

7 Aug 05



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)  
OPERATION IRAQI FREEDOM (FOB LIBERTY)  
APO AE 09308

DHFT-JA

MEMORANDUM FOR Claimant

SUBJECT: Claim Denial

1. This is in response to your claim against the United States Government. Your claim has been reviewed under the Foreign Claims Act, 10 U.S.C. 2734, as implemented by Army Regulation 27-20, Chapter 10. I regret to inform you that your claim has been denied.

2. Your claim has been denied for the following reasons:

- a. There is not enough evidence to prove your claim.
- b. The evidence shows that United States Forces did not cause the damage.
- c. The evidence shows that the damage was caused during combat.
- d. The evidence shows that the damage was caused by your own negligence or wrongdoing.
- e. The evidence shows that your claim was fraudulent.
- f. Other: \_\_\_\_\_

3. If this is the first time your claim has been viewed by this office, you may submit an appeal. This office must receive the appeal no later than 30 days after receipt of this message. The appeal must also contain additional evidence proving your claim. If the appeal is sent after 30 days has passed, or does not provided additional evidence, then the appeal will be denied.

4. POC is the Tikrit Claims Office at DNVT 553-3362.

[Redacted signature block]

CPT, JA  
Foreign Claims Commissioner

001279

# Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: \_\_\_\_\_

Decedents: [REDACTED]

Hometown: \_\_\_\_\_

Iraqi Resident

My claim arose at: \_\_\_\_\_

(Town) BAYSI (City) IRAQ (Country)  
My claim arose on: JAN 26 2005 (1930)  
Month Day Year

Proof of Ownership: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): HAS death certificate - Cause of death bullet in chest & left ARM

Interpreter Approved: \_\_\_\_\_

Legal Expert Opinion: HAS PD & Judge's Report

Interpreter Approved: \_\_\_\_\_

Witness Statement(Consistent?): HAS witness statement stating witness was

Interpreter Approved: Shot & son killed - witness father to help in Bayji

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.)

-CLAIMANTS SON WAS KILLED - CLAIMS COALITION FORCES STARTED SHOOTING & KILLED SON & DESTROYED CLAIMANTS VEHICLE

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>
Wrongful Death	\$ 3000

Total: \$ 3000

I was insured to the following extent against the damage or injuries I have sustained:

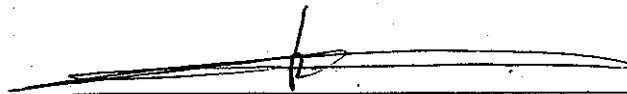
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

\$ 3000 local \_\_\_\_\_



(Signature of Claimant)

Subscribed before me this 9<sup>th</sup> day of MARCH, 2005.

SGT [REDACTED]  
(Print Name)

[REDACTED]  
(Signature)