



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

REPLY TO  
ATTENTION OF:

September 2, 2005

Claims Office

SUBJECT: Claim # 696-K

[REDACTED]  
Hurriya

Sec [REDACTED]

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: 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.

[REDACTED]  
Sincerely,  
[REDACTED]

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

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# Claims Form

To: United States Army Foreign Claims Commission

From: Name: Mr [REDACTED]

Address: Hurriya — Section No [REDACTED]

ST. NO [REDACTED] House NO [REDACTED]

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:

Hurriya.  
(Adan SQ)  
(Town)

Baghdad Iraq  
(City)

My claim arose on:

May  
Month

30  
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.)

At 5:30 PM, American patrolling units were stationed in Adan Square, parked on the side of the road, which started to shoot at the car, inside the car was my son who was and died instantly, the car was also damaged. I was informed about the location of the unit, I went to them and explained the whole incident. They are stationed in Al-Muthan, ex-airport and the no. of unit is TF-4-64-3 ID. They gave the attached claims card. So, I demanded compensation for the killing of my son and the damages to my car.

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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)

Item

Amount

Rear wind glass and other replacement parts 360 USD  
labour works

Total \$ 360 USD  
Total:

I was insured to the following extent against the damage or injuries 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 2<sup>nd</sup> day of July 2005

(Print Name)

(Signature)



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