



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd INFANTRY DIVISION (FORWARD)
OFFICE OF THE STAFF JUDGE ADVOCATE
CAMP LIBERTY, IRAQ

June 10, 2005

Claims Office

SUBJECT: Claim # 05-IJ8-T128
889-4R

[REDACTED]
Abu Graib

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]
Captain, U.S. Army
Foreign Claims Commission

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WORK TO HELP
 Baghdad 8899 Al Radwania
 30-487-005
 مركز المعلومات الحكومي

Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

Address: Baghdad [REDACTED]

I am

- a. A citizen and national of: Iraqi & arabic
- b. A permanent resident of: The address here above
- c. Employed by: House Keeper
- d. Check one () An insurer (X) Not an insurer
- e. Check one (X) 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)

multination forces

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: ABU GHRAIB Baghdad Iraq
 (Town) (City) (Country)

My claim arose on: February 12 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 12th Feb. 2005 my husband ([REDACTED]) was in his way with another Passengers in (KIA) Bus to his work - On the highway of ABU GHRAIB - multination forces start shooting - They killed my husband by mistaken - according to Death certificate attached here with I claim for compensation - with my respect

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

my husband death

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
1- <u>my husband death</u>	<u>2500 / 00</u> \$
2-	
3-	
4-	
5-	
6-	

Total: 2500 / 00 \$

I was insured to the following extent against the damager 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)

\$ 2500 / 00

local 3750000 / -

(Signature of Claimant)

Subscribed before me this 30 day of APR 2005.

(Print Name)

(Signature)



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