

Claims Form

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

Address: Baghdad / [Redacted]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: Baghdad
- 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)

U.S. army

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: Al-Fadhil St. Baghdad Iraq
(Town) (City) (Country)

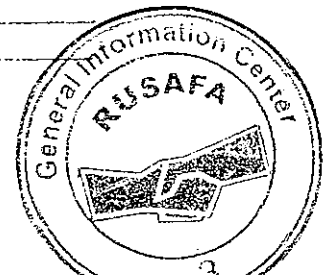
My claim arose on: 1 30 2005
Month Day Year

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 the mentioned date, at about 2:15 A.m
my son ([Redacted]) was playing
football in the square with neighbours kids
when he was shot randomly by U-S army
patrol.

The result, my son was died immediately

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

_____ / _____

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

Death of the claimant's son
([redacted]) 12 y.
Total: \$ 5000

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

none

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

(Name) _____ (Address) none

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

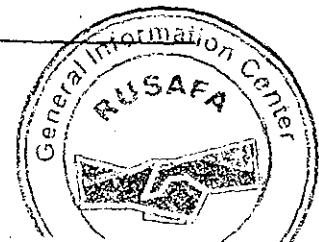
\$ 5000 local L.D 7,500,000

[redacted]
[redacted]
(Signature of Claimant)

Subscribed before me this 17th day of Feb., 2005

[redacted]
[redacted]
(Print Name)

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd BRIGADE COMBAT TEAM
1st ARMOR DIVISION
CAMP TAJI, IRAQ
APO AE 09378

APR 11 2005

REPLY TO
ATTENTION OF:
AFZN-BB-BL

SUBJECT: Action on Claim of [REDACTED] Claim Number 3/1AD-0256

Dear Sir:

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. In accordance with the cited references, I am unable to compensate you under the Foreign Claims Act. You have failed to provide proof of U.S. Military involvement in this unfortunate incident.

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 forwarded to this office for Foreign Claims Commission consideration. 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.

Sincerely,

[REDACTED]
CPT, JA
Foreign Claims Commission

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