FICI-JA

Claim of 2005-IG1-T0635

ACTION

1. **Facts:** The claimant alleges that on 11 April 2005, he was walking with his wife who was carrying their 18 month old child when an aircraft opened fire. The child received a fatal shot to the head and the wife sustained injuries to her right leg. The amount requested in damages is $10,000.

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.

CPY, U.S. Army
FCC IG1
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 for the acts of US soldiers unless such acts were negligent or wrongful. You did not substantiate that US forces acted in a negligent or wrongful manner.

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,

Capt. U.S. Army
FCC IG1

UNCLASSIFIED/OFFICIAL USE ONLY

001643
I. TO: United States Army Foreign Claims Commission  
Today's Date: May 30, 2005

II. FROM: Name (English):  
Name (Arabic):

(a) Circle one: Claimant / Attorney/ Authorized representative/Pard or Brother/Sister- Son/Daughter  
⇒ [Attorney or representative MUST attach proof of authorization. ] Other:

(b) I R A Q I IDENTIFICATION NUMBER: __________

(c) D E T A I N E E IDENTIFICATION NUMBER: __________

III. ADDRESS of person filing claim:

(English): ____________________________

(Arabic): ____________________________

IV. HOME OR CELL PHONE NUMBER: __________

(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: U.M.

(c) The property damaged is owned by: Dead child (_________

(d) The incident happened on April 11, 2005 at Fallujah - Hay Al Memal Lamoon

(Date) ____________________________

(city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: According to Mr. speech, he was with his wife and she was carrying her child (_________ (18 months) and they were just walking to return back to their house. Cause they were visiting their relatives and while they were walking an aircraft shot that area. The child immediately died cause he had a fatal shot in his head and the mother was injured in her right leg. And since that time they tried to complain but no one help them. That's why they came here to fill this claim. They will be very thankful if you help them.

[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]
VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of 18 months child (injured in his mother leg)</td>
<td></td>
</tr>
</tbody>
</table>

| TOTAL | |

(a) I had insurance for the following:

<p>| | |</p>
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<th></th>
</tr>
</thead>
</table>

(b) My insurer is:

VII. My total claim in U.S. Dollars against the United States Government is: $10,000

and in Iraqi Dinars is:

***CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK***

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.

(Signature of Claimant)

***CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK***

The claimant was assisted in completing this claim form by:

(Name)

(Contact Information: e-mail, address, DSN/DNVT, etc.)