

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 1#041 #3 #5

CLAIMANT NAME -----
ADDRESS Sadr city / AlRashad
SEC/----- ST/----- H/-----
PHONE (/)

IAM

- A - A Citizen and National Of (Iraq)
- B - A Permanent Resident Of (Baghdad)
- C - Employed By
- D - Check one () an insure (X) Not an insurer
- E - Check one () A subrogate (X) Not a subrogate

HAVE YOU FILED A CLAIM BEFORE (circle one) YES OR NO

TYPE OF CLAIM (circle which applied)

INJURY DEATH

PROPERTY DAMAGE: VEHICLE , BUILDING , FIELD , ANIMAL , OR OTHER

NAME -----
RELATIONSHIP The claimant son AGE: 4 DOB D/M/Y 28/4/2001

DATE INCIDENT OCCURRED: /D/ 1 /M/ 1 /YYYY/ 2005
PLACE INCIDENT OCCURRED Sadr city / AlRashad
SEC/ 572 ST/ 65 H/ 23

SITUATION-----
The claimant son was injured in his head when the amirecan randomly shooting and when moved the claimant son for hospital his son was dead for this the claimant request compensation.
Note This claim was introduce after 2 monthes and loss or no responed about this claim.

List in detail the amount of property damage and itemized expense resulting from the property Damage or personal injury : (attach bills and receipts , if applicable)

Item	Amount

The decision left for the ~~War~~ Committee

TOTAL AMOUNT: ----- US DOLLAR ----- OR DINAR ----- 000788

Signature -----
[Redacted Signature]



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 06-Aug-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1099-05:

Claim of: [REDACTED]

Address: [REDACTED] Baghdad, Iraq

Date Filed: 15-Jul-05

Amount Claimed: \$0.00

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

Claim Number: 1.0521

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
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 [REDACTED] FOB Loyalty, @ VOIP 242-7063.

[REDACTED]
CPT, JA
FOREIGN CLAIMS COMMISSION

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