



REPLY TO
ATTENTION OF:

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

AFZP-VB-JA

Date: 06-Aug-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1115-05:

Claim of: [REDACTED]

Address: Adhamiyah, [REDACTED] Baghdad, Iraq

Date Filed: 17-Jul-05

Amount Claimed: \$15,000.00

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

Claim Number: 6.0004

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

000789

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

Address: Baghdad [Redacted]

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: Baghdad
- c. Employed by:
- d. Check one () An insurer (X) not an insurer
- e. Check one () A subrogee (X) 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)

Military department

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney of other evidence of authority and fill in the form below for party sustaining The damage or injuries.)

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

My claim arose on: April 14th 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 above date and at about 9:30 PM, while [Redacted] son who called "[Redacted]" with his friends, he was driving car type volges wagon in Alkanat street while U.S Army vehicles passed and shot that car and caused sayf death as explained in the attached midical report

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

lost of life

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
The compensation of his son U.S. \$ death	15 000
Total: \$ 15 000	

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)

\$ 15 000

local

(Signature of Claimant)

Subscribed before me this 10 day of July 2005

(Print Name)

(Signature)



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