



REPLY TO
ATTENTION OF:

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

Foreign Claims Commission IJ8

01-Nov-05

SUBJECT: Claim # 05-IJ8-T579 / 329M

[REDACTED]
Al Rashid

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):

Cannot confirm shooting in US records.

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

001487

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED]
ADDRESS: AL RASHID ID#: _____
OCCUPATION: - CITIZENSHIP: IRAQI

INCIDENT INFORMATION

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

LOCATION OF INCIDENT: AL RASHID DATE OF INCIDENT: 7 SEP 05

DESCRIPTION OF INCIDENT: In AL RASHID, US forces were driving and shot @ claimant's vehicle killing the driver.

- Driver was claimant's brother [REDACTED]

2 AIG witnesses

UNIT INVOLVED: UNK

CLAIM INFORMATION

OWNER OF PROPERTY: _____ BREAKDOWN OF CLAIM:

ITEM	AMOUNT
<u>Vehicle</u>	<u>2000</u>
<u>Death</u>	<u>2500</u>

TOTAL AMOUNT CLAIMED: A 4500

INSURED?: Y/N AMOUNT: _____

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y/N 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 SIGNATURE]

(DATE) (Signature of Claimant)

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