MEMORANDUM OF OPINION

SUBJECT: Claim of, 05-IA5-1199

1. Claimant's name and address: [Redacted], Baqubah, Iraq

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 4 May 2005 in Baqubah, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $6,000 on 6 July 2005.

4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant for consideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for death of claimant's father.

5. Facts:
   a. Claimant alleges that father was driving near a U.S. convoy that had mistaken his vehicle for a VBIED. U.S. Forces had shot at the vehicle and his father was killed.
   b. The claimant submitted witness statements and a photograph along with the claim.

6. Opinion:
   a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the Unites States. In addition, the incident must be caused by either non-combat activity of the Unites States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.
b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces.

c. CMOC personnel vouched for the integrity of the claimant, and based on the facts and circumstances, this incident had been reported and U.S. Forces were involved in the death of claimant's father.

7. **Recommended Action:** This claim is payable under the FCA for the aforementioned reasons. Consequently, this claim is approved for $6,000.

CPT, JA
Claims Judge Advocate
**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**DEPARTMENT OF THE ARMY**
350th FB/9th FINANCE BATTALION
FOB WARHORSE, OIF III
APO AE 09397

**SOURCE**
DEPARTMENT OF THE ARMY
350th FB/9th FINANCE BATTALION
FOB WARHORSE, OIF III
APO AE 09397

**PAYEE**

**BAQUBAH, IRAQ**

**SHIPPED FROM**

**TO**

**WEIGHT**

**GOVERNMENT ACN. NO.**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES (Give description, item no. of contract or Federal supply schedule, and other information deemed necessary)</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-May-05</td>
<td>06-Aug-05</td>
<td>filed for death of claimant's father.</td>
<td>1</td>
<td>6,000.00</td>
<td>$6,000.00</td>
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**PAYMENT**
- FINAL

**APPROVED FOR**

**DISBURSING OFFICER**

**ACCOUNTING CLASSIFICATION**

$6,000.00

**CHECK NUMBER**

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

**CHECK NUMBER**

**ON (Name of bank)**

**PAYEE**

**CASH** $6,000.00

**DATE**

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C 3702 and 3703, for the purpose of disbursing federal money. The information requested is to identify the person or entity and the amount to be paid. Failure to furnish this information will hinder discharge of the payee(s) liability.
To: United States Army Foreign Claims Commission

From: Name: [Redacted]
Address: [Redacted]

I am
a. A citizen and national of: [Redacted]
b. A permanent resident of: [Redacted]

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: [Redacted]

My claim arose at: [Redacted] (Town) [Redacted] (City) [Redacted] (Country)

My claim arose on: [Redacted] Month [Redacted] Day [Redacted] 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 father was driving when he came near a U.S. convoy. U.S. convoy thought he was a possible VBIED and shot at vehicle, killing him.

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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of Father</td>
<td>6,000</td>
</tr>
</tbody>
</table>

Total: 6,000

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

$ 6,000 local

(Signature of Claimant) [Redacted]

Subscribed before me this 16 day of July, 2005.

(Print Name) [Redacted]

(Signature) [Redacted]