April 22, 2005

Claims Office

SUBJECT: Claim # 481_1

Abu Ghuraib

Dear [Name]

You have submitted a request for consideration of a claim seeking compensation for damages allegedly caused by U.S. Forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after further investigation of your claim, I find that your claim is not compensable for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

This determination is final and is not subject to further appeal or reconsideration.

Sincerely,

Major, U.S. Army
Foreign Claims Commission
MEMORANDUM FOR RECORD

SUBJECT: Claimant stated that on or about 13 Oct 04, he was riding in his brother's vehicle when there was an explosion that injured his leg and killed his brother.

2. Your above mentioned claimed is denied based on the following reasons:

(X) Disapproved based on the combat activities bar to compensation;

( ) Disapproved based on improper claimant;

(X) Disapproved based on lack of evidence showing negligence of US personnel;

( ) Disapproved based on failure to show a loss;

( ) Approved

(X) Adjudication Explanation: We are sorry and very sympathetic to your loss, however your claim must be denied because U.S. law prohibits awarding compensation for claims resulting from and/or related to combat operations in any way. We determine that your loss is due to combat operations. There is also no evidence showing U.S. involvement in this incident.

3. 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 each request. However, it should describe the legal and/or factual basis for relief. Claimants may also provide new and additional evidence to support their claim. 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.

4. POC for this memorandum is 256th BCT.

Claim# 481-1

Claims Certifying Officer
Claims Form

To: United States Army Foreign Claims Commission

From: Name: [redacted]
Address: [redacted]

I am
a. A citizen and national of: [redacted] [KUWAIT]

b. A permanent resident of: [redacted]

c. Employed by: [redacted]

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)

[Multi National Forces]

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.)

My claim arose at: ALBU GUDIE [Baghdad] [Iraq]

(Town) [City] [Country]

My claim arose on: 5/13/2004

(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 13 October, 2004 at 1700 I was with my brother and his son in his car [redacted] plate no. 127977 in our way from Alawir to [redacted] city to Baghdad when we was in KHAN QARI area explosives happen near U.S. army Tanks caused damaging the car and killing my brother and injured my right knee. I claim here with for compensation because I can't work after the accident nearly four months with my respect.
Describe nature and extent of property damage or personal injury sustained as result of the above incident.

Injure my Knee and I can't work for nearly two months

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</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Injure my Knee and I can't</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>work nearly two months</td>
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<td>4</td>
<td></td>
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<tr>
<td>5</td>
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Total: 2,750.00

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

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

(Name) __________________________ (Address) __________________________

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

$ 2,750.00 local 1.0 2,750.00

(Signature of Claimant)

Subscribed before me this ___ day of Jan., 2005

(Print Name) __________________________

(Signature) __________________________