

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

Date: 12-Oct-05

001243

## MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T0560-05:

Claim of:

Address: Sadr City

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  $\underline{3}$ :

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

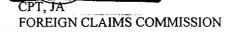
5. Loss was a result of Anti-Coalition Forces

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

FOB Loyalty, @ VOIP 242-7063.



## CLAIMS FORM US ARMY FOREIGN COMMISSION

CLAIM # 1#007#3#5

CLAIMENT NAME Bachdod Er city. ADDRESS SEC./ ST./ naholla PHONE#: I AM Iraa a. A Citizen and National Of: Raghdad B. A Permanent Resident Of: C. Employed By: d. Check one ( ) an insurer (M Not an insurer e. Check one () A subrogate () Not a subrogate OR HAVE YOU FILED A CLAIM BEFORE (circle one) YES TYPE OF CLAIM (circle which applied) DEATE INJURY. PORPERTY DAMAGE: VEHICLE, BUILDING, FIELD, ANIMAL, OR OTHER NAME DOB D/M/Y 28/4/2001 4 AGE: RELATIONSHIP M/ 1 /YYYY 2005 DATE INCIDENT OCCURRED: /D/ PLACE INCIDENT OCCURRED Alsodr city ST./ Alshahatta SEC./ SITUATION when the claiment son was play in the street The American patrol to collide with the chiment son which moved to the pospital for ane treatment but he was dead For this The claiment 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) Amount Item the destion that for the committee TOTAL AMOUNT: US DOLLAR\_\_\_\_\_ OR DINAR\_\_\_\_ Today date 5/4/2005 Signature 001244