MEMORANDUM OF OPINION

SUBJECT: Claim of 05-IA5-992

1. Claimant's name and address: Muqdadiyah, Iraq.

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 24 November 2005 in Muqdadiyah, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $4,000.00 on 22 June 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; claimant’s car was totaled when U.S. convoy forced him off the road; also, his passenger died as a result of the accident.

5. Claimant’s Allegations:
   a. Claimant says while he was driving a passenger home a U.S. convoy forced him off the road, his car flipped into the water canal causing damage to his vehicle and killing his passenger.
   b. There are 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.
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. The research conducted brings a reasonable assumption that U.S. forces were involved. The claimant was forced off the road by a U.S. convoy which resulted in the death of his passenger and totaled his car. The claimant is awarded $4,000.00 dollars.

7. **Recommended Action:** This claim is payable under the FCA for the above mentioned reasons. Consequently this claim for $4,000.00 is approved.

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

**U.S. DEPT., BUREAU, OR ESTABLISHMENT AND LOCATION**
DEPARTMENT OF THE ARMY
550th FD/9TH FINANCE BATTALION
FOB WARHORSE, OIF III
APO AE 09397

**PAYEE'S NAME AND ADDRESS**

Baqubah, Iraq

**SHIP FROM**

**TO**

**ARTICLES OR SERVICES**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| 17-Jan-05 | 02-Jul-05 | claim filed for compensation of death and damage done to
                                  | 1          | 4,000.00  | $4,000.00|

**PAYMENT**

- Provisional
- Complete
- Partial
- Final
- Progress
- Advance

**APPROVED FOR**

- $ 4,000.00

**DISBURSING OFFICER**

- LTC, FC

**ACCOUNTING CLASSIFICATION**

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

$4,000.00

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 3704, for the purpose of disbursing Federal money. The information requested is to identify the particular service and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.
To: United States Army Foreign Claims Commission.
From: Name: 
Address: 

I am 
a. A citizen and national of: 

b. A permanent resident of: 

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: 

My claim arose at: 
(Town) 
(City) 
(Country) 

My claim arose on: Nov 24 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.)

Car was very old and spun 360 degress and veered off the road by
no one fault, another vehicle passed and they hit also 

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>Damage to car</td>
<td>$1000</td>
</tr>
</tbody>
</table>

Total: $1000

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

$ 1000 local 

(Signature of Claimant)

Subscribed before me this 12 day of , 2005. 

(Print Name)

(Signature)