



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 18-Aug-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1333-05:

Claim of: [REDACTED]

Address: [REDACTED], Baghdad, Iraq

Date Filed: 16-Aug-05

Amount Claimed: \$0.00

Claimed Loss: Claimant's husband killed by small arms caused by combat involving C.F.

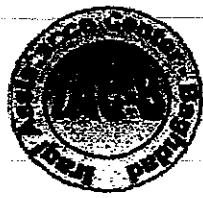
Claim Number: 7.0012

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
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

000785



CUSTOMER INQUIRY

CASE #: 12

DATE: 9. Aug. 05

NAME: [REDACTED]

DOB: 1963

الاسم:

1963

تاريخ الولادة:

TELEPHONE #:

DATE INCIDENT OCCURRED: 28. Mar. 2005

رقم الهاتف:

تاريخ الحادث:

ADDRESS: Baghdad - [REDACTED]

العنوان:

TYPE OF CASE (CHECK ONE)

<input type="checkbox"/> Detainee	<input type="checkbox"/> Medical	<input type="checkbox"/> Travel Documents	<input type="checkbox"/> Eviction
<input type="checkbox"/> Missing Person	<input type="checkbox"/> Employment/Unemployment	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Abuse
<input type="checkbox"/> Military Salary	<input type="checkbox"/> Corruption	<input type="checkbox"/> Confiscated Vehicle	<input type="checkbox"/> Homeless
<input type="checkbox"/> Compensation	<input type="checkbox"/> Confiscated Property	<input type="checkbox"/> Demonstrations/ Freedom of Assembly	
<input type="checkbox"/> Property Claim: Iraqi or CF? (circle one)			

Situation (الحالة): On 28-3-2005 at four o'clock (morning) while the victim [REDACTED] going to his work, [REDACTED] to get shot by American forces. He was driving his truck (Pickup) to deliver fruit and vegetable, when he reached to American check point they shot him in his chest which cause his immediate death. They certain that by witness also the autopsy report of his body. For that his wife ask for compensation.

Follow up Appointment? YES NO

Date: _____ Time: _____ 000786

Time In:

Time Out:

Supervisor: