



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

16 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 05-IA5-1273

1. Claimants name and address: [REDACTED], Muqdadiyah, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 27 May 2005 in Muqdadiyah, Iraq
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$10,000.00 on 11 August 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 compensation for the death of the claimant's son.
5. Claimant's Allegations: Claimant states that U.S. forces wrongfully killed her husband. The claimant had witness statements and a police report with the claim.
6. Investigator's Opinion:
 - a. There is insufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. Additionally, the reasons for denial of this claim are included in paragraph b.
 - b. There was not enough evidence to proof that there was any negligence on the U.S's part.
7. Recommended Action: This claim is not payable under the FCA. This claim for \$10,000 is denied.

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

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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: _____
- 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)

CF

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: _____
(Town) Muqadadiyah (City) Iraq (Country)

My claim arose on: May 27 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.)

Claimant's husband is CPT in IN6, Coalition forces mistakenly raided his home. He had gun when he confronted CF and they shot and killed him. Wife was shot and injured.

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

Death husband
wife injured
Home damaged

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

Husband Dead
wife shot on chest but will recover
Home damaged.

Total: 10,000

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)

\$ 10,000

local

X
[Signature]
(Signature of Claimant)

Subscribed before me this 10 day of August 2005.

[Redacted Name]
(Print Name)

[Redacted Signature]
(Signature)

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