



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 [REDACTED] and [REDACTED], 06-IR8-206

- 1. Identifying Data:** [REDACTED] and [REDACTED] by Attorney [REDACTED]
[REDACTED]
- 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 contractors. 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.

[REDACTED]
[REDACTED]
[REDACTED]
CPT, JA
Claims Judge Advocate

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TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: _____

POA/ATT: _____

Power of Attorney provided and interpreter approved: original seen

Decedents: _____

Hometown: _____

Iraqi Resident: _____

My claim arose at: _____

(Town) Al Alam

(City)

(Country)

My claim arose on: _____

Month 4

Day NOV

Year 05

Proof of Ownership: original seen

VIN Match: _____

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): COB - GSW, date match

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: 2500 - CAN

Interpreter Approved: 2500 - Wrong full death

Witness Statement (Consistent?): ① Police man -

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.)

Decedent
has 2 wives. - Husband Killed.
GMC Convoy parked main road - dirt black
road - traffic passing back of fork.
50 m away
Red car
Contractor - civilian clothes

Evidence: _____

000556

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.)

Item	Amount
CAN	2500
wrong Ed death	2500

Total: \$5,000

I was insured to the following extent against the damage or injuries I have sustained:

N/A

The name and address of my insurer (if any) is:

(Name) _____ (Address) _____

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

\$ 5,000 local _____

[Signature]
(Signature of Claimant)

Subscribed before me this 31 day of JAN, 2006.

[Redacted Name]
(Print Name)
[Redacted Signature]
(Signature)