



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd INFANTRY DIVISION (FORWARD)
OFFICE OF THE STAFF JUDGE ADVOCATE
CAMP LIBERTY, IRAQ

REPLY TO
ATTENTION OF:

May 30, 2005

Claims Office

SUBJECT: Claim # 05-IJ8-T305
118M

[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: No evidence that US forces are responsible. 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]
[REDACTED]
Captain, U.S. Army
Foreign Claims Commission

001315

Claims Form

Name: [REDACTED]

Address: UNIK [REDACTED]

A national citizen of: [REDACTED]

Employed by: WORKER [REDACTED]

U.S. Military unit or Government Agency involved:

UNIK [REDACTED]

The damaged property is owned by:

CLAIMANT'S SON KILLED [REDACTED]

Location of Incident:

AL RASHID

(Town)

(City)

(Country)

Date of Incident:

MAR

10

2005

Month

Day

Year

Description of Accident/Incident:

Claimant's son was working alongside the road near
US forces when there was an insurgent attack. Claimant's
son was killed in the cross fire

CLAIM DENIED AT

MAHMUDIYAH

ON → MAY 30 2005

001316

Item

Amount

Claimant was insured to the following extent:

Amount Claimed:

\$

I.D.

I (have/ have not) previously filed a claim relating to the incident described above.

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

(Signature of Claimant)

Date: _____ 2005
Month Day Year

001317

2005 08 24