



DEPARTMENT OF THE ARMY
Headquarters, 3rd Brigade Combat Team
3rd Infantry Division
FOB Warhorse, Iraq
APO AE 09397

REPLY TO
ATTENTION OF:

AFZP-VI-JA

21 November 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IA5-77b

1. Claimants name and address: [REDACTED], Ad-Duluiyah, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 20 September 2005 in Ad-Duluiyah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$7,000 on 12 November 2005.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for personal injury.
5. Facts:
 - a. Claimant says his father was killed by U.S. forces.
 - b. There were photographs and a damage report included in the submitted claim.
6. Opinion:
 - a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.
 - b. There is insufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. On 20 September 2005, there was a major engagement with AIF forces on the Jubour peninsula.
7. Recommended Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$7,000 is denied.

[REDACTED]
CPT, JA
Claims Judge Advocate

000585

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____

Address: _____

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Iraq
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

U.S. Army

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) _____

My claim arose at: Dulayiyah Jobor Iraq
(Town) (City) (Country)

My claim arose on: Sept 20 05
Month Day Year

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.)

at 11:00 an american Patrol on Jobor area 4 cars
2 Trucks drive speedly My Father was in the shop trying
To close the shop when they start shoot Randomly at every
thing he got 1 in his backbone 1 in the left they after 2
operation in the Hospital He died after the 2 operations
didn't help him his father is 11 kid and the only Provider to
The Family. His Colleague Doctor and he support their
Program in Iraq. Ples accept My claim

000586

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

Personal Damage

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
	<u>10,000,000</u>

Total 7,000

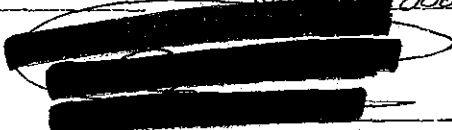
I was insured to the following extent against the damage or injuries I have sustained:

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)

\$ 7,000 local 10,000,000 T.D



(Signature of Claimant)

Subscribed before me this _____ day of _____, 200__



(Print Name)

(Signature)

000587