



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 07-Aug-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1214-05:

Claim of: [REDACTED]

Address: [REDACTED] Baghdad, Iraq

Date Filed: 02-Aug-05

Amount Claimed: \$0.00

Claimed Loss: Claimants son was killed when a firefright broke out between AIF U.S Forces.

Claim Number: 1.0573

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

000320

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 1#045#4#5

CLAIMANT NAME [REDACTED]

ADDRESS Sadr City

SEC/ [REDACTED] ST/ [REDACTED] H/ [REDACTED]

PHONE ()

I AM

- A - A Citizen and National Of (Iraq)
- B - A Permanent Resident Of (Baghdad)
- C - Employed By
- D - Check one () an insure () 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 DEATH

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

NAME [REDACTED]

RELATIONSHIP son AGE: 27 DOB D/M/Y 6/4/1978

DATE INCIDENT OCCURRED : /D/ 13 /M/ 4 /YYYY/ 2005

PLACE INCIDENT OCCURRED Sadr City

SEC/ ST/ H/

SITUATION

On the 13 th of April ,2004 my son ([REDACTED]) was standing in front door of our house when shooting and fighting began between the USA force and MM . which killed my son at once , so I ask for compensation .

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

TOTAL AMOUNT: US DOLLAR () OR DINAR

Signature [REDACTED]
Today date 22 / 7 / 2005

000321