

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 112069 D

CLAIMANT NAME [REDACTED]

ADDRESS [REDACTED]

SEC./ [REDACTED] ST./ [REDACTED]

H./ [REDACTED]

Dora

PHONE#: [REDACTED]

I AM

a. A Citizen and National Of: [REDACTED]

Iraq

B. A Permanent Resident Of: [REDACTED]

Dora

C. Employed By: [REDACTED]

d. Check one () an insurer () Not an insurer

e. Check one () A subrogate () Not a subrogate

HAVE YOU FILED A CLAIM BEFORE (circle one) YES

OR NO

TYPE OF CLAIM (circle which applied)

INJURY: DEATH

PROPERTY DAMAGE: VEHICLE, BUILDING, FIELD, ANIMAL, OR OTHER

NAME [REDACTED]

(the victim)

RELATIONSHIP brother

AGE: 50

DOB D/M/Y 17/1954

DATE INCIDENT OCCURRED: /D/ 19 /M/ Jan. /YYYY/ 2005

PLACE INCIDENT OCCURRED [REDACTED]

Alwiya Hospital

SEC./ [REDACTED] ST./ [REDACTED]

H./ [REDACTED]

SITUATION H.

[REDACTED] left home with his car and when he reached (Alwiya Hospital) an explosion took place and he and his car were burnt, and died.

List in detail the amount of property damage and itemized expense resulting from the property damage or personal injury: (Attach bills and receipts, if applicable)

Item _____ Amount _____

The family ask for compensation

TOTAL AMOUNT: US DOLLAR _____ OR DINAR _____

Today date 17 th Feb, 2005

Signature [REDACTED]

000537



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 12-Mar-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T0213-05:

Claim of: [REDACTED]

Address: [REDACTED]

Date Filed: 06-Mar-05

Amount Claimed: \$0.00

Claimed Loss: Claimant's brother was killed and his vehicle destroyed by explosion.

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 claims is code 5:
 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
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.



CPT, JA
FOREIGN CLAIMS COMMISSION

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