	odard Form 1034	<u> </u>	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL						VOUCHER NO.	
Dep 1 Ti	ised Ignuary 1980 artment of the Trea FRM 4-2000									·
0.5			R ESTABLISHMENT AND LOCATION	DATE	DATE VOUCHER PREPARED 31 December 2004				SCHEDULE NO.	
Operation Iraqi Freedom III Forward Operating Base KMTB					CONTRACT NUMBER AND DATE				PAID BY	
Camp Caldwell, Iraq				Tuz 3	Tuz 33					
APO AE 09374				REQUIS	REQUISITION NUMBER AND DATE					
 				l			·*			
								. (
					•					
				7				. }	DATE INVOICE RECEIVED	
		Tuz,	Tuz, Iraq							
	PAYEE'S			•				ſ	DISCOUNT TERMS	
٠.	NAME AND									
ADDRESS									PAYEE'S ACCOUNT NUMBER	
SHI	PPED FROM	L	то			YEIGH	T		GOVERNME	NT B/L NUMBER
	NUMBER	DATE OF	ARTICLES OF	R SERVICES		OUAN-	UNIT	PRICE	Ι	AMOUNT
	AND DATE OF ORDER	DELIVERY OR	ARTICIES ON Enter description, item number schedule, and other informa	of contract or Federal supp nation deemed necessary)	dy	ттү	COST	PER		(1)
	1		Foreign Claim under AR 27-2			1				\$11,020.00
	·		Claims Act (10 U.S.C.) for co	empensation fo	r:				1	
			personal injury, wrongful deat	th, and damag	e to personal					٠.
			property.			ļ		ĺ		
					• •				. }	
		,			•				1	
										·
				. •						
					. •					
(Use	continuation sheet(• • • • • • • • • • • • • • • • • • • •		NOT use the space	e below)			TOTAL	L .	\$ 11,020.00
PAYMENT:			APPROVED FOR EXCHANGE RATE							
	ROVISIONAL		NTE = \$ 11,020.00 = \$1.00							
	COMPLETE	BY ²								
☐ PARTIAL ☐ FINAL ☐ PROGRESS		<u> </u>	Team USARC							·
		nere de								
	DVANCE		T Foreign Claims Commission		•	1				
		ested in me, I ce	ertify that this voucher is correct and proper for pa	syment.	· ·					
		· .				a moth so				
1	Date)		<u></u>		<u> </u>	278" For			mmission	
•	(Date)		(Authorized Certifying Officer)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Au	le)		
			ACCOU	INTING CLASSIFIC	ATION					
		-								
			Fund Cite: 2152020 22-0204	4 P436099 22- 420	0 VIRQ F9206 S9	9999 APC 0	204			
	T average and			Large La				21.42	Cl. 13	
¥	CHECK NUM	BER	ON ACCOUNT OF U.S. TRE	. 1	HECK NUMBER			N (Name o	y bank)	
AID	CASH		DATE	P	AYEE X				See	Recipit
<u>a</u> -)			<u> </u>			pro			
•						[1	111			
΄ν 2 μ	When stated in fore	eign currency, in	nsert name of currency. y to approve are combined in one person, one sig	anature only is necess	· ·	ł	TITLE	-7	1	
_ 0	therwise the appr	oving officer wil	Il sign in the space provided, over his official title.					1		
			e name of a company or corporation, the name of capacity in which he signs, must appear. For exa]-	far,	tyen	1	
			rer ,, as the case may be.			<u> </u>				



DEPARTMENT OF THE ARMY

30TH Brigade Combat Team 1st Infantry Division FOB Kirkush Military Training Base Camp Caldwell, Iraq

REPLY TO ATTENTION OF:

BDE-OSJA

5 Dec 2004

MEMORA	NDIM	OF.	OPIN	TON
MENUNA	HAID OTAL :	vr	ULIN	HUJIN

SUBJECT: Claim of File # Tuz 33)

- 1. CLAIMANTS NAME AND ADDRESS: The claimant is through his unclease who lives in or near Tuz in the Salah Ad Din province in Iraq.
- 2. DATE AND PLACE THE INCIDENT OCCURRED GIVING RISE TO THE CLAIM: The incident occurred on 3 March 2004 in or near Tuz in the Salah Ad Din in eastern Iraq.
- 3. AMOUNT OF CLAIM AND DATE IT WAS FILED: The claim was filed on 23 October 2004 for \$11,020.00 for wrongful death of his family and the destruction of his flock of sheep.
- 4. JURISDICTION AND THE ISSUE(S) RAISED: This request is being presented for consideration under the provisions of the Foreign Claims Act (FCA), 10 U.S.C. 2734, as implemented by Chapter 10, AR 27-20. The claim was timely filed within the two year statute of limitation. The damage occurred as stated below.

5. FACTS:

- a. The claimant is the second of the cough his uncle (through his uncl
- b. On 3 March 2004, elements from the 1/14th IN Bn opened fire on his home located in Dibig village killing four of his family members, 32 of his sheep and injuring 40 others. The unit involved had just been attacked from the direction of the village. They conducted and in the direction that the fire came and opened fire on the owner of the house after he stepped out with an AK-47 in his hand. The owner claims that he came out to investigate the disturbance of his dogs barking who was concerned for his flock. A once time solation payment of \$2500.00 was made to the claimant. The unit also states that it stayed in touch with the claimant and attempted to help as much as possible.

c. The claimant is asking for \$11,020.00 for the wrongful death of his family and the loss of his sheep.

