



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd INFANTRY DIVISION (FORWARD)
OFFICE OF THE STAFF JUDGE ADVOCATE
CAMP LIBERTY, IRAQ

REPLY TO
ATTENTION OF:

June 10, 2005

Claims Office

SUBJECT: Claim # 05-IJ8-T132
893-4R

[REDACTED]
Falluja

Dear [REDACTED]

You have submitted 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 investigating your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

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 based on new or additional evidence and should be forwarded to this office. 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,

[REDACTED]
Captain, U.S. Army
Foreign Claims Commission

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893-5
1-MAY-2005

Government Information Centre
 Baghdad WE CHECK TO HELP YOU Al Radwania
 مركز المعلومات الحكومي

Claims Form

To: United States Army Foreign Claims Commission
 From: Name: [REDACTED]
 Address: Iraq - Fallujah

- I am
- a. A citizen and national of: Iraq
 - b. A permanent resident of: _____
 - c. Employed by: _____
 - d. Check one () An insurer (X) Not an insurer
 - e. Check one (X) A subrogee () Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)
multinational forces

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) [REDACTED]

My claim arose at: Fallujah anbar Iraq
 (Town) (City) (Country)

My claim arose on: April 17 2005
 (Month) (Day) (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

On (7/4/05) my mother [REDACTED]
[REDACTED] 54 years old she had killed
a mistake when the coalition forces
bombard the Fallujah.
for that I ask for compensation

Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

My mother killed

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item	Amount
1- my mother killed during the	
2-	
3- bombard	\$ 4700
4-	
5-	
6-	

Total:

I was insured to the following extent against the damager or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 4700 local 7000,000 ID

(Signature of Claimant)

Subscribed before me this 1 day of 5, 2005.

(Print Name)

(Signature)

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