



REPLY TO
ATTENTION OF:

AFZP-VB-JA

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

Date: 22-Dec-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM H8F06-0320:

Claim of: [REDACTED]

Address: Adamiyah, Al-Shaab, Q. [REDACTED] Baghdad, Iraq.

Date Filed: 21-Dec-05

Amount Claimed: \$15,000.00

Claimed Loss: Claimant's son was killed by small arms after running a Coalition's Check Point.

Claim Number: 6.0033

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 6:

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, or VOIP 242-7063.

6.0033

CPT [REDACTED] (ACE)

Claims Form

REF. # 86/05

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

Address: Adhamiya At Shaab @ [REDACTED] Str [REDACTED]

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 subrogee (X) 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)

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney of other evidence of authority and fill in the form below for party sustaining The damage or injuries.)

My claim arose at: Shaab Baghdad Iraq
 (Town) (City) (Country)

My claim arose on: Apr. 17 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 the above day there was an American check point at about 8:30 pm in the Shaab zone. His son Seif was driving they tried to stop him but he couldn't see them because it was dark and no lights or no motions so he didn't get ready to stop thus they shot him. After this they took him to the hospital and gave him a blank claims card after that he died because of his injuries.

Describe and extent of property damage or personal injury sustained as a result the above incident.

He is looking for reconsideration of the old claim because new information appeared and it's attached.

001257

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

Item	Amount
The compensation of his son's death	U.S. \$ 15,000
Total: \$ 15,000	

I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

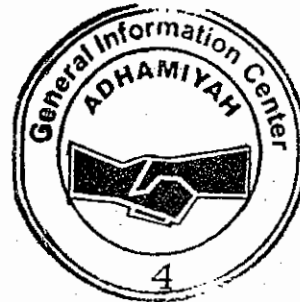
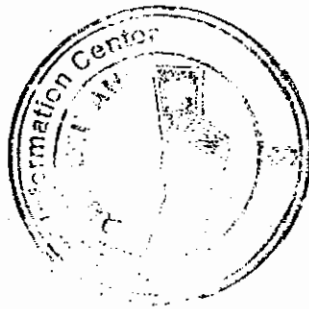
\$ 15,000 local

(Signature of Claimant)

Subscribed before me this 10 day of July 2005

(Print Name)

(Signature)



001-58