



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

20 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IA5-183a

1. Claimants name and address: [REDACTED], Baqubah, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 21 November 2005 in Baqubah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$14,000 on 17 December 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; filed for compensation for two deaths and one injuries.
5. Facts: Claimant's brother and his son were killed and wife was injured when elements of 3d BCT, 3d ID and 3rd BN, 3d BDE, 5 DIV IA shot vehicle when they were leaving the gate.
6. Opinion: 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. TF Badger's S-5 Officer verifies the occurrence of this raid and the facts and circumstances surrounding this incident.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for \$14,000.

[REDACTED]
CPT, JA
Claims Judge Advocate

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Standard Form 1054 Revised October 1987 Department of the Treasury		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO 774
U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY B-DET/8TH FINANCE BATTALION FOB WARHORSE, OIF III APO AE 09397			DATE VOUCHER PREPARED 20-Dec-05		SCHEDULE NO	
PAYEE'S NAME AND ADDRESS Baqubah, Iraq			CONTRACT NUMBER AND DATE 06-IA5-183a		PAID BY B-DET/8TH FB FOB Warhorse, OIF III APO AE 09397	
			REQUESTION NUMBER AND DATE		DSSN 8547	
					DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
				PAYEE'S ACCT NUMBER		
SHIPPED FROM			TO	WEIGHT	GOVERNMENT B/L 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	
21-Nov-05	17-Dec-05	filed for compensation for two deaths and one injury.	1	14,000.00		\$14,000.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
					TOTAL	\$14,000.00
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 - \$ 14,000.00 Foreign Claims Commissioner	EXCHANGE RATE CONTRACTING RATE	DIFFERENCES	
					Amount verified: correct for (Signature or initials)	
					\$14,000.00	
Person to authority named in me, I certify that this voucher is correct and proper for payment.						
20-Dec-05 (Date)	for: ETC, FC			DISBURSING OFFICER (Title)		
			(Authorized Certificate Officer)			
ACCOUNTING CLASSIFICATION						
2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204					\$14,000.00	
PAID BY	CHECK NUMBER 800439	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH \$14,000.00	DATE 5 Mar 06		PAYER		

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C 82b and 82e, 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.

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Claims Form CF-1

1. To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

Address: [REDACTED]

I am

a. A citizen and national of: Irish

b. A permanent resident of: _____

c. Employed by: _____

2. I hereby make a claim against the United States Government for damages or injuries caused by: (Unit Name or Individual)

CP

3. The property damaged is owned by: claimant

4. My claim arose at:

(Town)

Baquba

(City)

Irish

(Country)

5. My claim arose on:

Month

Nov

21

Day

2003

Year

6. 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 vehicle shot by CP who were leaving the gate

7. 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 Brother and Brother's son were injured

Total:

14,000

8. I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$

14,000

local

[Signature]
(Signature of Claimant)

9. Subscribed before me this 17 day of Dec, 2005.

Name: [REDACTED]

Rank: [REDACTED]

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