



REPLY TO  
ATTENTION OF:

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

AFZP-VB-JA

Date: 13-Aug-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1294-05:

Claim of: [REDACTED]

Address: [REDACTED] Baghdad, Iraq

Date Filed: 11-Aug-05

Amount Claimed: \$5,000.00

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

Claim Number: 2.0495

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 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

000842

CLAIMS FORM  
US ARMY FOREIGN COMMISSION

CLAIM # 2-048-5

CLAIMANT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
SEC./ Balad raaz ST./ \_\_\_\_\_ H./ \_\_\_\_\_  
PHONE# : \_\_\_\_\_

IAM  
a. A Citizen and National Of: Iraq  
b. A Permanent Resident Of: Diyala  
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 : \_\_\_\_\_

RELATIONSHIP The claimant's father AGE: 56 DOB D/M/Y 1 July 1949

DATE INCIDENT OCCURRED : /D/ 17 /M/ May /YYYY/ 2005

PLACE INCIDENT OCCURRED Salman Pak

SEC./ \_\_\_\_\_ ST./ \_\_\_\_\_ H./ \_\_\_\_\_

SITUATION He was driving his car when an American check point was shooting warning shots to let the cars stop, so one of these shots killed him immediately.

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>He asks a compensation</u>	

TOTAL AMOUNT : US DOLLAR 5,000 \$ OR DINAR Five thousand US dollar.

Today date 10 July 2005

Signature \_\_\_\_\_

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