



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 22-Mar-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T0335-05:

Claim of: [REDACTED]

Address: [REDACTED]

Date Filed: 16-Mar-05

Amount Claimed: \$0.00

Claimed Loss: Claimant's brother shot at a gas station and died.

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 claims 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

000539

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # _____

CLAIMANT NAME _____
ADDRESS _____
SEC./ _____ ST./ _____ H. _____
PHONE#: _____

I AM

- a. A Citizen and National Of: Iraq - Baghdad
B. A Permanent Resident Of: _____
C. Employed By: FPS
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: DEATH
PROPERTY DAMAGE: VEHICLE, BUILDING, FIELD, ANIMAL, OR OTHER
NAME _____
RELATIONSHIP Brother AGE: _____ DOB D/M/Y 1982

DATE INCIDENT OCCURRED: /D/ 26 /M/ 1 /YYYY/ 2005

PLACE INCIDENT OCCURRED al-Sadr City & Dakhel Gas station
SEC./ _____ ST./ _____ H./ _____

SITUATION On 26/1/2005, the victim my brother _____
_____ was standing at the Gas station trying to
purchase Kerosine when a shooting broke out, he was wounded
and moved to a hospital where he died, therefore, file this
claim 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 _____

Today date _____

Signature _____

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