



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

20 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IA5-176a

1. Claimants name and address: [REDACTED], Baqubah, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 15 May 2005 in Baqubah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$5,000 on 17 December 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; filed for compensation for negligent shooting.
5. Facts: Claimant's was hit by bullet when elements of 3d BCT, 3d ID and 3rd BN, 3d BDE, 5 DIV IA shot vehicle.
6. Opinion: 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. TF Badger's S-5 Officer verifies the occurrence of this raid and the facts and circumstances surrounding this incident.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for \$3,000.

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

001328

Standard Form 1034
Revised October 1987
Department of the Treasury

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. **774**

J.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION
**DEPARTMENT OF THE ARMY
B-DET/8TH FINANCE BATTALION
FOB WARHORSE, OIF III
APO AE 09397**

DATE VOUCHER PREPARED
20-Dec-05

CONTRACT NUMBER AND DATE
06-IA5-176a

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
**B-DET/8TH FB
FOB Warhorse, OIF III
APO AE 09397**

PAYEE'S NAME AND ADDRESS
Baqubah, Iraq

DSSN 8547

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

SHIPPED FROM TO WEIGHT GOVERNMENT B/L NO.

| NUMBER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <small>(Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)</small> | QUANTITY | UNIT PRICE | | AMOUNT |
|-----------|-----------------------------|---|----------|------------|-----|------------------|
| | | | | COST | PER | |
| 15-May-05 | 17-Dec-05 | filed for compensation for negligent shooting. | 1 | 3,000.00 | | \$3,000.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
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| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | TOTAL \$3,000.00 |

(USE CONTINUATION SHEET IF NECESSARY) (Payee must NOT use the space below)

| | | | | |
|---|---|---|-------------|------------------|
| PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | APPROVED FOR [Signature] Foreign Claims Commissioner | EXCHANGE RATE CONTRACTING RATE = \$ 3,000.00 | DIFFERENCES | TOTAL \$3,000.00 |
| | Amount verified; correct for | | | \$3,000.00 |
| | (Signature or initials) | | | MW |

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

8 Jan 06 for: [Signature] LTC, FC DISBURSING OFFICER
 (Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204 \$3,000.00

| | | | | |
|---------|--------------|-----------------------------|--------------|-------------------|
| PAID BY | CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank) |
| | CASH | \$3,000.00 | DATE | PAYEE |

PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

001329

Claims Form CF-1

1. To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]
Address: [REDACTED]

I am

- a. A citizen and national of: _____
- b. A permanent resident of: _____
- c. Employed by: _____

2. I hereby make a claim against the United States Government for damages or injuries caused by: (Unit Name or Individual)

_____ CF _____

3. The property damaged is owned by: _____

4. My claim arose at: Bagdalah ~~Basrah~~ Iraq
(Town) (City) (Country)

5. My claim arose on: May 15 2005
Month Day Year

6. 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.)

Claimant was riding in vehicle that was shot by CF. Driver was previously compensated 3,000

7. 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>Bullet wound to kidney</u> | |

Total: 5,000

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

\$ 5,000 local

X: [REDACTED]
(Signature of Claimant)

9. Subscribed before me this 17 day of Dec [REDACTED]

Name: [REDACTED] Rank: [REDACTED]

001330