

DEPARTMENT OF THE ARMY HEADQUARTERS, 256th BRIGADE COMBAT TEAM CAMP AL-TAHREER, IRAQ APO AE 09344

REPLY TO ATTENTION OF:

April 22, 2005

Claims Office

SUBJECT: Claim # 481 1

Abu Ghuraib

Dear

You have submitted a request for consideration of 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 further investigation of 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.

This determination is final and is not subject to further appeal or reconsideration.



Major, U.S. Army Foreign Claims Commission



IENT OF T

CAMP AL-TAHREER APO AE 09344

FIVA-BDZ-SJA

10 March 2005

MEMOR	ANDLIM	FOR RECOR	n

SUBJECT:

Claim of-

Address

Date Filed - 4 Jan 05

Date Received - 12 Jan 05

Amount Claimed - \$1,500.00

Claimed Loss - Other

- 1. Facts Claimant alleges that, on or about 13 Oct 04, he was riding in his brother's vehicle when there was an explosion that injured his leg and killed his brother.
- 2. Your above mentioned claimed is denied based on the following reasons:
- (X) Disapproved based on the combat activities bar to compensation;
- () Disapproved based on improper claimant;
- (X) Disapproved based on lack of evidence showing negligence of US personnel;
- () Disapproved based on failure to show a loss;
- () Approved
- (X) Adjudication Explanation: We are sorry and very sympathetic to your loss, however your claim must be denied because U.S. law prohibits awarding compensation for claims resulting from and/or related to combat operations in any way. We determine that your loss is due to combat operations. There is also no evidence showing U.S. involvement in this incident.
- 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 each request. However, it should describe the legal and/or factual basis for relief. Claimants may also provide new and additional evidence to support their claim. 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.

4. POC for this memorandum is

256th BCT.

Claim# 481-1



Claims Form	· ·
To: United States Army Foreign Claims Commission From: Name:	
Address:	N
a. A citizen and national of: IRUGN & ARUBIC b. A permanent resident of: c. Employed by: d. Check one () An insurer () Not an insurer e. Check one () A subrogee() Not a subrogee	Ĵ
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: ABU Grade Baghdad Trage (Town) (City) (Country) My claim arose on: Parady 3 2004	.
(Month) (Day) (Year)	1
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 13 october, 2004 At 1700 I was with my	
Prother and his son in his car 3 minoug Plate We	
127977 in our way from Alnass WALSHLAM CITY To Baghdad when we was in KHAN DARI area	•
explosin hapend near U.S. army Tanks	
ased damaging the car and Kelling my brother	
and injured my right times I claim herewith	
of compensation became I can't work after	000736

	of property damage or personal injury sustained as result	
as a result of the above inc		
- Injure	tow months	-
det meable	Francisco Etc.	<u>-</u>
- por record	Gru mensa	•
		•
List in detail the amount of property damage or person Item	f property damage and itemized expenses resulting from the al injury: (Attach bills and receipts, if applicable.) Amount	
I- In Meits as a	un Konga und leun't 7/75000	
2-	by tour months	1~ 1.1)
3- work new	ly trong mouths	
4	·	
5		
6		
	Total: 1175000/-	1:10
I was insured to the followi	ng extent against the damager or injuries I have sustained:	
1 was moured to the lone wi	ing extent against the damager of injuries I have sustained.	
The name and address of m	y insurer (if any) is:	
27		
(Name)	(Address)	
I claim as damagas: (Indicat	a amount in II C. dollars and least assured	1. 1
	te amount in U.S. dollars and local currency)	
-100/00	local 1.0 2175000/-	
	(Signature of Claimant)	
	(**************************************	the second
Subscribed before me this _	3 day of Jm, 200 5	
•		•
	(Print Name)	
	(A LIBE TAINE)	
	(Signature)	
	(P. 1)	