



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)
OFFICE OF THE STAFF JUDGE ADVOCATE
APO-AE 09352

Foreign Claims Commission IJ8

19-Nov-05

SUBJECT: Claim # 06-IJ8-T656 / LIB


Karadah

Dear Claimant:


You have submitted a claim seeking compensation for loss 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 the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):

Cannot confirm that U.S. forces are responsible for the death.

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. Thank you for your kind attention.

Sincerely,


Captain, Judge Advocate
Foreign Claims Commission IJ8

000905

FOREIGN CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED]
ADDRESS: KARADAH ID#: _____
OCCUPATION: - CITIZENSHIP: IRAQI

INCIDENT INFORMATION

TYPE OF CLAIM: () Vehicle Accident SAF () Raid () Detainee Property
() Occupied Land () Other

LOCATION OF INCIDENT: KARADAH DATE OF INCIDENT: 6 JUNE 05

DESCRIPTION OF INCIDENT: Cousin shot + killed by US convoy on SALAH AL-DIEN HIGHWAY

UNIT INVOLVED: _____

CLAIM INFORMATION

OWNER OF PROPERTY: Cousin of deceased BREAKDOWN OF CLAIM:

ITEM	AMOUNT
_____	_____
_____	_____
_____	_____

TOTAL AMOUNT CLAIMED: _____

INSURED?: Y / N AMOUNT: _____

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y / N LOCATION AND OUTCOME: _____

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

[REDACTED SIGNATURE AREA]

(DATE)

(Signature of Claimant)

000906