



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-T345
990-5R

[REDACTED]
Al Nasir

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: Could not confirm that US forces caused the death. 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,

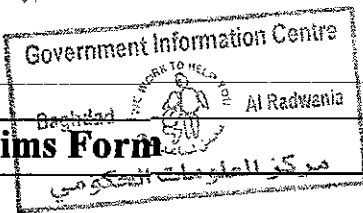
[REDACTED SIGNATURE]

Captain, U.S. Army
Foreign Claims Commission

001685



990 - 5
26-MAY-2005



Claims Form

To: United States Army Foreign Claims Commission

From: Name: [Redacted]
Address: Iraq, Baghdad [Redacted]

- a. A citizen and national of: Iraq
- b. A permanent resident of: Same address
- c. Employed by: Al-Faris company
- 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)

Multi-National 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: Abu Greib Baghdad Iraq
(Town) (City) (Country)

My claim arose on: Apr 22 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 21^{ed} of Apr-2005 My son [Redacted] was driving his car (KIA-Mini bus) at Abu Greib Main road a I.D Exploded The M.N.F opened fire My son and his brother wounded and has been transferred to the Al Kadhimia Hos pital. My son [Redacted] Get shot in his head He died after two days in the hospital his brother (Leath) Get shot in his leg. I demand for compensation with all due respect.

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

Killing my son by The M.V.F and wounded his brother (Leath)

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- Blood Money for My Sons Death	\$ 4000/00
2-	
3-	
4-	
5-	
6-	

Total: \$ 4000/00

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)

\$ 4000/00

local 6000000

10

(Signature of Claimant)

Subscribed before me this 26 day of May, 2005.

(Print Name)

(Signature)

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