

4007

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted]
Address: Baghdad, [Redacted]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Baghdad
- 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 United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address; Telephone Number)
U.S. army

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 party sustaining the damage or injuries.) [Redacted]

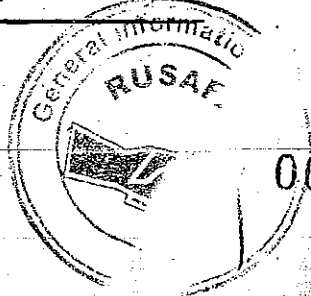
My claim arose at: Al-Shaah Stadium Baghdad Iraq
(Town) (City) (Country)

My claim arose on: 1 24 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. (Use back of this sheet if necessary.)

On the mentioned date, my father went to his work and when he was near to Al-Shaah Stadium, he was shot by U.S. army patrol. The result of this accident, some damages happened in my father's car (which he was driving) & my father died.

The car is Opel (saloon) - the plate no. temporary test Baghdad 112598, mod. 1992, red colour. Chassis no 000 97 1123921



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Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

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.)

Item	Amount
1) Damages in the claimant's car	\$1,500
2) Death of the claimant's father	\$10,000

Total: \$11,500

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

none

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

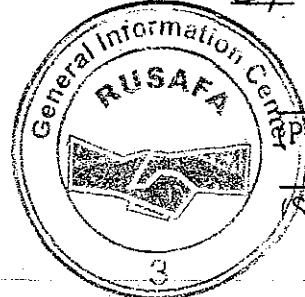
(Name) (Address) none

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 11,500 local I.D. 16,790,000

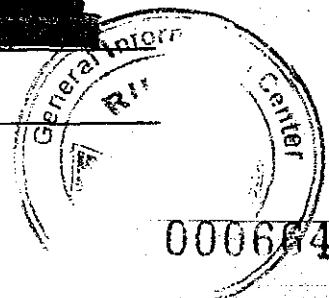
(Signature of Claimant)

Subscribed before me this th 27 day of March, 2005



(Print Name)

(Signature)



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REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 20-Apr-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T0500-05:

Claim of: [REDACTED]

Address: [REDACTED]

Date Filed: 19-Apr-05

Amount Claimed: \$11,500.00

Claimed Loss: Claimant's father was killed while driving to work, his vehicle sustained damaged caused by gunfire.

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 SIGNATURE]

CPT, JA
FOREIGN CLAIMS COMMISSION

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