



REPLY TO
ATTENTION OF:

AFZP-VB-JA

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
FOB LOYALTY, IRAQ
APO AE 09380

Date: 10-Nov-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T06-0157:

Claim of: [REDACTED]

Address: [REDACTED]

Date Filed: 04-Nov-05

Amount Claimed: \$10,000.00

Claimed Loss: Bus driver killed and bus damaged by small arms caused by combat involving C.F.

Claim Number: 7.0066

1. Your above-mentioned claim is disapproved.
2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code **1**:
 1. Loss was a result of Combat Operations
 2. The filing claimant is an improper claimant
 3. Claim lacked evidence supporting U.S. negligence or fault
 4. Claim lacked evidence to prove a loss
 5. Loss was a result of Anti-Coalition Forces
 6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
4. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.
5. POC for this memorandum is [REDACTED] FOB Loyalty, @ VOIP 242-7063.

[REDACTED]
CPT, JA
FOREIGN CLAIMS COMMISSION

000331

Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

Address: [REDACTED]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: _____
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () Not a subrogee

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: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at: AL-Madaein Baghdad Iraq
(Town) (City) (Country)

My claim arose on: September 13 2005
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.)

on 21/11/2004 the victim [REDACTED]

Driving his car (type: Kia bus) at three o'clock
in the morning on 21/11/2004, when we he get to
the Al-Madaein enteration and there were an
American forces fired on him which cause the
guy's death and the bus fliped

000332

Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

Death of the victim [REDACTED] with a lot of damages in the Kia bus it happened by [REDACTED] American forces fires.

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.)

Item	Amount
the estimated amount for the death [REDACTED] of the victim [REDACTED]	\$ 1000 and for the car damages \$ 10,000
Total: \$ 11,000	

I was insured to the following extent against the damage or injuries I have sustained:

[REDACTED]

[REDACTED]

[REDACTED]

The name and address of my insurer (if any) is:

(Name) (Address)

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

\$ \$11,000 local 16,500,00
sixteen million [REDACTED] and five hundred thousand Iraqi dinars.

(Signature of Claimant)

Subscribed before me this 13 day of September, 2005.

[REDACTED]
(Print Name)

[REDACTED]
(Signature)

000333