



REPLY TO
ATTENTION OF:

AFZP-VB-JA

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

Date: 12-Oct-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T0560-05:

Claim of: [REDACTED]

Address: Sadr City [REDACTED] ST Al Shahada, Baghdad, Iraq

Date Filed: 18-Apr-05

Amount Claimed: \$0.00

Claimed Loss: Claimant's son died after being hit by a C.F. vehicle

Claim Number: 1.0243

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
 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

001243

CLAIMS FORM
US ARMY FOREIGN COMMISSION

CLAIM # 1#007#3#5

CLAIMANT NAME [REDACTED]
ADDRESS Baghdad Al Sadr city.
SEC./ [REDACTED] ST./ Al Shahab
PHONE#: _____

I AM
a. A Citizen and National Of: Iraq
B. A Permanent Resident Of: Baghdad
C. Employed By: _____
d. Check one () an insurer () 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 _____ AGE: 4 DOB D/M/Y 28/4/2001

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

PLACE INCIDENT OCCURRED Al Sadr city
SEC./ [REDACTED] ST./ Al Shahab

SITUATION when the claimant son was play in the street
The American patrol to collide with the claimant son which
moved to the hospital for ~~amr~~ treatment but he was dead.
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: the destian left for the committee US DOLLAR _____ OR DINAR _____

Today date 5/4/2005

Signature [REDACTED]

001244