



REPLY TO  
ATTENTION OF:

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

Claims Office

SUBJECT: Claim # 05-IJ8-T567 / 312M

14-Nov-05

[REDACTED]  
Al Jihad

Dear Claimant:

You have submitted a request for reconsideration of 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 further investigation of your claim, I find that your claim is **not compensable**. The claim was denied for the following reason(s):

Incident occurred before 3d ID arrived, cannot find confirmation U.S forces are responsible.

This determination is final and is **not** subject to further appeal or reconsideration.

Sincerely,

[REDACTED]  
Captain, Judge Advocate  
Foreign Claims Commission IJ8

001496

[REDACTED]

05-IJ8-T567 [REDACTED]  
312M

[REDACTED]  
Al Jihad

[REDACTED]

[REDACTED]  
2734 [REDACTED] 10 [REDACTED] 162-27 [REDACTED] 20-27 [REDACTED]

[REDACTED]

Cannot confirm that U.S. is responsible.

[REDACTED]

[REDACTED]  
20-27 [REDACTED]  
[REDACTED]  
[REDACTED]


[REDACTED]

[REDACTED]

Captain, U.S. Army  
Foreign Claims Commission

**MAHMUDIYAH CLAIMS FORM**

**CLAIMANT INFORMATION**

NAME:   
ADDRESS: \_\_\_\_\_ ID#: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

**INCIDENT INFORMATION**

TYPE OF CLAIM: ( ) Vehicle Accident  SAF ( ) Raid ( ) Detainee Property  
( ) Occupied Land ( ) Other  
*Al A'mariya Bridge*

LOCATION OF INCIDENT: AL JIHAD DATE OF INCIDENT: 19 JAN 05 / 1930

DESCRIPTION OF INCIDENT: Claimant is KBR translator, on the way home this  
forces shot @ him - taken to JAN SINA

Claimant's father died 15 days later from the shooting. Claimant was shot in  
leg and chest

UNIT INVOLVED: \_\_\_\_\_

**CLAIM INFORMATION**

OWNER OF PROPERTY: \_\_\_\_\_ BREAKDOWN OF CLAIM:

ITEM	AMOUNT
Damage to car	2000
Death of father	5000
Personal injury	2500

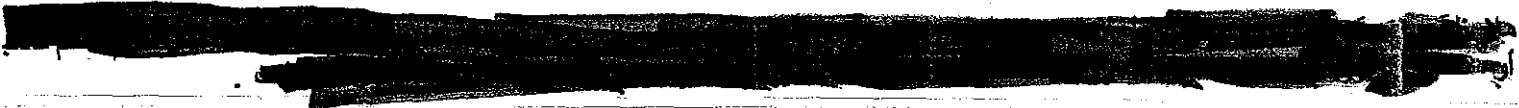
TOTAL AMOUNT CLAIMED: \_\_\_\_\_

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.



(DATE) \_\_\_\_\_

(Signature of Claimant) \_\_\_\_\_

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