



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

17 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] di, 05-IA5-1265

1. Claimants name and address: [REDACTED], Baqubah, Al Abarra, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 25 May 2005 in Al Abarra, Iraq
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$5,000.00 on 10 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 son's death.
5. Claimant's Allegations:
 - a. Claimant's son went to his uncle's house were Coalition Forces where conducting a raid when he was shot mistakenly for an insurgent.
 - b. There was witness statements included in the submitted claim.
6. Investigator's 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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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 10-Aug-05	SCHEDULE NO.
	CONTRACT NUMBER AND DATE 05-IA5-1265	PAID BY 350th FD/9TH FB
	REQUISITION NUMBER AND DATE	FOB Warhorse, OIF III APO AE 09397 DSSN 8547

PAYEE'S NAME AND ADDRESS <div style="text-align: center; border: 1px solid black; padding: 5px;">Al Abarra, Iraq</div>	DATE INVOICE RECEIVED
	DISCOUNT TERMS
	PAYEE'S ACCT. NUMBER
	GOVERNMENT BUL. NO.

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	
25-May-05	20-Aug-05	filed for compensation for son's death.	1	4,000.00		\$4,000.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
TOTAL						\$4,000.00

(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 = \$ 4,000.00 _____ S Foreign Claims Commissioner	EXCHANGE RATE CONTRACTING RAT =	DIFFERENCES Amount verified, correct for _____ (Signature or initials)	TOTAL \$4,000.00
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Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

10-Aug-05 for: _____ **DISBURSING OFFICER**
(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999 \$4,000.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	

\$4,000.00

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: _____

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)

Al-Abbara, Baghdad Iraq

(City)

(Country)

My claim arose on: _____

Month

May

Day

25

Year

2005

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 son went to home where his uncle lives. Uncle's house was being raided by CF. Firefight broke out. Claimant's son heard gunfire and thought someone was attacking his uncle so he ran. His husband was shot by CF who thought he was an insurgent.

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

Death of Son

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

Total: \$1,000

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)

\$ 5,000

local

[Redacted Signature]

(Signature of Claimant)

Subscribed before me this 10 day of Aug, 2005.

(Print Name)

(Signature)