



REPLY TO
ATTENTION OF:

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

FICI-JA

Claim of [REDACTED] 05-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.

[REDACTED]
[REDACTED]
[REDACTED]
CPT, U.S. Army
FCC IGI

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001642

UNITED STATES ARMED FORCES CLAIMS FORM

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

II. FROM: Name (English): [Redacted]

Name (Arabic) [Redacted]

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

(b) IRAQI IDENTIFICATION NUMBER: [Redacted]

(c) DETAINEE IDENTIFICATION NUMBER: _____

III. ADDRESS of person filing claim:
(English) [Redacted]

(Arabic): _____

IV. HOME OR CELL PHONE NUMBER: [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: U.M

(c) The property damaged is owned by: Dead child ([Redacted])

(d) The incident happened on April 11 2005 at Falluja - Hay Al Moablamen
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: According to Mr. [Redacted] speech, he was with his wife and she was carrying her child ([Redacted]) (18 months) and they were just walking to return back to thier house cause they were visitting thier relatives and while they were walking an aircraft shoot that area the child immediately die cause he had a fatal shoot 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.]

closed-Denied 17 Sep 05

001644

UNITED STATES ARMED FORCES CLAIMS FORM

VI. 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 18 months' child ([redacted]) injuries in his mother leg.	
TOTAL _____	

(a) I had insurance for the following: _____

(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.)