



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3<sup>rd</sup> INFANTRY DIVISION (FORWARD)  
OFFICE OF THE STAFF JUDGE ADVOCATE  
CAMP LIBERTY, IRAQ

REPLY TO  
ATTENTION OF:

May 13, 2005

Claims Office

SUBJECT: Claim # 05-IJ8-T142  
062M

[REDACTED]  
Baghdad, Al Doura

Dear [REDACTED]

You have submitted a claim seeking compensation for damages allegedly caused by U.S. Forces. 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.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: . Accordingly, your claim must be denied.

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 based on new or additional evidence and should be forwarded to this office. 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]  
Captain, U.S. Army  
Foreign Claims Commission

*Rest of  
file returned  
to claimant*

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Claims Form

Name:

Address:

Baghdad Iraq

A national citizen of:

Iraq

Employed by:

Driver

U.S. Military unit or Government Agency involved:

Army

The damaged property is owned by:

Location of Incident:

Yashtyeh

(Town)

(City)

(Country)

Date of Incident:

JAN

8

05

Month

Day

Year

Description of Accident/ Incident:

Claimant's brother was shot + killed by US forces when he was driving.

- Drove at Am forces. (Two tanks) and was shot

- Driver could not read, did not understand.

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List in detail the expenses resulting from the property damage or personal injury:

Item	Amount
Vehicle Damage Brother's death	500 2500/5000

Claimant was insured to the following extent:

NA

Amount Claimed:

\$ 3000

I.D.

I (have/ have not) previously filed a claim relating to the incident described above.

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

(Signature of Claimant)

(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

Date: 5 4 2005  
Month Day Year

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