



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

REPLY TO
ATTENTION OF:

AFZP-VB-JA

Date: 13-Aug-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1301-05:

Claim of: [REDACTED]

Address: [REDACTED] Baghdad, Iraq

Date Filed: 11-Aug-05

Amount Claimed: \$0.00

Claimed Loss: Claimant's son killed and vehicle damaged by small arms caused by combat involving C.F.

Claim Number: 2.0502

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 claim is code 1:
 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

000781

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 2-054-5

CLAIMANT NAME [REDACTED]

ADDRESS [REDACTED]

SEC./ [REDACTED]

ST./ [REDACTED]

H./ [REDACTED]

PHONE#: [REDACTED]

I AM

a. A Citizen and National Of: _____

b. A Permanent Resident Of: _____

Baghdad Iraq

c. Employed By: _____

d. Check one () an insurer (X) Not an insurer

e. Check one (X) 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]

RELATIONSHIP

The Son

AGE: *26*

DOB/DMY

22/3/1978

DATE INCIDENT OCCURRED: /D/

23

/M/

4

YYYY

2005

PLACE INCIDENT OCCURRED

SEC./

ST./

H./

SITUATION

The victim left home with his son going to Jamila markets by his car. He was exposed to shooting by coalition forces in Baladugut area and was killed and his son injured

List in detail the amount of property damage and itemized expense resulting from the damage or personal injury: (Attach bills and receipts, if applicable)

Item

Amount

He asks for compensation

TOTAL AMOUNT: US DOLLAR _____

OR EURO _____

Today date

2nd Aug, 2005.

Signature

[REDACTED]

000782