



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

REPLY TO
ATTENTION OF:

August 4, 2005

Claims Office

SUBJECT: Claim # 733-K

[REDACTED]
Hurriya

Sec [REDACTED] St [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.

Sincerely,

[REDACTED SIGNATURE]

MAJ, U.S. Army
Foreign Claims Commission

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FIVA-BDZ

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

Copy

30 Aug 2005

MEMORANDUM THRU Comptroller, 3rd Infantry Division

FOR Chief of Staff, 3rd Infantry Division

SUBJECT: Type of Condolence Payment (Death) 256 BCT - 733K

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 27 FEB 2005
3. LOCATION OF INCIDENT OR DAMAGE: Kadhamiyah, Baghdad
4. DESCRIPTION: On 27 FEB 2005, the claimant's husband, [REDACTED], was driving toward the Taji "North Gate" in Northern Baghdad, when he was shot from behind by CF. Mr. [REDACTED] died instantly due to a gunshot wound to the head and his vehicle sustained damages.
5. AMOUNT OF PAYMENT: \$1,500.00 - Death
\$750.00- Property Damage

\$2,250.00- TOTAL
6. POINT OF CONTACT: Recipient: [REDACTED], Hurriya, Sec [REDACTED], Street [REDACTED]
House [REDACTED] KAD GIC.

[REDACTED]
BG, U.S. ARMY
Commanding

I concur with the payment.

[REDACTED]
MAJ, JA
Deputy Staff Judge Advocate

001273

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: Mrs [REDACTED]

Address: Hurriya — Section No.

St. No. House No.

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: Taji North Gate Baghdad Iraq.
(Town) (City)

My claim arose on: February 27 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.)

At 8 O'clock PM, while my husband [REDACTED] was driving his "DAEWOO" car slowly with some civilian cars because in front of them there were some of the Coalition forces vehicles, during this time other vehicles belonging to the Coalition forces came from behind and started to shoot at the civilian cars which were in front of them, my deceased husband was hit in the head and died instantly, there were other casualties in the very incident, a lady was also killed and many were injured. This accident took place near the North Gate of Baghdad on the way to Taji. Now I am left with 6 children, the youngest one is only 5 months old and, I have no supporter for them!

001274

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

metal works and

\$ 680 USD.

painting, plus

Replacement parts

Total \$ 680 USD

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 13th day of July 2005

(Print Name)

(Signature)

001275