To: [redacted]
From: Foreign Claims Commission IF9
Re: Claim number 05 IF9 T 0212

Sirs/Ma'am:

Foreign Claims Commission IF9 has reviewed and considered the claim you have made against the United States under the Foreign Claims Act, Title 10, United States Code, Section 2734, and U.S. Army Regulation 27-20. Claims under this act can only be paid under certain circumstances. A claim is payable only if the damage was the result of negligence on the part of U.S. military personnel or as a result of non-combat activities. Furthermore, claims are not payable if they are a direct or indirect result of combat action or are filed more than two years after the incident.

Unfortunately, your claim is not compensable under the U.S. Foreign Claims Act because it does not meet the criteria above. You have the right to have this decision reconsidered, but if you wish to have this done, you must include new evidence that shows either U.S. negligence or that your damages were caused by U.S. military personnel not as a result of combat activities. Any such request must be made within 30 days of your receipt of this letter. Failure to appeal within 30 days will render this decision final and conclusive as a matter of law pursuant to 10 USC Section 2735.

Foreign Claims Commission IF9
Camp Echo
Ad Diwaniyah, Iraq
Claims Form

To: HQ MND (C-S)
From: [Redacted]
Name: [Redacted]
Address: [Redacted]

Phone no: [Redacted]/Mobile: [Redacted]

I am:
 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 subrogee ( ) not a subrogee

I hereby make a claim against the HQ MND (C-S) for damages or injuries caused by:
(name, organization, military department, address, telephone number)

  Military Convoy: on 10/10/2005 at 8:00 p.m. to 9:00 p.m.
  near to Attak Control Check Point on highway path near to bridge

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 sustaining the damage or injuries.)

  My own... Car no.... 09182, Opel model
  Qadissiyah, temporary check—Damage to: Windscreen, motor,
  rear screen, motor cover, pumps, doors, by bullets

My claim arose at: Diwaniyah Al-Imam Al-Hussein, Iraq
  town, police station, (country)

My claim arose on: 10/1/2005
  (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, include witnesses.

  When I was driving from Attak intending to reach to Diwaniyah—suddenly a military convoy
  came and they shot at my car, which led to injury one of passengers called
  and my bullets entered to car's motor... body
  and I am driver... injured in my head... shoulders
Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

killing one person... and damage completely

my car

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)

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repairs to the Motor with</td>
<td>$2,512 USD</td>
</tr>
<tr>
<td>Purchasing materials also</td>
<td></td>
</tr>
<tr>
<td>Spare parts with all work</td>
<td></td>
</tr>
<tr>
<td>Requirements in the list</td>
<td></td>
</tr>
</tbody>
</table>

Total: $2,512 USD

I was insured to the following extent against the damage or injuries I have sustained:

Damaging completely the car with
stf. motor and interior seats

The name and address of my insurer (if any) is:

(name)

(address)

I claim as damages: (Indicate amount in US dollars and local currency)

$ 5,000.

Local: 75,000.00 I.D.

Subscribed before me this 29th day of Nov 2005