that moment, when bullets went through his body and killed him

he's (b)(6) young boy

Samarra - Alshuhada area

Evidence: P.A. Death. C. witness

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>
<u>\$5000 for a dead person</u>	

Total: \$5000

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

\$ 5000

(b)(6)

Subscribe ... 8 ... July ... 2006

(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 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 تأكيد 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)

July 2006

CENTCOM 005546

Page 8 redacted for the following reason:

Foreign Language Document

Death

same
original

in Lan

Foreign Language

Cause of Death
bullet in over body

Date of Death
7 May 05
Samarra

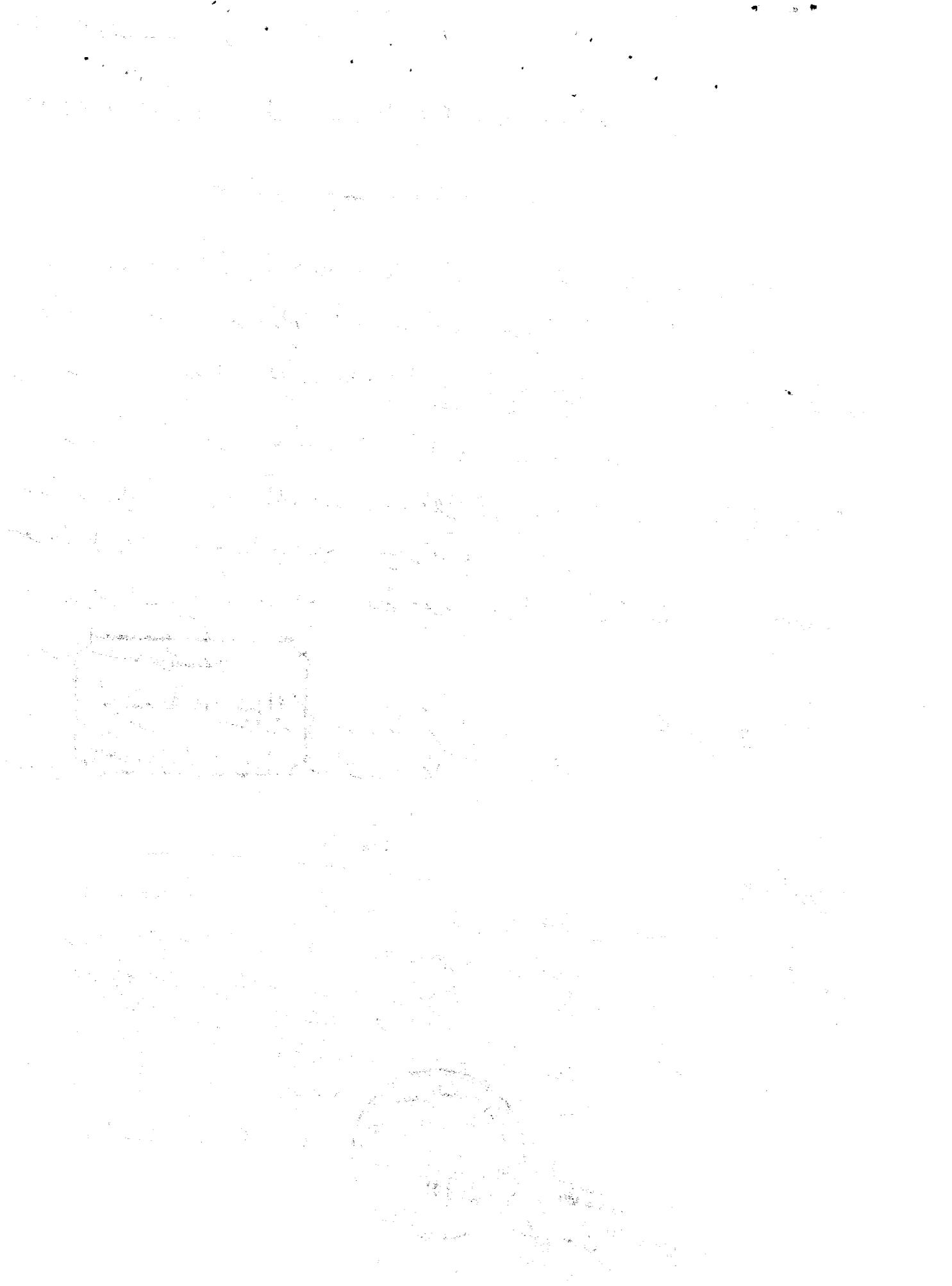
CENTCOM 005550

Pages 12 through 13 redacted for the following reasons:

Foreign Language Document

Page 15 redacted for the following reason:

Foreign Language Document



CENTCOM 005555

Page 17 redacted for the following reason:

Foreign Language Document



Name..... (b)(6)

..... (b)(6)

Date.....

..... 22 July 06 التاريخ

Claim No.....

..... 6-IT6-090 رقم المعاملة

Reason

..... LIS السبب

Appointment with..... (b)(3)(b)(6)

..... 1 الموعد مع

005558 التوقيع

(b)(6)