

# FOREIGN CLAIMS COMMISSION COVER SHEET

**Claim Number:** 7.0056      **USARCS NUMBER:** 1475-05

**Date Received:** 21-Sep-05

**Name:** (b)(6)

**Address:** Gisy Dayala (b)(6), Baghdad, Iraq

**Claim Summary:** Claimant's son killed and vehicle damaged by small arms caused by combat involving C.F.

**Date of Incident:** 27-Jan-05

**Amount Requested:** \$0.00

**Recommendation:**  Approval    Denial     
Investigation

**Date Reviewed by OIC:** 

*P.C. 1  
Combat DP's*

**Claim Is:**  Approved in the amount of \$\_\_\_\_\_.

Denied. Denial Code \_\_\_\_\_

On hold pending investigation findings.



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 2D BRIGADE  
3D INFANTRY DIVISION  
FOB LOYALTY, IRAQ  
APO AE 09380

AFZP-VB-JA

Date: 24-Sep-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T1475-05:

**Claim of:** (b)(6)

**Address:** (b)(6) Baghdad, Iraq

**Date Filed:** 21-Sep-05

**Amount Claimed:** \$0.00

**Claimed Loss:** Claimant's on killed and vehicle damaged by small arms caused by combat involving C.F.

**Claim Number:** 7.0056

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
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 (b)(3),(b)(6), FOB Loyalty, @ VOIP (b)(2)High

(b)(3),(b)(6)

CPT, JA  
FOREIGN CLAIMS COMMISSION

CENTCOM 005593

Claims Form

1981

To: United States  
From: Name: (b)(6)  
Address: (b)(6)

I am

- a. A citizen and national of: \_\_\_\_\_
- b. A permanent resident of: \_\_\_\_\_
- 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: \_\_\_\_\_  
(Town) (City) (Country)

My claim arose on: 1 27 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 27/11/2005 US forces shot the car  
belonging to (b)(6) was in the  
car with his wife and kids (b)(6) the  
accident caused to kill (b)(6) by the FARR of  
one of us soldiers and engineer of (b)(6)

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>

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 \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Print Name)

NAME:

Foreign Language, (b)(6)

DOB:

الاسم

Foreign Language, تاريخ الولادة:

TELEPHONE #:

DATE INCIDENT OCCURRED:

رقم الهاتف

Foreign Language, تاريخ الحادث:

ADDRESS:

Foreign Language, (b)(6)

العنوان:

TYPE OF CASE (CHECK ONE)

Detainee

المدتكز

Medical

الطبية

Travel Documents

وثيقة سفر

Eviction

إخلاء

Missing Person

مفقود

Employment/Unemployment

التوظيف

Handicapped

معوق

Abuse

سوء استخدام

Military Salary

رواتب العسكريين

Corruption

الرشوة

Confiscated Vehicle

السيارات المنصوبة

Homeless

المشردين

Compensation

التعويض

Confiscated Property

الإملاك منسوبة

Demonstrations/ Freedom of Assembly

التظاهرات وحرية التجمع

Property Claim:

الانظام السابق (أكثر من واحد)

For (child, wife, ...)

لصالح (ابن، زوجة، ...)

Other

قضايا أخرى

Situation (ملخص القضية):

Foreign Language

Folio map Appointment?

YES

NO

Date:

Time:

