

## Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

Address:

Almishahda

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)

U.S. Army

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: Almishahda Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: Feb 24 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.)

on 24 Feb 2005 the claim son ( [REDACTED] )  
went to Almishahda gas station in  
Almishahda district with his car to  
fill benzene while ( [REDACTED] )  
was in his turn in lane American start random  
shoot. Result from that ( [REDACTED] ) killed

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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>
killed	10000 \$
Total: 10000 \$	

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)

\$ 10000 \$ local \_\_\_\_\_

\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

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DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3rd BRIGADE COMBAT TEAM  
1st ARMOR DIVISION  
CAMP TAJI, IRAQ  
APO AE 09378

REPLY TO  
ATTENTION OF:  
AFZN-BB-BL

APR 4 2005

SUBJECT: Action on Claim of [REDACTED], Claim Number 3/1AD-0236

Dear Sir:

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. In accordance with the cited references, I am unable to compensate you under the Foreign Claims Act. You have failed to provide proof of U.S. Military involvement in this unfortunate incident.

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.

Sincerely,

[REDACTED]  
CPT, JA  
Foreign Claims Commission

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