

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____

Address: _____

Baghdad.

I am

- a. A citizen and national of: Iraqi
- 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)

U.S. Army

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:

Alqazera
(Town)

Baghdad
(City)

Iraq
(Country)

My claim arose on:

JAN
Month

23
Day

2005
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 23 Jan 2005 in alqazera district
my son [redacted] was with his friends in
Alqazera st. they drive car four doors
in the middle of st. American unit start
shoot them with no reason the civil drive
loses control and hit pole Result H from
that damage in the car and my son Ali
was dead

3/1AD-0139

000899

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.)

<u>Item</u>	<u>Amount</u>
Killed person	100000

Total: 100000\$

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) _____

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)

(Signature)

000900



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd BRIGADE COMBAT TEAM
1st ARMOR DIVISION
CAMP TAJI, IRAQ
APO AE 09378

REPLY TO
ATTENTION OF:
AFZN-BB-BL

APR 4 2005

SUBJECT: Action on Claim of [REDACTED] Claim Number 3/1AD-0139

Dear Sir:

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. In accordance with the cited references, I am unable to compensate you under the Foreign Claims Act. You have failed to provide proof of U.S. Military involvement in this unfortunate incident.

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 forwarded to this office for Foreign Claims Commission consideration. 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.

Sincerely,

[REDACTED SIGNATURE]

CPT, JA
Foreign Claims Commission

000901