



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-TAHREER, IRAQ
APO AE 09344

May 30, 2005

Claims Office

SUBJECT: Claim # 632-K

[REDACTED]
Bab Al Mu'atham
[REDACTED]

Dear [REDACTED]:

You have submitted a request for consideration of 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 further investigation of your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

This determination is final and is not subject to further appeal or reconsideration.

Sincerely,
[REDACTED]

[REDACTED]
Major, U.S. Army
Foreign Claims Commission

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DEPARTMENT OF THE ARMY
 HEADQUARTERS, 256th BRIGADE COMBAT TEAM
 CAMP AL-TAHREER, IRAQ
 APO AE 09344

R-Appeal!

REPLY TO
 ATTENTION OF:

May 10, 2005

Claims Office

SUBJECT: Claim # 632-K

[REDACTED]
 Bab Al Mu'atham
 [REDACTED]

Dear Ra'ied Jassim Hassan:

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: Loss Resulted from a Combat Operation. 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]
 Major, U.S. Army
 Foreign Claims Commission

[REDACTED]

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: Mr [REDACTED]

Address: Baghdad - Bab AL-Muwatham
[REDACTED]

I am

- a. A citizen and national of: Iraq. 1
b. A permanent resident of: As above
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)

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:

Kadimiya
(Town)

Baghdad Iraq.
(City)

My claim arose on:

January 28
Month Day

05
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.)

The Coalition Forces started to shoot randomly near "Adan Square" in Kadimiya because they suspected danger ahead but, in fact there was no danger at all, no combat, no shooting, so, there was no need for this random shooting which led to the killing of my brother who was about 100 meters away. He was shot in the head by several bullets in the head. The Americans acknowledged their mistake by giving us the enclosed card. I demand compensation for the killing of my brother.

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

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>
Minimum rate for the death	USD. 2500
USD. 2500	
USD. 2500	
Total: _____	

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)

\$ _____ local _____

(Signature of Claimant)

Subscribed before me this ^A 25 day of April 2005.

(Print Name) _____

(Signature) _____

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