



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)  
OFFICE OF THE STAFF JUDGE ADVOCATE  
APO-AE 09352

Foreign Claims Commission IJ8

08-Nov-05

SUBJECT: Claim # 06-IJ8-T608 / 354M

  
Mahmudiyah

Dear Claimant:

You have submitted a claim seeking compensation for loss 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 the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):

Cannot confirm that U.S. forces are responsible

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,



Captain, Judge Advocate  
Foreign Claims Commission IJ8

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FOREIGN CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED]  
ADDRESS: MAHMOUDIYAN ID#: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

INCIDENT INFORMATION

TYPE OF CLAIM: ( ) Vehicle Accident  SAF ( ) Raid ( ) Detainee Property  
( ) Occupied Land ( ) Other

LOCATION OF INCIDENT: AL DOURA DATE OF INCIDENT: 8/7/2005

DESCRIPTION OF INCIDENT: Claimant's brother [REDACTED] was killed by us forces  
- shooting led to vehicle losing control

UNIT INVOLVED: \_\_\_\_\_

CLAIM INFORMATION

OWNER OF PROPERTY: Claimant's brother BREAKDOWN OF CLAIM: 

ITEM	AMOUNT

  
TOTAL AMOUNT CLAIMED: ~~\$7000~~ \$7500  
INSURED?: Y / N AMOUNT: \_\_\_\_\_

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y / N LOCATION AND OUTCOME: \_\_\_\_\_

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.

[REDACTED SIGNATURE]

(DATE)

(Signature of Claimant)

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