



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 10-Nov-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T06-0158:

Claim of: [REDACTED]

Address: Al-Madaeen, [REDACTED] Baghdad, Iraq

Date Filed: 04-Nov-05

Amount Claimed: \$10,000.00

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

Claim Number: 7.0067

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 SPC [REDACTED] OB Loyalty, @ VOIP 242-7063.

[REDACTED]
[REDACTED]
CPT, JA
FOREIGN CLAIMS COMMISSION

001259

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED] and [REDACTED]

Address: Al-Madaeen - [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-Madaeen Baghdad Iraq
(Town) (City) (Country)

My claim arose on: September 12 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.)

According for the complainers statement, [REDACTED] (First wife) and [REDACTED] (Second wife) of the victim [REDACTED]. The both wives claimed that the coalition forces were chaising one of the terrorist in Al-Wehda Nahia close to the Gas station, they were shooting ~~attacking~~ random fires which is cause the death of [REDACTED]. We attached all the paper with the claim.

GOI260

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

The victims have got 11 children ~~with~~ with their wives and he was the only supporter for the family

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 is 10,000,000	
Ten million Iraq dinnaar	
	Total: 10,000,000

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)

\$ 6,700 local 10,000,000 IQD

(Signature of Claimant)

Subscribed before me this 12 day of 9, 2005.


(Print Name)

(Signature)