



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
FOB LOYALTY, IRAQ
APO AE 09380

AFZP-VB-JA

Date: 08-Sep-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1355-05:

Claim of: [REDACTED]

Address: Diyalk Bridge/Al Reyad

Date Filed: 04-Sep-05

Amount Claimed: \$0.00

Claimed Loss: Claimant injured by small arms fire caused by combat involving Coalition Forces.
He later died in the Al-Za'afranya hospital.

Claim Number: 7.0027

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.

[REDACTED]
CPT, JA

FOREIGN CLAIMS COMMISSION

000787



CUSTOMER INQUIRY

CASE #: 21

DATE: 29-8-2005

NAME: [REDACTED] DOB: 1963
الاسم: تاريخ الولادة:

TELEPHONE #: DATE INCIDENT OCCURRED: 21-5-2005
رقم الهاتف: تاريخ الحدث:

ADDRESS: Diyala Bridge / AL Reyad
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"/> قضايا اخرين
<input type="checkbox"/> Property Claim: Iraqi or CF? (circle one)		<input type="checkbox"/> Other	

Situation (الحالة): On 23/5/2005 the victim [REDACTED] get shot by American forces while he was going home in Diyala Bridge. he get shot in his Right leg, people transfer her to AL-Zaafraonya hospital but he dead in the hospital, the complainant attached medical Report and some witness statement for that he is ask for compensation

Follow up Appointment? YES NO

Date: _____ Time: 000788

Time In: _____ Time Out: _____ Caseworker: _____