



DEPARTMENT OF THE ARMY
OFFICE OF THE COMMAND JUDGE ADVOCATE
116th BRIGADE COMBAT TEAM, 42nd INFANTRY DIVISION
KIRKUK, IRAQ, APO AE 09368

REPLY TO
ATTENTION OF

21 August 2005

Foreign Claims Commission

[REDACTED] Y05-I9B-1061
Kirkuk, Iraq

Mr. [REDACTED]

I have considered your claim under the Foreign Claims Act, Title 10 United States Code Section 2734 as implemented by Army Regulation 27-20, Chapter 10.

Your claim is denied. The Foreign Claims Act does not authorize payment of claims related to combat activities, nor of claims where US negligence cannot be established. Your claim states that your son was riding in a taxi that was engaged by Coalition Forces, seriously injuring your son. The U.S. cannot pay your claim because your sons' injuries were incident to combat. I am sorry for your sons' injuries, and I wish you well in a Free Iraq.

Army Regulation 27-20 provides you the right to appeal this action. Deliver your appeal and any additional evidence to the Government Building FCC office within thirty (30) days of receipt of this notice.

Sincerely,

[REDACTED]
CPT, U.S. Army
Foreign Claims Commissioner

000271

CLAIM FOR DAMAGE .OR INJURY DEATH	INSTRUCTION: Please read carefully the <i>instruction</i> on the reverse side and supply 7 information requested on both sides of this form .Use additional sheets (s)	person From approve MBC
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SARKIS	SIDE OF THE ACCIDENT	2-Name of claimants & Address [REDACTED] Kirkuk \ [REDACTED]
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GENDER MALE	4.DATE OF BIRTH 1977	5.MARITAL STATUS. Married	6.DATE & DAY OF ACCIDENT 27 th march 04	7.TIME
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The claimants son was in a taxi where the CFs open fire to the vehicle killing the claimants son was badly injured and was taken to the hospital by the CFs and now he is paralyzed and unconscious. He is asking for compensation for his son as he has a wife and a small kid . NOTE: The son is 100% paralyzed , Blind & Unconscious . Sons name [REDACTED] & he was working as a vender (daily payment was 15000 ID)

PROPERTY DAMAGES

INJURY
100 % Paralyzed ; Blindness, Unconsciousness

WITNESSES

NAME	ADDRESS

Amount of claim (IN Dollars)

12A PROPERTY	12b PERSONAL INJURY 2347000 id+15000 id 2347000ID +15000 ID	12c WRONGFUL DEATH	12A 2347000 id +15000id
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I CERTIFY THAT AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURY CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

SIGNATURE OF CLAIMANT	13b.Phone number of signatory [REDACTED]	14c.Date of claim 6/26/2005
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CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
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\$1,617.00

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