



## DEPARTMENT OF THE ARMY

HEADQUARTERS, 256 BRIGADE COMBAT TEAM  
CAMP AL-TAHREER  
APO AE 09344

FIVA-BDZ-SJA

1 March 2005

### MEMORANDUM FOR RECORD

SUBJECT: Claim of - [REDACTED]  
Address - [REDACTED]  
Date Filed - 20 Feb 05  
Date Received - 28 Feb 05  
Amount Claimed - \$5,000.00  
Claimed Loss - Shooting

1. Facts - Claimant alleges that, on or about 6 Jan 05, his brother was shot by Coalition Forces and immediately taken to the hospital where he died.

2. Your above mentioned claimed is denied based on the following reasons:

- Disapproved based on the combat activities bar to compensation;
- Disapproved based on improper claimant;
- 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.

3. 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 [REDACTED] 256<sup>th</sup> BCT.

Claim# 640-2

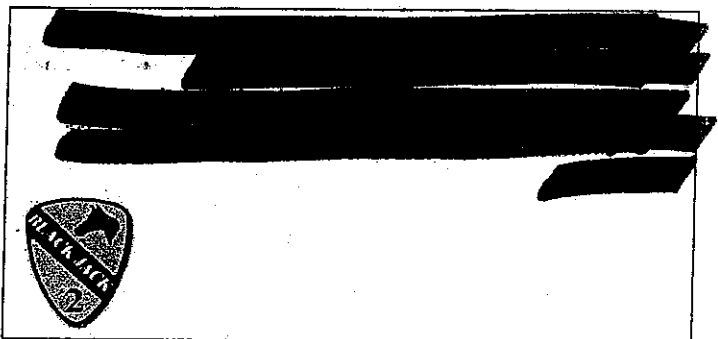
[REDACTED]  
[REDACTED] A  
CPT, JA  
Claims Certifying Officer

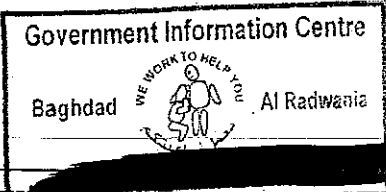
000763

This man, [REDACTED]  
Is Innocent  
of the ENL

Fired warning  
shot. It  
accidentally ricocheted  
& hit the truck

[REDACTED]





**Claims Form**

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

Address: [Redacted]

[Redacted]

I am

- a. A citizen and national of: \_\_\_\_\_
- b. A permanent resident of: Baghdad - Iraq
- c. Employed by: E-Radhwanja Military Industrialization
- 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)

Multi National Forces

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: E-Radhwanja Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: Jan 6 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 6/Jan/2005 at 6.30 AM. During my brother went to his job and during that he got shot in his body from US Army then the US Army took him to the Ibn Sina hospital by helicopter and he still there for six days then he dead and they gave us report and paperwork supporting the accident.

Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

My brother is dead

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.)

<u>Item</u>	<u>Amount</u>
1- <u>the brother death</u>	<u>7250,000 ID</u>
2-	
3- <u>note: my brother he had family contact from</u>	
4-	
5- <u>wife and five children</u>	
6-	

Total: 7250,000 ID

I was insured to the following extent against the damager or injuries I have sustained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The name and address of my insurer (if any) is:

(Name) (Address)

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

\$ 5,000 local 7,250,000 ID



(Signature of Claimant)

Subscribed before me this 2 day of Feb, 2005.

(Print Name) 

(Signature) 