



REPLY TO  
ATTENTION OF:

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

AFZP-VB-JA

Date: 01-Jun-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T0828-05:

Claim of: [REDACTED]

Address: [REDACTED], Baghdad, Iraq

Date Filed: 26-May-05

Amount Claimed: \$5,000.00

Claimed Loss: he was driving speedily in from of U.S Forces patrol and they shot at him

Claim Number: 1.0456

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 3:
  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

000290

CLAIMS FORM  
US ARMY FOREIGN COMMISSION

CLAIM # 2-018-5

CLAIMANT NAME [REDACTED]

ADDRESS AL-Nazafit

SEC./ [REDACTED]

ST./ [REDACTED]

H./ [REDACTED]

PHONE : \_\_\_\_\_

IAM

a. A Citizen and National Of: \_\_\_\_\_

b. A Permanent Resident Of: \_\_\_\_\_

c. Employed By : \_\_\_\_\_

d. Check one ( ) An insurer ( ) Not an insurer

e. Check one ( ) A subrogate ( ) Not a subrogate

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

TYPE OF CLAIM ( circle which applied )

INJURY : \_\_\_\_\_

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

NAME : \_\_\_\_\_

RELATIONSHIP the dead AGE: 30 DOB D/M/Y 1 July 1974

DATE INCIDENT OCCURRED : D/ 9 /M/ April /YYYY/ 2004

PLACE INCIDENT OCCURRED AL-Nazafit

SEC./ \_\_\_\_\_ ST./ \_\_\_\_\_ H./ \_\_\_\_\_

SITUATION He was driving speedily in front of

an American patrol then they shot his car and

killed him and caused damage to the car.

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

He claims a compensation

TOTAL AMOUNT : US DOLLAR 5000 \$ OR DINAR \_\_\_\_\_

Today date 8th May 2005 Five thousand dollar

Signature \_\_\_\_\_

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