



HEADQUARTERS  
MULTI-NATIONAL CORPS - IRAQ  
BAGDAD, IRAQ  
APO AE 09342

REPLY TO  
ATTENTION OF:

FICI-JA

Claim of [REDACTED] 05-IG1-T0519

ACTION

1. Facts: The claimant alleges that on 21 January 2005 [REDACTED] was working with the Iraqi Special Forces entering Fallujah, he was shot and killed during the mission. The amount requested in damages is \$5,000.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. The claimant provided no evidence that the US committed a negligent or wrongful act. The incident was determined to be a combat action.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim is therefore denied.

[REDACTED]  
ILI, U.S. Army  
FCC IG1

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001539



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APO AE 09342

REPLY TO  
ATTENTION OF:

FCC IG1

16 March 2005

CLAIM OF: [REDACTED]  
CLAIM NUMBER: 05-IG1-T0519

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) IG1 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC IG1 has reviewed all of the evidence given and has investigated this claim to the best of its ability considering the information presented.

Unfortunately your claim has been denied. The FCA does not permit the payment of claims arising directly or indirectly from combat activities of the US armed forces.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

[REDACTED]  
ILT, U.S. Army  
FCC IG1

001540

UNITED STATES ARMED FORCES CLAIMS FORM

TO: United States Army Foreign Claims Commission Today's Date: 5. Feb. 2005

FROM: Name: [REDACTED]

Circle one: Claimant Attorney Authorized representative Parent Brother/Sister Son/Daughter  
→ [Attorney or representative MUST attach proof of authorization.] Other: \_\_\_\_\_

ADDRESS of person filing claim:

(English): \_\_\_\_\_

(Arabic) [REDACTED]

(a) I, the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of Iraq

(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: \_\_\_\_\_

(c) <sup>The killed person:</sup> The property damaged is owned by: [REDACTED]

(d) The incident happened on 21-Jan-2005 at Al-Falluja  
(Date) (city/town/neighborhood/highway name & number)

(e) The facts of the incident are as follows: The late [REDACTED]  
He was working in Iraqi special forces (Task forces)  
which entered Al-Falluja city with the Coalition  
forces and he died cause of ~~bullet~~ shooting, they  
brought hi back to his house in 21-Jan-2005 after  
they sent hi to the hospital from Falluja to  
the (CAH) inside the Green Zone by helicopter.

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

**UNITED STATES ARMED FORCES CLAIMS FORM**

(f) The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

ITEM	PRICE
Death of [REDACTED]	\$ 5,000
TOTAL \$ 5,000	

(g) I had insurance for the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(h) My insurer is: \_\_\_\_\_

(i) My total claim in U.S. Dollars against the United States Government is: \$ 5000,  
and in Iraqi Dinars is: 7,300,000.

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will likely need to provide new evidence in order to have my claim approved.

[REDACTED SIGNATURE]

(Signature of Claimant)

The claimant was assisted in completing this claim form by:

(Name) \_\_\_\_\_  
CompensationSection@yahoo.com  
(Contact Information: e-mail, address, DSN/DNVT, etc.)

Rev'd 12/13/04