MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of 05-IJ8-T015.

1. **Facts.** Claimant's son was an ING soldier. Son was killed by a accidental discharge of a US Marine machinegun at the Lutifiya patrol base. SIGACT corroborated claim.

   Claimant has requested $6000 as compensation.

2. **Opinion.** In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. **Authority.** The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. **Action.** Settle this claim in the amount of $5000.

   CPT, JA
   Foreign Claims Commission IJ8
**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**
DEPARTMENT OF THE ARMY
130th Finance Battalion
LSA Anaconda
APO-AE 09391
DSSN: 8550

**CLAIM #: 05-IJ8-T015**

**PAYEE'S NAME**

**PAYEE'S ADDRESS**

**SHIPPED FROM**

**TO**

**WEIGHT**

**GOVERNMENT FUND NUMBER**

---

**ARTICLES OR SERVICES**

In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.

**QUANTITY**

**UNIT PRICE**

**ACCOUNT**

$5000

---

**PAYMENT:**

**APPROVED FOR:**

**EXCHANGE RATE:**

**DIFFERENCES:**

BY

$1.00

---

**PAYEE'S ACCOUNT NUMBER**

**DATE VOUCHER PREPARED**

22 April 2005

**CONTRACT NUMBER AND DATE**

**REQUISITION NUMBER AND DATE**

---

**PAID BY**

3d Finance Company
Camp Liberty, Iraq
APO AE 06352
DSSN: 8550

---

**DISCOUNT IF APPLICABLE**

---

**PAYEE'S ACCOUNT NUMBER**

---

**ACCOUNTING CLASSIFICATION**

2152020 22-0204 P436099.22-4200 VIRQ F9203 S99999 $5000

---

**CHECK NUMBER**

**ON ACCOUNT OF U.S. TREASURY**

---

**CHECK NUMBER**

**ON (Name of bank)**

---

**PAID BY**

**DATE**

---

**PER**

---

**TITLE**

001132

---

**Note:** When stating in foreign currency, insert name of currency.

*When the ability to certify and authority to approve are combined in one person, one signature is necessary; otherwise the approving officer will sign in the space provided, over his official title.

*When a voucher is issued in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary".

"Treasurer", as the case may be.
April 22, 2005

Foreign Claims Commission IJ8

SUBJECT: Claim # 05-IJ8-T015

Dear [Redacted],

You have submitted a claim seeking compensation for losses caused by U.S. Forces in Lutifiya on or about 3/27/2005. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss. In accordance with the cited references and the investigation into your claim, I find that your claim is compensable. Accordingly, the Third Infantry Division Claims Office will compensate you for your losses in the amount of $5000.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

[Redacted]
Captain, U.S. Army
Foreign Claims Commission