



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

27 July 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 05-IA5-1146

1. Claimants name and address: [REDACTED], Muqdadiyah, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 12 March 2005 in Muqdadiyah, Iraq
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$10,000 on 7 July 2005
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant for consideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for vehicle damage and for death of claimant's son.
5. Facts:
 - a. On 12 March 2005, claimant's son was on his way home after visiting his sick mother when he was shot and killed for no reason by U.S. Forces. The vehicle sustained severe damage as well.
 - b. There were witness statements and photographs submitted with the 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.

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- b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. There is even a note that corroborates a U.S. apology made during a council meeting. Based on the facts and circumstances, the U.S. was negligent in killing claimant's son.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$5,000.

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

U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 350th FD/9TH FINANCE BATTALION FOB WARHORSE, OIF III APO AE 09397	DATE VOUCHER PREPARED <p style="text-align: center;">27-Jul-05</p> CONTRACT NUMBER AND DATE <p style="text-align: center;">05-1A5-1070</p> REQUISITION NUMBER AND DATE	SCHEDULE NO. PAID BY 350th FD/9TH FB FOB Warhorse, OIF III APO AE 09397 DSSN 8547 DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCT. NUMBER GOVERNMENT B/L NO.
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PAYEE'S NAME AND ADDRESS	<div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> <p style="font-size: 1.2em; margin: 0;">Muqdadiyah, Iraq</p>	
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SHIPPED FROM	TO	WEIGHT	GOVERNMENT B/L NO.
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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	
12-Mar-05	06-Aug-05	filed for death of claimant's son.	1	5,000.00		\$5,000.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
TOTAL						\$5,000.00

(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 - \$ 5,000.00 Foreign Claims Commissioner	EXCHANGE RATE CONTRACTING RATE =	DIFFERENCES Amount verified, correct for (Signature or initials)
			\$5,000.00

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

27-Jul-05 for: **ETC, FC** **DISBURSING OFFICER**
(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999 \$5,000.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
	\$5,000.00		<input checked="" type="checkbox"/>	

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.

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

Address: Mugdadiyah

I am

- a. A citizen and national of: _____
- b. A permanent resident of: _____
- 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)

700 30

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: Mugdadiyah
(Town) (City) (Country)

My claim arose on: March 12 2005
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.)

Son was shot & killed by US forces for no apparent reason / Car damaged

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

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
Death of Son	7
Damage of Car	3
	13,009

Total: _____

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)

\$ 13,000 local _____

(Signature of Claimant)

Subscribed before me this 7 day of Jul, 2009.


(Print Name)

(Signature)