



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)
OFFICE OF THE STAFF JUDGE ADVOCATE
APO-AE 09352

Foreign Claims Commission IJ8

06-Dec-05

SUBJECT: Claim # 06-IJ8-T672 / 384M


Mahmudiyah

Dear Claimant:

You have submitted a claim seeking compensation for loss 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 the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):

Incident was a combat operation resulting in detentions.

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 forwarded to this office for Foreign Claims Commission consideration. 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,



Captain, Judge Advocate
Foreign Claims Commission IJ8

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FOREIGN CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED] ADDRESS: Mahmudiah ID#: OCCUPATION: CITIZENSHIP:

INCIDENT INFORMATION

TYPE OF CLAIM: () Vehicle Accident (X) SAF () Raid () Detainee Property () Occupied Land (X) Other

LOCATION OF INCIDENT: Mahmudiah DATE OF INCIDENT: 16 Sep 05

DESCRIPTION OF INCIDENT: US FORCES WERE PATROLLING FARM LAND OUTSIDE FOB ST MICHAEL AND BROTHER WAS KILLED. [REDACTED] - WHILE HE WAS WATERING HIS CROPS US FORCES TOOK [REDACTED] TO MAHMUDIYAH HOSPITAL AND HE DIED - COMPLAINT -

UNIT INVOLVED: UNKNOWN

CLAIM INFORMATION

OWNER OF PROPERTY: DWELL BREAKDOWN OF CLAIM: ITEM AMOUNT Brother 2500 TOTAL AMOUNT CLAIMED: \$2500 INSURED?: Y/N AMOUNT:

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y/N LOCATION AND OUTCOME:

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.

30 Nov 05 (DATE)

Lawyer (H) (Signature of Claimant) (توقيع التظلم) الرجاء كتابة الاسم والتوقيع

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