6. OPINION:

- a. <u>PROPER JURISDICTION</u>: The Foreign Claims Act (FCA) is applicable outside the United States, its commonwealths, territories and possessions, including areas under the jurisdiction of the United States. The incident occurred in or near Tuz in the Salad Ad Din Province in eastern Iraq. Accordingly, the claim may be adjudicated under the FCA.
- b. <u>PROPER CLAIMANT</u>: The FCA prescribes the substantive basis for settlement of claims of "inhabitants" of a foreign country against the United States for personal injury, death, or property damage caused by service members or civilian employees, or claims that arise incident to non-combat activities of the Armed Forces. The test for determining "inhabitant" status is whether the claimant dwells in and has assumed a definite place in the economic and social life of the foreign country. The claimant in this case lives in Tuz. Accordingly, the claimant is a proper claimant to seek compensation under the FCA.

In cases of property damage such as this, the claim may be presented by the owner of the property or by a duly authorized agent or legal representative in the owner's name. In this case, the claimant and his family were the owner of 32 sheep that were killed by the coalition forces.

Therefore, the claimant has established himself as the proper claimant to seek compensation under the FCA.

Furthermore, in cases of wrongful death, a claim may be presented by the executor or administrator of the deceased's estate, or by any person determined to be legally or beneficially entitled. In this case, the claimant is the son and brother of the decedent, and therefore qualifies as "beneficially entitled". Accordingly, the claimant has established himself as a proper claimant under the FCA to seek compensation for the wrongful death of the decedent.

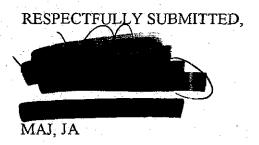
Likewise, in cases of personal injury, the claim may be presented by the injured person, his duly authorized agent, legal representative, or by any person determined to be legally or beneficially entitled. In this case, the claimant, Hasaan is the injured person who would be eligible to receive compensation for personal injuries suffered.

c. <u>PROPER CLAIM</u>: A claim for death, personal injury, or loss of or damage to property may be allowed under the FCA if the damage alleged results from noncombat activity or a negligent or wrongful act or omission of soldiers or civilian employees of the U.S. Armed Forces. In this case, the claim is for the wrongful death of claimants' mother, father and brother who were shot while sleeping. Accordingly, the claimant has presented a cognizable claim.

000614

On report of information gathered, the actions of the coalition forces may have been justified since there is an indication that shots were being fired, but it also appears that the action may have been in error.

- d. THE ISSUE & ANAYSIS: The issue presented is whether claimant may receive compensation for the death of his father, his mother, his brother and 32 sheep's. In this case, the claimant has lost his entire family and his heard of sheep that provide a means of income. In addition, the claimant suffered gun shot wounds himself. The claimant states that his family was sleeping when the shots were fired that killed his family. He claims that the family had only one AK-47 that the father carried outside after his wife was shot in the head. The coalition force may have been justified in shooting at another target where the claimant and his family would be collateral damage to that combat operation. However, the ROE require units to have positive identification of target before engaging. In this case, reports indicate that over one hundred rounds were fired that impacted around a flock of sheep and his sleeping family. Accordingly, it appears that the shooting, although not "wrongful", was conducted "negligently". It is therefore my opinion that there is sufficient evidence to justify compensation under the FCA.
- 7. **RECOMMENDED ACTION:** I recommend that claimant be approved in the amount claimed totaling \$11,020.00.



Claims Form	
To: United States Army Foreign Claims Commission. From: Name: Address: Divis Village Long	
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)	
The property damaged is owned by: (If the claim is made as an agent, parent, or guard attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)	lian, r
My claim arose at: Dibic Trocy (City) (Country)	
My claim arose on: Merch 03 2004 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.)	
	<u>_</u> _

	ry damage or personal injury sustained as a restut of
the above incident.	A company of the second
Death of tour form	ily members
75 Sheep were et	her killed or injured
/ - 12 111 6 1	1 / Oug 1/3 los
injured	Car dinage 1/00
•	
List in detail the amount of property	damage and itemized expenses resulting from the
	(Attach bills and receipts, if applicable.)
Item u	Amount
Darts	en e
Table	
Shoop Killed	
	500,000 dincis)
Shoep injured (Sold total a	30000 Sires)
1 can dood (20,000	diners)
	Total:
	Total.
Tarre in annual to the fellowing autom	
was insured to the following extent a	against the damage or injuries I have sustained:
The name and address of my insurer (if any) is:
10/4	ZALL N
(Name)	(Address)
I claim as damages: (Indicate amount	
3	local
70 5	COL
(Signati	ire of Claimant)
rian di Paranta di Par Paranta di Paranta di P	1
Subscribed before me this be day o	f Novamber, 2004.
(Print N	ama)
—— (Signatu	(Je) / /