



REPLY TO  
ATTENTION OF:

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

AFZP-VB-JA

Date: 25-Nov-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T06-0164:

Claim of: [REDACTED]

Address: Jissir Diyala, Al Riyadh, Bab Al Sheikh Area, [REDACTED] Baghdad, Iraq

Date Filed: 11-Nov-05

Amount Claimed: \$10,000.00

Claimed Loss: Claimant's son killed and house destroyed by mortar attack

Claim Number: 4.0090

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 5:
  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

001208

## Claims Form

To: United States Army Foreign Claims Commission.

From: Name: \_\_\_\_\_

Address: Jissir Diala - AL-Riadh - Bab Al-Sheikh area  
\_\_\_\_\_

I am

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

Coalition 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: AL-Madain, Baghdad, Iraq  
(Town) (City) (Country)

My claim arose on: Sept., 28th, 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 8/22/2005 clashes between US forces and Al-Mahdi army occurred. A round landed in house, caused damage to the house. Injuring his son named \_\_\_\_\_ born 1991 who died because of the injuries. It also injured some \_\_\_\_\_ who suffered multiple injuries. The vehicle parked in the house was also damaged. The applicant is asking compensation for his killed son \_\_\_\_\_ and the injury of the rest of family. Also for the damaged vehicle.

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