



REPLY TO
ATTENTION OF:

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

AFZP-VB-1A

Date: 22-Dec-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM HST06-0301:

Claim of: [REDACTED]

Address: Sadr City, Al-Husayna, [REDACTED] Baghdad, Iraq

Date Filed: 17-Dec-05

Amount Claimed: \$0.00

Claimed Loss: Claimant's husband killed by small arms caused by combat involving Coalition Forces.

Claim Number: 10647

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 1:
 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
 6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
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 SPC [REDACTED] FOB Loyalty, @ VOIP 242-7063.

[REDACTED]
CPT. JY
FOREIGN CLAIMS COMMISSION

001252

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 1 #05# 8#5

CLAIMANT NAME [REDACTED]
ADDRESS Al Hussayni
SEC/ [REDACTED] ST/ [REDACTED] H/ [REDACTED]
PHONE -----

I AM

- A - A Citizen and National Of (Iraq)
- B - A Permanent Resident Of (Baghdad)
- C - Employed By
- D - Check one () an insure () 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 [REDACTED]
RELATIONSHIP husband AGE: 50 DOB DM/Y26/19 1955

DATE INCIDENT OCCURRED : /D/ 7 /M/ 8 /YYYY/ 2005

PLACE INCIDENT OCCURRED Al-Shaqab District

SEC/ ST/ H/ main street

SITUATION On 7/8/2005 I'd been told that my husband injured as a result of random shooting of an American Patrol and they transferred him to Ibn Al-Nafees hospital, when I went to see him they told me that he died. For this I ask for compensation

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

up to the compensation committee

TOTAL AMOUNT: US DOLLAR OR DINAR

Signature [REDACTED]
Today date 12/12/2005

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