



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-Jun-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T0579-05:

Claim of: [REDACTED]

Address: Sadr City, [REDACTED], Baghdad, Iraq

Date Filed: 18-Apr-05

Amount Claimed: \$0.00

Claimed Loss: Claimant's husband killed

Claim Number: 1.0263

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 3:
  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
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 PFC [REDACTED], FOB Loyalty, @ VOIP 242-7063.

001289

[REDACTED]  
CPT, JA  
FOREIGN CLAIMS COMMISSION

CLAIMS FORM  
US ARMY FOREIGN COMMISSION

CLAIM # 1#007#8#5

CLAIMANT NAME [REDACTED]  
ADDRESS Baghdad AlSadr city  
SEC./ [REDACTED] ST./ [REDACTED] H./ [REDACTED]  
PHONE#: /

I AM  
a. A Citizen and National Of: Iraq  
B. A Permanent Resident Of: Baghdad  
C. Employed By: \_\_\_\_\_  
d. Check one ( ) an insurer (X) Not an insurer  
e. Check one ( ) A subrogate ( ) Not a subrogate

HAVE YOU FILED A CLAIM BEFORE (circle one) YES OR  NO

TYPE OF CLAIM (circle which applied)

INJURY:  DEATH  
PROPERTY DAMAGE: VEHICLE, BUILDING, FIELD, ANIMAL, OR OTHER  
NAME [REDACTED]

RELATIONSHIP The claimant's husband AGE: 56 DOB D/M/Y 1949

DATE INCIDENT OCCURRED: /D/ 7 /M/ 1 /YYYY/ 2005

PLACE INCIDENT OCCURRED Baghdad AlSadr city  
SEC./ 17 ST./ \_\_\_\_\_ H./ 22/10/17

SITUATION When the claimant was in her family house waiting her husband to take her for his house - after 24 hours she knew her husband was dead in hospital and after she asked about the cause the claimant knew the American troops was killed him and take him for the hospital. For this the claimant request compensation.

List in detail the amount of property damage and itemized expense resulting from the property damage or personal injury: (Attach bills and receipts, if applicable)

Item	Amount

TOTAL AMOUNT: US DOLLAR the destion left for the committee OR DINAR \_\_\_\_\_

Today date 6/4/2005

Signature [REDACTED]

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