

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

21 November 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of

in, 06-IA5-72b

1. Claimants name and address:

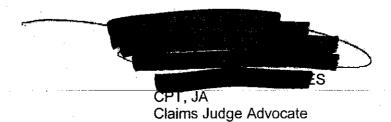
- h, Ad-Duluiyah, Iraq.
- 2. <u>Incident date and place the incident occurred giving rise to the claim</u>: Incident occurred on 9 January 2005 in Ad-Duluiyah, Iraq
- 3. Amount of claim and filing date: Claimant filed a claim in the amount of \$15,000 on 12 November 2005.
- 4. Chapter the claim was considered 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; claim filed for personal injury.

5. Facts:

- a. Claimant says her husband was killed by a U.S. patrol.
- b. There was a death certificate and a damage report included in the submitted 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 activities 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 insufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces. The incident date for this claim predates the arrival of 1/15th IN and thus there is no record of this incident.
- 7. Recommended Action: This claim is not payable under the FCA for the above mentioned reasons. Consequently this claim for \$15,000 is denied.



	Cl	aims Form.		
To: United States A	ir Force Foreign C	laims Commission	1.	
From: Name: Address: \frac{1}{12}	a9-Aldela	wya	<u> </u>	
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My claim arose on:	(Town) January Month	9 Day	2 so	5
Give a brief statement property or for perso		. (Use back of this	sheet if necess	sary.)
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property damage or person <u>Item</u>	f property damage and itemized expenses resulting from the nal injury: (Attach bills and receipts, if applicable.) Amount 25600
	Total: \$25690
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The name and address of n	ny insurer (if any) is:
The name and address of n	ny insurer (if any) is: (Address)
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