(b)(3)(b)(6)

DEPARTMENT OF THE ARMY
3rd Infantry Brigade Combat Team Command Judge Advocate
3rd Infantry Brigade Combat Team
FOB Warrior, Kirkuk, Iraq, APO AE 09338

APVG-ZZO-JA

12 September 2007

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 07-I14-T386

1. Claimants name and address (b)(6) Kirkuk, Iraq.

2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 16 August 2007 in Kirkuk, Iraq.

3. Amount of claim and filing date: Claimant filed a claim in the amount of $3,320.00 on 27 August 2007.

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 death of a local national, personal injuries, and property damage.

5. Facts:

a. (b)(6) claims that on 16 August 2007, CF raided his home, killed his son, damaged his house hold goods, and broke his teeth.

b. There was a SF 44A, dtd 22 Aug 07, ID cards, and witness statements included in the submitted claim.

c. The incident was unable to be verified by the unit responsible.

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.

APVG-ZZO-JA
SUBJECT: Claim of (b)(6) 07-I14-T386

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 $3,320.00 is denied.

(b)(3),(b)(6)

CPT, JA
Foreign Claims Commissioner

DEPARTMENT OF THE ARMY
3rd Infantry Brigade Combat Team Command Judge Advocate
3rd Infantry Brigade Combat Team
FOB Warrior, Kirkuk, Iraq, APO AE 09338

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(b)(3),(b)(6)

CPT, JA
Foreign Claims Commissioner

CLAIM FOR DAMAGE .OR INJURY DEATH	INSTRUCTION: Please read carefully the instruction on the reverse side and supply7 information requested on both sides of this form .Use additional sheets (s)	person From approve MBC

1.submitt to appropriate Agency	2-.Name of claimants &Address
(b)(3)(b)(6)	(b)(6)

07-I14-T386

3.TYPE OF EMPLOYEE	4.DATE OF BIRTH	5MARITAL STATUS.	6.DATE& DAY OF ACCIDENT	TIME:
	(b)(6)	Married	16th Aug.07	2:00AM

The CFS wrongfully killed the claimant's son during raid , damaged house stuff, took cell phone and broke the claimant's teeth.

9. Cell phone, Furniture, Door lucks	PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER THAN CLAIMANT (NUMBER, street, city, state, city, state, and, zip code)

(b)(6)

De

10 Hamed Najdat Masood	Personal injury/wrongfully death

WITNESSES

NAME	ADDRESS
(b)(6)	Kirkuk Kirkuk (b)(6)

Amount of claim (IN Dollars)

12A PROPERTY	12b PERSONAL INJURY	12c WRONGFUL DEATH	12A
1,025,000 IDS		$ 2,500.00	1,025,000 IDS $ 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
(b)(6)	(b)(6)	22nd Aug.07

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 22-Aug-07 | ORDER NO. (b)(2)High

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)*

PAYEE (b)(6)
Kirkuk, Iraq

Furnish Supplies or Services to (Name and Address)

COMMANDERS CONDOLANCE FUND 3BCT X 7008

SUPPLIES OR SERVICES	QTY	UNIT PRICE	AMOUNT
Condolance Payment	1 EA.	$2,500.00	$2,500.00

AGENCY NAME AND BILLING ADDRESS*

PAYOR
125 FMC
C Detachment, FOB Warrior
Kirkuk, Iraq
APO AE 09335

TOTAL $2,500.00
DISCOUNT TERMS
.....0.%
Net 30 ..... DAYS
DATE INVOICE RECEIVED
22-Aug-07

ORDERED BY (Signature and Title)

PPO: SFC (b)(3),(b)(6)

PURPOSE AND ACCOUNTING DATA

(b)(2)High

... to sign below for over-the-counter deliver of items

Received by

Witness (b)(3),(b)(6) ICT, FA

TITLE: | DATE 22-Aug-07

SELLER - Please read instruction on Copy 2

PAYMENT RECEIVED	PAYMENT REQUESTED
$2,500.00	$2,500.00

NO FURTHER INVOICE NEED BE SUBMITTED

Seller: (b)(6) Mr (b)(6)

Today's date 22-Aug-07

I certify that this account is correct and proper for payment in the amount of

$2,500.00

DIFFERENCES

ACCOUNT VERIFIED CORRECT FOR

BY

F (b)(3),(b)(6)

... certifying officer (Signature and Title)

PAID BY	CASH	DATE PAID	VOUCHER NO
SFC (b)(3),(b)(6) OR	$2,500.00	22-Aug-07	

* PLEASE INCLUDE ZIP CODE

1. SELLER'S INVOICE
(See instructions on Copy 2)

STANDARD FORM 44A (Rev. 10-83)
PRESCRIBED BY GSA
FAR (48 CFR) 53.213 (c)

CPT (b)(3),(b)(6)

Foreign Language Text, (b)(6)

Identification card

Office:Kirkuk
Number: (b)(6)

Name: (b)(6)

Father's name (b)(6)

Mother's name: (b)(6)

Gender:Male

Issue date: 8-2-2006

Religious:Muslim

Date of birth: (b)(6)

Place of birth:Kirkuk

Statues: married

Wife's name:

Physical disablement:----------

Foreign Language Text, (b)(6)

Identification card

Office:Kirkuk
Number: (b)(6)

Name: (b)(6)

Father's name : (b)(6)

Mother's name:

Gender:Male

Issue date: 19-3-1973

Religious:Muslim

Date of birth (b)(6)

Place of birth:Kirkuk

Statues: married

Wife's name: (b)(6)

Physical disablement:----------

Foreign Language Text, (b)(6)

Death certificate

Health department: Kirkuk

Number: (b)(6)

Date:16-8-2007

Deceased name: (b)(6)

Sex: Male

Nationality: Iraqi

Religious: Muslim

Job:

Statues: Married

Birth date: (b)(6)

Date of death: 16-8-2007

Place of death: Kirkuk /Hayalwaswty

Reason of death: Bleeding because off bullets

Fathers name : (b)(6)

Signed by : D: **on 16th Aug. 07**

Page 14 redacted for the following reason:
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Foreign Language Text, (b)(6)

Witness statement

I'm the undersign certified that CFS wrongfully killed the claimant's son during ride, damaged house stuff, took cell phone and broke the claimant's teeth.

Witness

(b)(6)

Page 16 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6), Foreign Language Text

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Witness

(b)(6)

CLAIM NUMBER: 07-I14-T 386

DATE	REMARKS	INITIALS
27 Aug 07	(b)(5), (b)(2)High	(b)(3),(b)(6)
31 Aug 07		

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