FCC IGI

CLAIM OF: [Redacted]
CLAIM NUMBER: 05-IGI-T0612

19 November 2005

Dear Sir or Ma’am:

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

Foreign Claims Commission (FCC) IGI 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 IGI 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 from the actions of service members unless such actions were either negligent or wrongful. However, in your claim you have been unable to substantiate that the US forces acted either negligently or wrongfully and accordingly your claim is denied. This claim was determined to be a combat action.

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.

[Signature]
Captain, U.S. Army
FCC IGI
I. TO: United States Army Foreign Claims Commission  
   Today's Date: May 23, 2005

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

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

   (b) IRAQI IDENTIFICATION NUMBER: [Number]

   (c) DETAINEE IDENTIFICATION NUMBER: [Number]

III. ADDRESS of person filing claim:

   (English): [Address]
   (Arabic): [Address]

IV. HOME OR CELL PHONE NUMBER: [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 [Country]

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

   (c) The property damaged is owned by: [Owner]

   (d) The incident happened on [Date] at [Location] (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows:

   [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.]

   [He said that on March 7, 2005 he was driving his car and his late wife beside him. They went to Wasit (province) and they stopped. Suddenly, a group of terrorists tried to steal the cars and at that time a U.S. convoy contains 3 Humvees they shot randomly and one of the bullets hit her neck. He carried her to an Iraqi hospital and she died there after 13 days on March 20, 2005 and when he returned back to the unit which made the accident they gave him a claim card.]

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

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<th>ITEM</th>
<th>PRICE</th>
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TOTAL $5,000

(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: $5,000

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.)