



REPLY TO
ATTENTION OF:

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

June 10, 2005

Claims Office

SUBJECT: Claim # 05-IJ8-T210
937-5R

[REDACTED] S
Abu Graib

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: No evidence that US forces were responsible. 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

001769



Government Information Centre 937-5
 Baghdad Al Radwaniah 15 - MAY - 005
 مركز المعلومات الحكومي

Claims Form

To: United States Army Foreign Claims Commission
 From: Name: [Redacted] (D)
 Address: Baghdad - [Redacted] 11

I am

- a. A citizen and national of: IRAQ
- b. A permanent resident of: The above address
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () 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)
M. N. Co.

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.)

My claim arose at: Ab-Graib Baghdad Iraq
 (Town) (City) (Country)

My claim arose on: 4 10 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.)

In 10-4-2005 at 10:30 AM, while my husband
[Redacted] driving his car in the highway
in Al-Resala Sec. M.N.Co started shooting and
my husband have been hit, and he died alone.
his car is silver, gray colour. This my claim
looking for compensation with my respect.

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

The death of my husband [redacted] and charges in his car.

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- The death of [redacted]	6,000,000 ID
2- Damage of the car	4,200,000 ID
3-	
4-	
5-	
6-	

Total: 10,200,000 ID

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

[Redacted]

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

(Name)

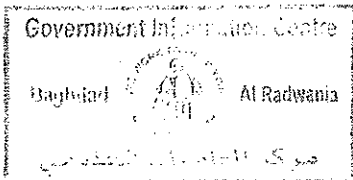
(Address)

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

\$ 7,000 local 10,200,000

[Redacted Signature]
(Signature of Claimant)

Subscribed before me this 15 day of 5, 200 5



[Redacted Name]
(Print Name)

[Redacted Signature]
(Signature)

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