

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

1 February 2006

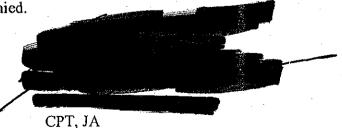
MEMORANDUM OF OPINION

SUBJECT: Claim of and an arm and an arm and an arm and an arm and a subject to the subject to th

1. Identifying Data: by Attorney by Attorney

- 2. Date and place the incident occurred giving rise to the claim: The claim occurred on 6 August, 2005 in Samarra, Iraq.
- 3. Amount of claim and date it was filed: Claimant filed a claim for \$5,000 on 31 Jan. 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 a convoy of US contractors driving GMC vehicles parked along side of the road. The convoy did not block traffic and permitted cars to pass the convoy. The convoy allegedly shot at the vehicle of Ali Mahdi Salih, the husband of the Claimants. This man was killed by the contractor's gunfire.
- 6. **Opinion:** "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." Here, the alleged damage was committed by US coentractors. These private contractors are not qualified governmental employees as enumerated in paragraph 2-2c(4), and as such, their acts are not within the scope of the Foreign Claims Act.

7. Recommendation: The claim is denied.



Claims Judge Advocate

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.
From: Name: 12
POA/ATT:
Defined provided and interpreter approved: Alginal Sceno
Decedents:
Hometown: Iraqi Resident:
My claim arose at: A Alam
My claim arose on: (Town) 4 NOV (City) (Country)
Month Day Year
Month Day Year Proof of Ownership: Original See
DVIN Match:
Interpreter Approved:
Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant
allegations): COD - GSW, date match
□ Interpreter Approved:
Medical Report/Legal Expert Opinion: 2500 - CAN
□ Interpreter Approved: 2500 - Wrong W dout
1 Police MAN-
Witness Statement (Consistent?):
☐ 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.)
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GMC convoy parked main how - diant black
Nont- traffic passing bacic of take
50 m gway
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Contracted - civilian clother.
CONTINUE CIVILIAN CIV
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Evidence:

List in detail the amount of property d			
damage or personal injury: (Attach bil	=	·	
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Wrong he dough		500	
			
	Total: 45	1000	
I was insured to the following extent a	gainst the damage or injurie	s I have sustained:	
			<u> </u>
	<u> </u>		
			<u>-</u> -
The name and address of my insurer (in (Name)	(Address)		
I claim as damages: (Indicate amount i	n U.S. dollars and local curr local	ency)	
en e			
(Signatur	re of Claimant)		
Subscribed before me this 3/ day of	JAN , 2006		
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