



DEPARTMENT OF THE ARMY
Office of the Command Judge Advocate
1st Brigade Combat Team, 101st Airborne Division (AASLT)
FOB Warrior, Kirkuk, Iraq, APO AE 09335

**REPLY TO
ATTENTION OF:**

AFZB-KA-CJA

5 April 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IO6-T334

1. Claimants name and address: [REDACTED] Hawijah, Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 11 February 2006, in the industrial area of Hawijah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim for \$2,500 on 20 March 2006.
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 the wrongful death of Ahmed (relative?).
5. Facts:
 - a. [REDACTED] claims that on 11 February 2006, Ahmed was shot while working inside a mill. He claims that Ahmed was shot by a CF Convoy as they passed by the mill.
 - b. There was a witness statement, death certificate, and power of attorney included in the claim.
 - c. There is insufficient information to confirm or deny the claimant's allegation of CF involvement.
6. Opinion:
 - a. In order to form a basis for a claim under the FCA, the incident has to occur outside of the United States and be from either non-combat activities of the U.S. Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

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AFZB-KA-CJA

SUBJECT: Claim of Sabah Sabe, 06-IO6-T334

b. There is insufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. Any appeal must be submitted within 30 days.

7. Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$2,500 is denied.

[REDACTED]

MAJ, JA
Foreign Claims Commissioner

**CLAIM FOR DAMAGE .OR
INJURY DEATH**

INSTRUCTION: Please read carefully the instruction on the reverse side and supply information requested on both sides of this form .Use additional sheets (s)

person
From
approve
MBC

AMER

SITE OF THE ACCIDENT

Haweja industrial area inside the mill building

2-Name of claimants & Address

Haweja kiruk

GENDER

Male

4.DATE OF BIRTH

1956

5.MARITAL STATUS.

Married

6.DATE & DAY OF ACCIDENT

11-feb-06

TIME:

11 am

The claim

According to witnesses statements , the deceased was mill worker ,on the date of the killing accident the victim was working inside the mill building at the same time there was a convoy of a coalition forces passed near by his work ,they started shooting a hail of shots to the direction of his building no body knows why? Killing the worker in his place although there was no shooting from the building on the coalition forces.

Property damage

Wrongfully killing

INJURY

WITNESSES

NAME

ADDRESS

Haweja INDUSTRIAL AREA

Amount of claim (IN Dollars)

12A PROPERTY

12b PERSONAL INJURY

12c WRONGFUL DEATH

12A

7, 37, \$2,500.00

I CERTIFY THAT AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURY CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a.SIGNATURE OF CLAIMANT

13b.Phone number of signatory

14c.Date of claim

3/15/2006

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

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