May 30, 2005

Claims Office

SUBJECT: Claim # 632-K

Bab Al Mu'atham

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]

Major, U.S. Army
Foreign Claims Commission
May 10, 2005

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,

[Name]
Major, U.S. Army
Foreign Claims Commission
Claims Form

To: United States Army Foreign Claims Commission.
From: Name: Mr ____________________________
Address: Baghdad - Bab AL-Mutatham

I am
a. A citizen and national of: Iraq.
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 Baghdad Iraq.
(Town) (City)

My claim arose on: January 28 05
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.)

The Coalition Forces started to shoot randomly near "Adian Square" in Kadimiya because they suspected danger ahead but in fact there was no danger at all as 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.

______________________________
001837
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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum rate for the loss</td>
<td>USD. 2500</td>
</tr>
<tr>
<td>USD. 2500</td>
<td>Total:</td>
</tr>
</tbody>
</table>

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 __25__ day of __April__ 2005.

(Print Name) ____________________________

(Signature) ____________________________

[Stamp] General Information Center