

## DEPARTMENT OF THE ARMY HEADQUARTERS, 256<sup>th</sup> BRIGADE COMBAT TEAM CAMP AL-TAHREER, IRAQ APO AE 09344

REPLY TO ATTENTION OF:

April 29, 2005

Claims Office

SUBJECT: Claim # 717-3

Khan Dhary Dulebah Village

Dear i

You have submitted a claim seeking compensation for damages allegedly caused by U.S. Forces. 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.

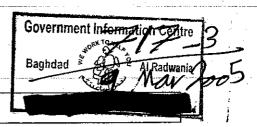
Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

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 based on new or additional evidence and should be forwarded to this office. 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. Thank you for your kind attention.

Sincerely,

Major, U.S. Army

Foreign Claims Commission



## Claims Form

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I am			· · · · · · · · · · · · · · · · · · ·
a. A citizen and na	ational of:	PorI	
b. A permanent re		7,00	
c. Employed by:	<del>*************************************</del>		
d. Check one ( )	An insurer (χ) N	lot an insurer	
e. Check one (X)			
hereby make a claim again aused by: (Name, Organiza	ation, Military L	* **	ss, Telephone Number)
The property damaged is own quardian, attach a power of elow for party sustaining the	attorney or othen ne damage or in	r evidence of auth	ority and fill in the form
My claim arose at: <u>Aba 6</u> h (Town	raib	Barhdad	Jraq (Country)
/T	)	Baghdad (City)	(Country)
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fy claim arose on: <u>Jan .</u> ( <b>Mont</b> )	h)	(Day) ident on which the	Zook (Year)
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as a result of the above	e incident.
	Son ( National ) by the multi National
Corce and in	juring the rest of my family member.
with a seriou	injurings beside destroying my house
Camplefely.	
List in detail the amou	nt of property damage and itemized expenses resulting from the
property damage or pe	rsonal injury: (Attach bills and receipts, if applicable.)
<u>Item</u>	// Amount
1- For Killing	my son ( \$ 2500
2	seven of my family members \$3500
3- for infaring 5	even of my family members \$3500
5- and desproy	ing my house
6-	
•	Total:
I was insured to the fol	lowing extent against the damager or injuries I have sustained:
· · · · · · · · · · · · · · · · · · ·	
4	<u> </u>
The name and address	of my insurer (if any) is:
(Name)	(Address)
_ ` ` `	dicate amount in U.S. dollars and local currency)
§	o local 8, 700,000 I-D
	(Signature of Claimant)
:	
Subscribed before me the	hisday of Mand 2005.
	(Print Name)
	(1 Fill (Maine)
	(Signature)
	(Signature)