



DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-TAHREER, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF:

August 9, 2005

Claims Office

SUBJECT: Claim # 655-K

[REDACTED]
Kadhimiya

Sec [REDACTED] St [REDACTED] H [REDACTED]

Dear [REDACTED]

You have submitted a request for consideration of a claim seeking compensation for damages allegedly caused by U.S. Forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after further investigation of your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

This determination is final and is not subject to further appeal or reconsideration.

Sincerely,

[REDACTED]
[REDACTED] a
MAJ, U.S. Army
Foreign Claims Commission

001262

R- Appeal!



DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-TAHREER, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF.

May 24, 2005

Claims Office

SUBJECT: Claim # 655-K

[REDACTED]
Kadhimiya

Sec [REDACTED] S [REDACTED] H [REDACTED]

Dear [REDACTED]

You have submitted a claim seeking compensation for damages allegedly caused by U.S. Forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

[REDACTED]
[REDACTED]
Major, U.S. Army
Foreign Claims Commission

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Claims Form

To: United States Army Foreign Claims Commission

From: Name: Mr [REDACTED]

Address: Kadimiya — Section NO. [REDACTED]
ST. NO. [REDACTED] House NO. [REDACTED]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: As above
- c. Employed by: _____
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () 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 or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at: Taji Baghdad Iraq
(Town) (City)

My claim arose on: February 28 05
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.)

At 9 O'clock AM, my Mother and Son were exposed to Coalition Forces bullets near the North Gate - Taji area they were in a hired car "Taxi" their destination was Kadimiya city, they were confronted by Humvees coming in the wrong direct of the traffic and were driven very fast, the Humvees started to shoot at them, my wife and son were injured and were taken to Kadimiya hospital, my son had to have an operation to get out a small shell out of his tummy "stomach", he spent about 10 days in hospital, I demand one million Iraqi dinars for the treatment of my son and the maximum rate of the death of a person "my mother".
Thank You.

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

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.)

<u>Item</u>	<u>Amount</u>
Rate of Death.	2500 USD
medical expenses	2000
for the child	
	= 4500 USD.
	Total:

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)

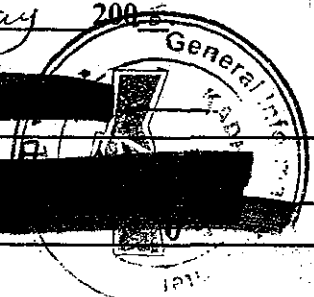
\$ local

(Signature of Claimant)

Subscribed before me this 11th day of May 2008

(Print Name)

(Signature)



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