

DEPARTMENT OF THE ARMY

HEADQUARTERS, 2D BRIGADE 3D INFANTRY DIVISION FOB LOYALTY, IRAQ APO AE 09380

Date: 10-Nov-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T06-0158:

Claim of:

Address: Al-Madaeen, Baghdad, Iraq

Date Filed: 04-Nov-05

Amount Claimed: \$10,000.00

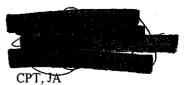
Claimed Loss: Claimant's husband killed by small arms caused by combat involving C.F.

Claim Number: 7.0067

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 1:
 - 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

OB Loyalty, @ VOIP 242-7063.



FOREIGN CLAIMS COMMISSION

Claims Form		
From: Na	ed States Army Foreign Claims Commission. ame:	
Ī	a. A citizen and national of: <u>Loag</u>	
	b. A permanent resident of:	
•	c. Employed by: d. Check one () An insurer () Not an insurer	
	e. Check one () A subrogee () Not a subrogee	
-	nake a claim against the United States Government for damages or injuries : (Name, Organization, Military Department, Address, Telephone Number)	
attach a p	erty damaged is owned by: (If the claim is made as an agent, parent, or guardian, ower of attorney or other evidence of authority and fill in the form below for aining the damage or injuries.)	
My claim	arose at: Al-Madaeen Beghdad Iraq (Town) (City) (Country)	
My claim	arose on: September 2 2005 Month Day Year	
property o	ef statement of the accident or incident on which the claim for damages to or for personal injury is based. (Use back of this sheet if necessary.)	
	wife and g (Second Wife) of	
to ti	tem The both wifes	
daime	that the coalition forces were chaising one of	
the te	Moriest in Al-Wehda Nahia close to the Giass	
tation	, then were shooting attender random fires	
which	25 cause the death of I we attached	
all the	paper with the claim.	

the above incident.	tor property durings or personal injury sustained as a result of
the victen have	le got 11 children with tool
Wees and he wa	is the only supporter For the
	f property damage and itemized expenses resulting from the nal injury: (Attach bills and receipts, if applicable.) <u>Amount</u>
the estima	ated amount is 10,000,000
Ten million	Trag dinnar
	Total: 10,000,000
I was insured to the follow	ring extent against the damage or injuries I have sustained:
The name and address of n	ny insurer (if any) is:
(Name)	(Address)
I claim as damages: (Indicas)	ate amount in U.S. dollars and local currency) local 10,000,000 TD
	(Signature of Claimant)
Subscribed before me this	12 day of 9, 200 <u>5</u> .
	(Print Name)
•	(Signature)