



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd INFANTRY DIVISION (FORWARD)
OFFICE OF THE STAFF JUDGE ADVOCATE
CAMP LIBERTY, IRAQ

June 10, 2005

Claims Office

SUBJECT: Claim # 05-IJ8-T038
843-4R

[REDACTED]
Abu Graib

Dear [REDACTED]:

You have submitted 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 investigating 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.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

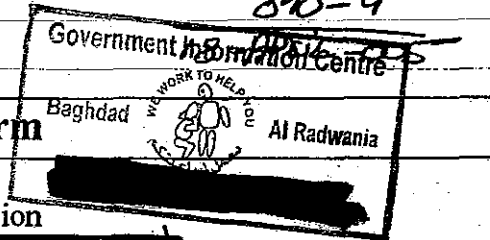
[REDACTED]
[REDACTED] tt

Captain, U.S. Army
Foreign Claims Commission

000757



843-4



Claims Form

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

Address: [Redacted]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: _____
- c. Employed by: _____
- d. Check one () An insurer (X) Not an insurer
- e. Check one (X) 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.) Mohamad N. Alwan

My claim arose at: Baghdad 9 Baghdad Iraq
(Town) (City) (Country)

My claim arose on: 5a 1st 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 1/21/05, the coalition forces open fire which leads to kill my son at once, for that I ask for a compensation.

006758

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

My son died ([redacted])
Because of American fire

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- compensate my son AMAR M. waif	\$ 5000
2-	
3-	
4-	
5-	
6-	

Total: \$ 5000

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

[Redacted]

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)

\$ 5000 local 735 000

(Signature of Claimant)

Subscribed before me this 14 day of April 2005

(Print Name)

(Signature)

000759