



DEPARTMENT OF THE ARMY
HEADQUARTERS, 2^D BRIGADE COMBAT TEAM
(10TH MOUNTAIN DIVISION (LIGHT INFANTRY))
3RD INFANTRY DIVISION
CAMP LIBERTY, IRAQ
APO AE 09303



April 15, 2005

SUBJECT: Claim # 05-IG5-612K

[REDACTED]

Dear [REDACTED]:

You have submitted a request for reconsideration to the denial of your claim seeking compensation for damages allegedly caused by U.S. Forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Facts of incident: Claimant alleges that on or about 24 February 2005, He was riding in a mini0bus with his nine-year-old son on his lap when Coalition Forces fired a round into the bus. The round allegedly hit his son in the head, causing the son's death later on. Claimant alleges that some Americans came to the hospital and apologized. He also states that one of the HMMWV's had "32" on the side. Claimant has enclosed an autopsy report.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: **We are sorry and very sympathetic to your loss, however your claim must be denied for the following reasons: In your claim you failed to provide sufficient evidence that U.S. Forces and not someone else is responsible for your damages.** Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision on accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

[REDACTED]

CPT, JA
Claims Judge Advocate

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Claims Form

To: United States Army Foreign Claims Commission

From: Name: Mr.

Address: Adhamiya

I am

- a. A citizen and national of: Iraq.
- b. A permanent resident of: As above.
- 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: North Gate - Kadimiya - Baghdad - Iraq
(Town) (City) (Country)

My claim arose on: February 24
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.)

I was a passenger in a KIA mini but, on ms cap was his 9 years old son, an American Convey was behind they, they had shot one bullet towards the KIA, this very bullet broke the rear window glass hitting his son " " in the head. he was taken to hospital, in the same day. Some Americans came to hospital and apologized for the incident. His son died later on because of the injury. He claims that one of the Humvees was carrying no. 32. The incident happened at 6 o'clock AM. A medical report written in English language is enclosed!

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

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.)

<u>Item</u>	<u>Amount</u>
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minimum Death compensation
USD. 2500

USD. 2500
Total:

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

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)

\$ _____

local _____

.....
(Signature of Claimant)

Subscribed before me this 5 day of April 2005.

.....
(Print Name)

.....
(Signature)



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