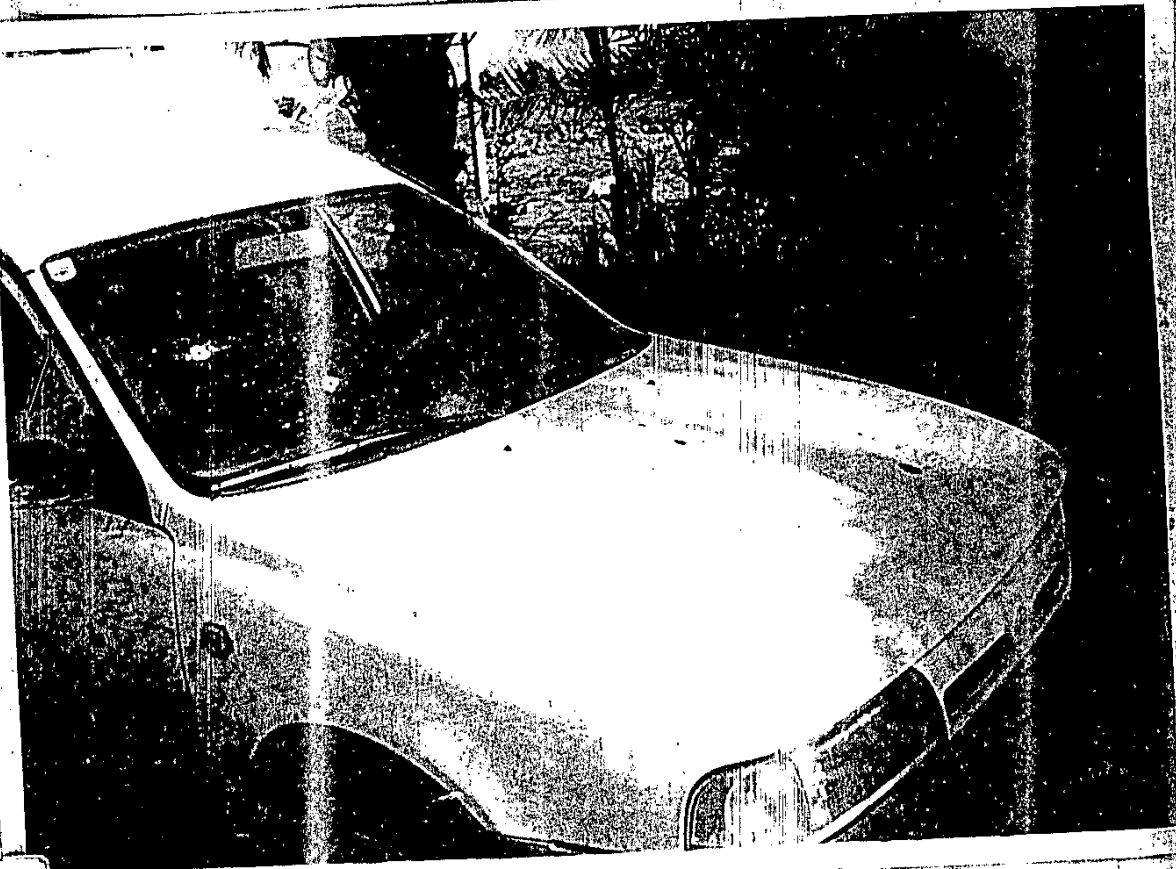
IACB FORM -- 01

MIN

Time in:

Time Out:

Caseworker:



Foreign Language Text

Foreign Language Text, (b)(6)

*The complena  
on 12. 2/2  
statement*

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Foreign Language Text

CENTCOM 005598

Foreign Language Text

Foreign Language Text

Check application

Foreign Language Text, (b)(6)



Pages 9 through 10 redacted for the following reasons:  
-----  
Foreign Language Text

Report To Glsr Dayala I.D.C.

Foreign Language Text

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

Report from Sir Dayala I.P.S To the Judge of AlMadaen  
Court.

(b)(6)

Foreign Language Text, (b)(6)

CENTCOM 005603

Foreign Language Text

sub: Request

Foreign Language Text, (b)(6)

CENTCOM 005604

26241

Foreign Language Text

check and treatment

Foreign Language Text, (b)(6)

CENTCOM 005605

Page 15 redacted for the following reason:  
-----  
Foreign Language Text

Foreign Language Text

Foreign Language Text

Catering card

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

*entering card*

Foreign Language Text, (b)(6)

CENTCOM 005608

26245



Pages 18 through 36 redacted for the following reasons:

-----  
Foreign Language Text  
Foreign Language Text, (b)(6)

oreign Language Te

Pages 38 through 39 redacted for the following reasons:

-----  
Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text

(b)(3)(b)(6) LT

In reference to  
killed by MFS in  
on 28 Jan 05  
Diyala  
da bay  
(b)(6)

(b)(3)(b)(6) LT

(b)(3)(b)(6) CPT

CENTCOM 005631

Please contact CPT (b)(3),(b)(6)  
of 151 MP @ Rustimiyah  
Regarding the shooting & location  
of the IZ body on 27 Jan in  
JISR Diyala. CPT (b)(3),(b)(6)

1-161

CENTCOM 005632