



DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-TAHREER, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF:

September 2, 2005

Claims Office

SUBJECT: Claim # 725-K

Hurriya

Dear [REDACTED]

You have submitted a request for consideration of a 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.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after further investigation of your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

This determination is final and is not subject to further appeal or reconsideration.

Sincerely,

MAJ, U.S. Army
Foreign Claims Commission

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-TAHREER, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF:

Claims Office

SUBJECT: Claim # 725-K

Hurriya

Sec

Dear

July 21, 2005

You have submitted a 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.

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: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in 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

MAJ, U.S. Army
Foreign Claims Commission



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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: Mrs

Address: Hurriya - Section
House no. [redacted]

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: Shulla (Town) Baghdad (City) Iraq

My claim arose on: June 3 05
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.)

At 11 O'clock in the morning my husband and his brothers to condole some friends in Sabalbore area on their way back and to be exact, on the Shulla highway, the Coalition force opened fire on their Suzuki car, my husband was hit by several bullets, one of them. Helicopters landed to pick the injured up and take them to hospital, this is what had happened, my husband was taken by a helicopter to Ibn Sini hospital ~~where~~ where he lost his life according to their enclosed death certificate. I demand compensation for the killing of my husband.

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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.)

Item

Amount

minimum rate of
Death

2500

Total 5 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 6 day of July 2005.

(Print Name)

(Signature)

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