

# FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 7.0053

USARCS NUMBER: 1472-05

Date Received: 21-Sep-05

Name: [REDACTED]

Address: [REDACTED] Baghdad,  
Iraq

Claim Summary: Claimant killed by small arms caused by  
combat involving C.F. while sleeping on his roof

Date of Incident: 24-Jun-05

Amount Requested: \$0.00

Recommendation:  Approval  Denial   
Investigation *D. C. 1*

Date Reviewed by OIC:

Claim Is:  Approved in the amount of \$\_\_\_\_\_.

Denied. Denial Code 1

On hold pending investigation findings.

000487



REPLY TO  
ATTENTION OF:

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

AFZP-VB-JA

Date: 24-Sep-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1472-05:

Claim of: [REDACTED]

Address: [REDACTED] Baghdad, Iraq

Date Filed: 21-Sep-05

Amount Claimed: \$0.00

Claimed Loss: Claimant killed by small arms caused by combat involving C.F. while sleeping on his roof

Claim Number: 7.0053

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
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]  
CPI, JA  
FOREIGN CLAIMS COMMISSION

000488

Claims Form

1912

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

Address: [REDACTED]

I am

- a. A citizen and national of: \_\_\_\_\_
- 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)

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:

(Town) (City) (Country)

My claim arose on:

6 24 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 night of 24/6/2005 the victim [REDACTED] was sleeping on the roof of his home in Almadaen City, the victim get shot from the side of U.S location caused to kill him immediately.

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: \_\_\_\_\_

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

\$ \_\_\_\_\_ local \_\_\_\_\_

\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Print Name)

000490