

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 4.0077

USARCS NUMBER: 1402-05

Date Received: 12-Sep-05

Name: [REDACTED]

Address: [REDACTED] Baghdad, Iraq

Claim Summary: Claimant's son was shot and killed by Coalition Forces.

Date of Incident: 15-Aug-05

Amount Requested: \$15,000.00

Recommendation: [] Approval Denial []
Investigation

D.C. 1

E-mailed DIV on 21 Sept

Date Reviewed by OIC:

Claim Is: [] Approved in the amount of \$ _____.

Denied. Denial Code 1

On hold pending investigation findings.

12 Sep - Contacted 332^d LN was transferred to them from 86CSH, no idea of originating unit

852-1471 - [REDACTED]

17 Sep - Contacted 86CSH, they have record of individual but no record of unit that brought him in.

17 Sep - Searched DIV SIGACTS - no LN's reported shot, no EOF incidents

CHECK w/DIV, SEE IF ANYONE ELSE PAID TABS

28 Sept - [REDACTED] @ DIV says claim has not been paid

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REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
FOB LOYALTY, IRAQ
APO AE 09380

AFZP-VB-JA

Date: 12-Oct-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1402-05:

Claim of: [REDACTED]

Address: [REDACTED] Baghdad, Iraq

Date Filed: 12-Sep-05

Amount Claimed: \$15,000.00

Claimed Loss: Claimant's son was shot and killed by Coalition Forces.

Claim Number: 4.0077

1. Your above-mentioned claim is disapproved.
2. This incident does not comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code 1:
 1. Loss was a result of Combat Operations
 2. The filing claimant is an improper claimant
 3. Claim lacked evidence supporting U.S. negligence or fault
 4. Claim lacked evidence to prove a loss
 5. Loss was a result of Anti-Coalition Forces
 6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
4. 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.
5. POC for this memorandum is [REDACTED] FOB Loyalty, @ VOIP 242-7063.

[REDACTED]
CPT, JA
FOREIGN CLAIMS COMMISSION

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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

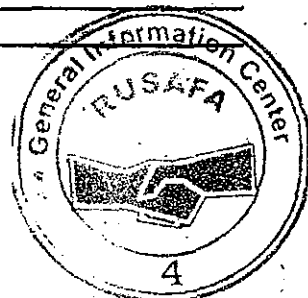
The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) [Redacted]

My claim arose at: Al-Khailani Baghdad Iraq
(Town) (City) (Country)
near to Muhammed Al-Qasbi Highway

My claim arose on: 8 15 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, while my son went
ministry of interior place of his work (he is a police man)
there when a patrol of U.S army came and shot
him directly in his head. The U.S army took him
to Bin Sina Hospital and they they transfer
him to Balad Base but he died at the same
day.



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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 son because of shooting of U-S army patrol.	

Total: \$ 15000

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)

\$ 15000 local I-D 22,100,000

(Signature of Claimant)

Subscribed before me this 29th day of Aug, 2005

(Print Name) _____

(Signature) _____

