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

, 05-IA5-1146

1. Claimants name and address:

Muqdadiyah, Iraq

- 2. <u>Incident date and place the incident occurred giving rise to the claim</u>: 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.

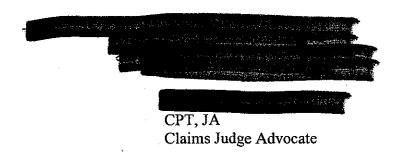
5. Facts:

- 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 sever 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 Unites States. In addition, the incident must be caused by either non-combat activities of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

- 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.



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The information requested on this form is required under the proxisions 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.

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To: United States Army Foreign Claims Commission.
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a. A citizen and national of:
b. A permanent resident of:
c. Employed by:
d. Check one () An insurer () Not an insurer
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I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)
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: Mugdadugal
(Town) (City) (Country)
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