



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
FOB LOYALTY, IRAQ
APO AE 09380

AFZP-VB-JA

Date: 01-Dec-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T06-0251:

Claim of: [REDACTED]

Address: Al-Doora, Meekanik Area, Baghdad, Iraq

Date Filed: 30-Nov-05

Amount Claimed: \$2,300.00

Claimed Loss: Claimant injured, cousin killed, and cousin's wife injured with vehicle damage by small arms caused by combat involving C.F.

Claim Number: 5.0139

1. Your above-mentioned claim is disapproved.
2. This incident **does not** comply with the provisions of the Foreign Claims Act, 10 U.S.C. Section 2734, as implemented by Chapter 10, AR 27-20. This claim was filed in a timely manner. This claim did occur outside the United States.
3. The reason for the disapproval of this claim is code 1:
 1. Loss was a result of Combat Operations
 2. The filing claimant is an improper claimant
 3. Claim lacked evidence supporting U.S. negligence or fault
 4. Claim lacked evidence to prove a loss
 5. Loss was a result of Anti-Coalition Forces
 6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
4. 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 such a request. However, it should describe the legal and/or factual basis for relief. 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.
5. POC for this memorandum is SPC [REDACTED] FOB Loyalty, @ VOIP 242-7063.

[REDACTED]

CPT, JA
FOREIGN CLAIMS COMMISSION

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: _____

Address: AL-Deera - Meekahik area

I am

- A citizen and national of: IRAQ
- A permanent resident of: AL-Deera
- Employed by: General Labor
- Check one () An insurer (X) Not an insurer
- 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)

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: bejeer Tikreet biJee
(Town) (City) (Country)

My claim arose on: NOV 27 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.)

While we went to our family in northern Iraq and our way at AL-Bij area. we were driving beside BiJee refinery. After we pass this point and before arrived the bridge we got two shot by coalition forces. The first shot hit the head over left eye. Later on. I turn the car wrong side also the 2nd comes top of the car. we drove away and we found. I.N.G groups - I asked them to help my cousin and his wife. that she was injured too - in her neck PLUS some shrapnel in my hand. then they took her to BiJee hospital after treatment they move her to Tikreet hospital and after 4 hours they move her again to Azedi hospital in Kar KUK. and he got surgery operation in his head to get out the shrapnel. Later on he stay one day and night on OCT 27 - then on OCT 29-05 He die at 3:30 After noon

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

- ① ~~_____~~ Dead
- ② Wife - injured
- ③ ~~_____~~ - injured
- ④ car - Damage

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.)

Item	Amount
Two one person injuar	\$ 800
one car damage	\$ 1,500
Total \$ 2,300	

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

NO INSURANCE

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

(Name) NONE (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)