



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)
OFFICE OF THE STAFF JUDGE ADVOCATE
APO-AE 09352

REPLY TO
ATTENTION OF:

Foreign Claims Commission IJ8

06-Dec-05

SUBJECT: Claim #06-IJ8-T672 / 384M

[REDACTED]
Mahmudiyah

Dear Claimant:

You have submitted a claim seeking compensation for loss 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 the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):

Incident was a combat operation resulting in detentions.

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 forwarded to this office for Foreign Claims Commission consideration. 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]

Captain, Judge Advocate
Foreign Claims Commission IJ8

001469

FOREIGN CLAIMS FORM

CLAIMANT INFORMATION

NAME: REDACTED ADDRESS: *Mahmudiah* ID#: REDACTED
OCCUPATION: REDACTED CITIZENSHIP: REDACTED

INCIDENT INFORMATION

TYPE OF CLAIM: Vehicle Accident SAF Raid Detainee Property
 Occupied Land Other

LOCATION OF INCIDENT: *Mahmudiah* DATE OF INCIDENT: *16 Sep 05*

DESCRIPTION OF INCIDENT: *US Forces were patrolling Farmland outside Fab OT Michael and Brother was killed. - while he was watering his crops US forces took [REDACTED] to Mahmudiah hospital and he DIED - Condolence -*

UNIT INVOLVED: *Unknown*

CLAIM INFORMATION

OWNER OF PROPERTY: *Dad* BREAKDOWN OF CLAIM: *Brother* ITEM AMOUNT

TOTAL AMOUNT CLAIMED: *\$2500*

INSURED?: Y / N AMOUNT:

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y *(Signature)* LOCATION AND OUTCOME:

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

REDACTED

30 Nov 05
(DATE)

Zawya (4)
(Signature of Claimant)
(توقيع النظم) الرجاء كتابة الاسم والتوقيع

001470