



DEPARTMENT OF THE ARMY

**HEADQUARTERS, 256 BRIGADE COMBAT TEAM
CAMP AL-TAHEREER
APO AE 99344**

FIVA-BDZ-SJA

1 March 2005

MEMORANDUM FOR RECORD

SUBJECT: Claim of - [REDACTED]
Address - [REDACTED]
Date Filed - 16 Feb 05
Date Received - 21 Feb 05
Amount Claimed - \$6,762.00
Claimed Loss - Shooting

1. Facts - Claimant alleges that, on or about 27 Jan 05, the claimant's son was driving his taxi from Baghdad to Al-Ka'im when he was shot and killed by Coalition Forces.

2. Your above mentioned claimed is denied based on the following reasons:

- Disapproved based on the combat activities bar to compensation;
- Disapproved based on improper claimant;
- Disapproved based on lack of evidence showing negligence of US personnel;
- Disapproved based on failure to show a loss;
- Approved

(X) Adjudication Explanation: We are sorry and very sympathetic to your loss, however your claim must be denied because U.S. law prohibits awarding compensation for claims resulting from and/or related to combat operations in any way. We determine that your loss is due to combat operations.

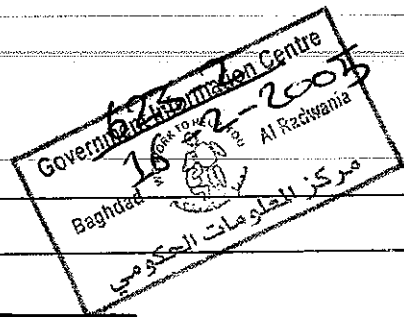
3. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for each request. However, it should describe the legal and/or factual basis for relief. Claimants may also provide new and additional evidence to support their claim. 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.

4. POC for this memorandum is [REDACTED] 256th BCT.

Claim# 628-2

[REDACTED]
CPT, GA
Claims Certifying Officer

001763



Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

Address: Baghdad - [REDACTED]

I am

- a. A citizen and national of: Baghdad - Iraq
- b. A permanent resident of: Baghdad - Iraq
- c. Employed by: Worker
- 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)

Multi National 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.) [REDACTED]

My claim arose at: The high way To Ramadi (Town) Anbar (City) Iraq (Country)

My claim arose on: 8 January (Month) 27th (Day) 2005 (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 Janu 27th 05 and when my son was working as driver (Taxi driver) on his car: Kia, van and during his work when he was moving some passengers from Baghdad to Al Kaim an American force shot my son's car which led to kill my son (Fawad) after that they searched the car but, they couldn't find any thing, after that they took my son's body to IBN SINA hospital by Helly Cupter, and when I went to Ibn Sina hospital they gave me my son's body.

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

1. Killing my son [REDACTED]
2. Shooting my car by many rounds.

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- For killing my son [REDACTED] | 5000 \$ |
| 2- | |
| 3- For the damages of my car according to the receiveds, 194, 169 | 1762 \$ |
| 4- | |
| 5- | |
| 6- | |

Total: 6762 \$

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

[REDACTED]

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)

\$ 6762 local 9 804 200 Iraqi Dinar

(Signature of Claimant)

Subscribed before me this 17th day of FEB, 2005.

(Print Name)

(Signature)