# A ALL SUM

#### DEPARTMENT OF THE ARMY

Headquarters, 3<sup>rd</sup> Brigade Combat Team

3<sup>rd</sup> Infantry Division

FOB Warhorse, Iraq
APO AE 09397

REPLY TO ATTENTION OF:

AFZP-VI-JA

13 July 2005

#### MEMORANDUM OF OPINION

SUBJECT: Claim of

i, 05-IA5-1049

1. Claimants name and address:

Mufrak, Iraq

- 2. <u>Incident date and place the incident occurred giving rise to the claim</u>: Incident occurred on 28 June 2004 in Mufrak, Iraq.
- 3. Amount of claim and filing date: Claimant filed a claim in the amount of \$6,000.00 on 6 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 death of claimant's son.

### 5. Facts:

- a. Claimant states that on 9 April 2005, the claimant and claimant's son were checking the local shops that sustained damage when a bomb went off, killing his son.
- b. The claimant submitted witness statements along with the claim.

## 6. Opinion:

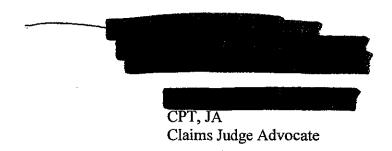
a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either non-combat activity of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

# AFZP-VI-JA

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- 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. There is no record of U.S. activity on the date in question; however, an IED had been detonated in the area. The claimant submitted no evidence to corroborate his claim.
- 7. <u>Recommended Action:</u> This claim is not payable under the FCA for the aforementioned reasons. Consequently, this claim for \$6,000.00 is denied.



Claims Form				
To: United Sta	ates Army <u>Foreign Claim</u>	s Commission		
From: Name:	ites Army Foreign Claim	s Commission.		
Address	s: Mn-	CRAV		<del></del>
,I ACCULOSI		1217		
I am				
a.	A citizen and national of	·		v
b.	A permanent resident of	•		
c.	Employed by:			
d.	Check one ( ) An insure	r () Not an insurer	•	
e.	Check one ( ) A subroge	ee ( ) Not a subrogee		
(Name, Organi	a claim against the Unite zation, Military Departm		ne Number)	eaused by:
power of attorn damage or inju	amaged is owned by: (If ney or other evidence of a ries.)	authority and fill in the		
My claim arose	e at: MUFR (Town)	(City)	(Country)	· · · · · · · · · · · · · · · · · · ·
	(101111)	(0.9)	(	$\mathcal{C}$
My claim arose	e on: [4mil_	9	7005	(2500)
_	Month	Day	(Country)  7005  Year	
personal injury	itement of the accident or is based. (Use back of the	is sheet if necessary.)	claim for damages to p	roperty or for
		·		
			11.17.18	
	<del></del>			
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Describe nature and incident.	extent of property damage or personal injury sustained as a result of the above
<u> </u>	
	<del></del> ·
damage or personal	ount of property damage and itemized expenses resulting from the property injury: (Attach bills and receipts, if applicable.)  Amount
water.	Amount Amount
	Total: \$ 6000-
~·	•
was insured to the	following extent against the damage or injuries I have sustained:
The name and addre	ess of my insurer (if any) is:
Name)	(Address)
alaim as damagas:	(Indicate amount in U.S. dollars and local currency)
	local
7	
•	(Signature of Claimant)
Subscribed before m	ne this <u>lo</u> day of <u>lo</u> , 200 <u>s</u>
	(Print Name)
	(Signature)