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 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.

19 November 2005
1. **Facts:** The claimant alleges that on 27 January 2005, his son drove his Kia bus, with 11 passengers, towards the Syrian border when a US convoy shot at him and struck him with four bullets in the neck. The amount requested for this claim is unspecified.

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. This claim 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.

CPT, U.S. Army
FCC IG1
I, _______________________________ (Full Name), hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following injury:

1. Address of Person Being Claimed

2. Home or Cell Phone Number

3. Overall Description of Injury

4. Date of Injury

5. Cause of Injury

6. Identification Number

7. Location of Injury

8. Medical Treatment Provided

9. Name (Driver): _______________________________

10. Signature: _______________________________

11. Date: _______________________________

12. Name (Passenger): _______________________________

13. Signature: _______________________________

14. Date: _______________________________

15. Foreign Claims Commission Form

United States Armed Forces Claims Form

I certify that the above information is true and correct to the best of my knowledge and belief.
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

(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: $

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.)