

DEPARTMENT OF THE ARMY
 HEADQUARTERS, MULTINATIONAL DIVISION - CENTRAL SOUTH
 US ARMY G-STAFF
 AD DIWANIYAH, IRAQ
 APO AE 09332

REFRY TO

To: [REDACTED]
 From: Foreign Claims Commission IF9
 Re: Claim number 05 IF9 T0214

Sir/Ma'am

Foreign Claim Commission IF9 has reviewed and considered the claim you have made against the United States under the Foreign Claims Act, Title 10, United States Code, Section 2734, and U.S. Army Regulation 27-20. Claims under this act can only be paid under certain circumstances. A claim is payable only if the damage was the result of negligence on the part of U.S. military personnel or as a result of non-combat activities. Furthermore, claims are not payable if they are a direct or indirect result of combat action or are filed more than two years after the incident.

Unfortunately, your claim is not compensable under the U.S. Foreign Claims Act because it does not meet the criteria above. You have the right to have this decision reconsidered, but if you wish to have this done, you must include new evidence that shows either U.S. negligence or that your damages were caused by U.S. military personnel not as a result of combat activities. Any such request must be made within 30 days of your receipt of this letter. Failure to appeal within 30 days will render this decision final and conclusive as a matter of law pursuant to 10 USC Section 2735.

Foreign Claims Commission IF9
 Camp Echo
 Ad Diwaniyah

For

IF9

05 IF9 T0214

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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- Original
- Do not use

Die

deceased's name

[Redacted]

Claims Form

To: United States Army Foreign Claims Commission

From: Name:

Address:

[Redacted]

[Redacted]

I am

- a. A citizen and national of: Iraqi
- b. A permanent resident of: _____
- 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. Convex

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:

Shaheedya Dwaniyah

(Town)

(City)

(Country)

My claim arose on:

8

Month

31

Day

2005

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.)

Brother was in van going to Najaf
 from Dwaniyah - American patrol
 coming from Najaf - fired on van -
 brother was killed at 1st checkpoint
 from Dwaniyah
 8:00 pm

000364

Handwritten scribbles and markings at the bottom right of the page.

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

big family

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

Total: *unspecified*

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

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)

\$

local


(Signature of Claimant)

Subscribed before me this *29th* day of *Nov*, 200*5*.

(Print Name)

(Signature)

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