



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 12-Mar-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T0222-05:

Claim of: [REDACTED]

Address: [REDACTED] Baghdad, Iraq

Date Filed: 06-Mar-05

Amount Claimed: \$2,500,000.00

Claimed Loss: Claimant's husband was killed by C.F.

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

000767

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 112107 D

CLAIMANT NAME [REDACTED] (wife)
ADDRESS [REDACTED]
SEC./ [REDACTED] ST./ [REDACTED] H./ [REDACTED]
PHONE#: _____

I AM

- a. A Citizen and National Of: _____
- B. A Permanent Resident Of: Al-Sadr City Iraq
- C. Employed By: _____
- 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 [REDACTED] *The husband*
RELATIONSHIP The husband AGE: _____ DOB D/M/Y 21/7/1960

DATE INCIDENT OCCURRED: /D/ 22 /M/ 1 /YYYY/ 2005

PLACE INCIDENT OCCURRED
SEC./ _____ ST./ _____ H./ _____

SITUATION while my husband was driving his car at 2 o'clock night, the Americans suspected him and shot him dead at Al Sadr city

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
<u>1 claim (\$ 2500000)</u>	
<u>Two and half million U.S dollars</u>	

TOTAL AMOUNT: US DOLLAR _____ OR DINAR _____

Today date 28 th Feb., 2005

Signature [REDACTED]

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