

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

REPLY TO

April 18, 2005

Claims Office

SUBJECT: Claim # 802-3

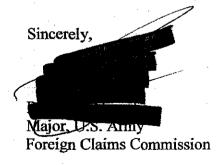
Yusifiyah

Dear

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.





## 802-3



	Baghdad GM & Al Radwa
Claims Form	مركز المعلومات الحكوم
From: Name:	
Address: Rughdad YosoF1A	
I am	
a. A citizen and national of: hay & aka b. A permanent resident of: 3 out had 1	Nation 1
c. Employed by: Farman	3 <del>2 4 4 4 4 </del>
d. Check one ( ) An insurer (A) Not an insurer	
e. Check one ( ) A subrogee (MNot a subrogee	
I hereby make a claim against the United States Government f	or damages or injuries
caused by: (Name, Organization, Military Department, Address	ss, Telephone Number)
mutination forces	
The property damaged is owned by: (If the claim is made as a	n agent, parent, or
guardian, attach a power of attorney or other evidence of authorized	ority and fill in the form
below for party sustaining the damage or injuries.)	
My claim arose at: Yosofia Baghda	
(Town) (City)	(Country)
My claim arose on: January 18	20a5
(Month) (Day)	(Year)
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