



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3rd BRIGADE COMBAT TEAM  
1st ARMOR DIVISION  
CAMP TAJI, IRAQ  
APO AE 09378

APR 22 2005

REPLY TO  
ATTENTION OF:  
AFZN-BB-BL

SUBJECT: Action on Claim of [REDACTED], Claim Number 3/1AD-0181

Dear Sir:

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.

In accordance with the cited references, I am able to compensate you under the Foreign Claims Act. Accordingly, the 3/1AD Claims Office will compensate you for your loss in the amount of \$5,000.

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 forwarded to this office for Foreign Claims Commission consideration. 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]

CPT, JA  
Foreign Claims Commission

000801

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted]

Address: [Redacted]

[Redacted] Baghdad - Fajr

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Baghdad
- c. Employed by: \_\_\_\_\_
- 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)

U.S-A army

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: Fajr Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: Jan 21 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.)

At 8:00 morning of 21 Jan 2005  
the claimant wife went to bring  
the Fuel from gas station near Fajr  
Camp (near gunch gate) American  
conroy drive had speed so the claimant's  
wife try to cross the st. hummvee  
run over the claimant's wife result from  
that. Death wife.

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

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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.)

<u>Item</u>	<u>Amount</u>

Total: \_\_\_\_\_

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

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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)

\$ \_\_\_\_\_ local \_\_\_\_\_

\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

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