

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

June 10, 2005

Claims Office

SUBJECT: Claim # 05-IJ8-T128

889-4R

Abu Graib

Dear

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.

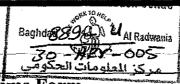
Sincerely,

Captain, U.S. Army

Foreign Claims Commission

001657





		ي العلومات الحكومي	
<b></b>	Cla	ims Form	
To: United S	tates Army Foreign Claims	Commission	
From: Name	:		
Addre	ss: 12 aghdad f		
I am	<del></del>		1 -
	A citizen and national of:		thic
	A permanent resident of: T	Ne address of Remos	are almost
d. (	Check one ( ) An insurer (	Not an insurer	
e. (	Check one (A) A subrogee(	) Not a subrogee	
caused by: (N	e a claim against the United Name, Organization, Militan	ry <sub>n</sub> Department, Address	_ •
guardian, atta	damaged is owned by: (If the character of attorney or courty sustaining the damage of	other evidence of author	<u> </u>
My claim aro	se at: ABU GHRAI	B Baghdag	1 Bag
	(Town)	(City)	(Country)
My claim aro	se on: Falmary	12	2005
	(Month)	(Day)	(Year)
property or fo	tatement of the accident or personal injury is based.	(Use back of this sheet	if necessary.)
	) was in	his wary w	
	gors in (KIA)		Α
In th	s highway of	ABU GAR	ich - multination
Porcer	start Shoot	Ing They	Rilled my
	nd by mist		J
	h sortercate	******	
	larm for	Compensal	ron - with
vny /	respent		

Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.	
s a result of the above incident.  My hashand hath	
ist in detail the amount of property damage and itemized expenses resulting from the	
roperty damage or personal injury: (Attach bills and receipts, if applicable.)	
tem O Amount	
tem my hashand death 2500/00	) (
Total: 2500 100	R
was insured to the following extent against the damager or injuries I have sustained:	
he name and address of my insurer (if any) is:	
Name) (Address)	
claim as damages: (Indicate amount in U.S. dollars and local currency)  2500/60 local 375000(	
(Signature of Claimant)	
ubscribed before me this <u>Co</u> day of <u>QPR</u> , 200 <u>5</u> .	
•	
(D. J. (No.)	
(Print Name)	
property and the first and the	
Government Informati (Signature)  Ragndad Al Radwania	
مركز الملومات المتكرمي	