

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008  
EXPIRES 5-31-05

1. Submit To Appropriate Federal Agency:

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)

[REDACTED]  
[REDACTED]  
[REDACTED]  
SEC: [REDACTED]  
ST: [REDACTED]  
H: [REDACTED]

3. TYPE OF EMPLOYMENT  
MILITARY / CIVILIAN

4. DATE OF BIRTH  
1972

5. MARITAL STATUS  
MARRIED

6. DATE AND DAY OF ACCIDENT  
8/5/2005

7. TIME (A.M. OR P.M.)  
10.. P.M

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

The American Patrol no: 1-5-1 MP Blockade AL-Rabee St. in AL-Zafarania when the claimant's father an old man was driving his car in the same street and he didn't know that the street was blockade then the American troops shooted him till death

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

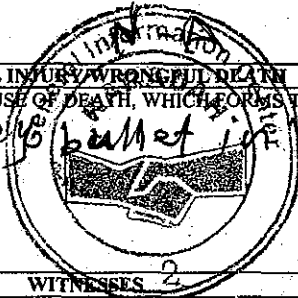
N.A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side)

10. PERSONAL INJURY / WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT

Mans' bullet in his body causes the death



11. WITNESSES 2

NAME

ADDRESS (Number, street, city, State, and Zip Code)

1) [REDACTED]  
2) [REDACTED]

Baghdad / AL-Zafarania [REDACTED]  
Baghdad / AL-Zafarania [REDACTED]

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

no

no

yes

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

13b. Phone number of signatory

14. DATE OF CLAIM

[REDACTED]

07902329897

16/6/2005

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

The claimant shall forfeit and pay to the United States the sum of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Imprisonment for not more than five years and shall be subject to a fine of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 18 U.S.C.A. 287.)

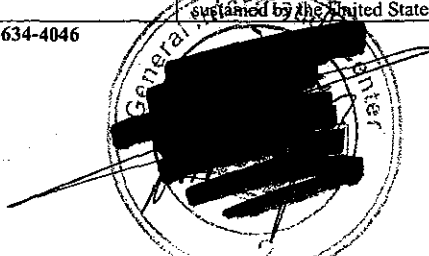
95-108

NSN 7540-00-634-4046

Previous editions not usable

STANDARD FORM 95 (Rev. 7-85)

PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



001206



REPLY TO  
ATTENTION OF:

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

AFZP-VB-JA

Date: 08-Dec-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T06-0255:

Claim of: [REDACTED]

Address: Zafaranya [REDACTED] Baghdad, Iraq

Date Filed: 06-Dec-05

Amount Claimed: \$0.00

Claimed Loss: Claimant's father killed and vehicle damaged by small arms caused by combat involving

C.F.

Claim Number: 5,0142

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

001207