

(b)(6)

717-3
9 Mar 2006

CENTCOM 005665



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

REPLY TO
ATTENTION OF:

April 29, 2005

Claims Office

SUBJECT: Claim # 717-3

(b)(6)

Dear

(b)(6)

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.

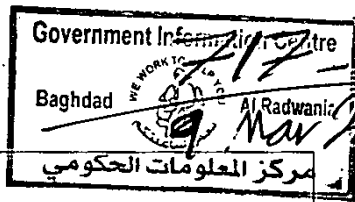
Sincerely,

Denny - Combat

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

Major, U.S. Army
Foreign Claims Commission

CENTCOM 005667



Claims Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)

Address: Baghdad (b)(6)

I am

- a. A citizen and national of: Iraq
b. A permanent resident of (b)(6)
c. Employed by:
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.) (b)(6)

My claim arose at (b)(6) Baghdad Iraq (City) (Country)

My claim arose on: Jan. 1st 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 January, 1st, 05, at 3:00 A.M an American Air plane bombard my house by a rocket which led to kill my son (b)(6) and injuring another seven members of my family, beside destroying the house and every thing inside the house.

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

Killing my son (b)(6) by the multi-national forces and injuring the rest of my family members with a serious injuries beside destroying my house completely.

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>
1- <u>for killing my son (b)(6)</u>	<u>\$ 2500</u>
2- _____	_____
3- <u>for injuring seven of my family members and destroying my house</u>	<u>\$ 3500</u>
4- _____	_____
5- _____	_____
6- _____	_____

Total: \$ 6000

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)

\$ 6000 local 8,700,000 I-D

b)(6), Foreign Language Text

(Signature of Claimant)

Subscribed before me this 9th day of March 2005

(Print Nam

(Signature)

(b)(6)



**GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.**



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- I.D. Card, Living Card & Arabian Card.....
- The police registration paper by Abul Ghraib police station and the testimony of the claimant which says that the multinational forces shot his house by a rocket and his son got killed because of that and the other family members (7 members got injured).....
- The medical reports and Death Certificate for the passed away.....
(b)(6) issued by Abul Ghraib General Hospital
- Attorney's fee from the claimant to the lawyer to check the Government offices to finish his claim.....
(b)(6)

General Information Center/Al-Radhwanya

Date: 7th March 05

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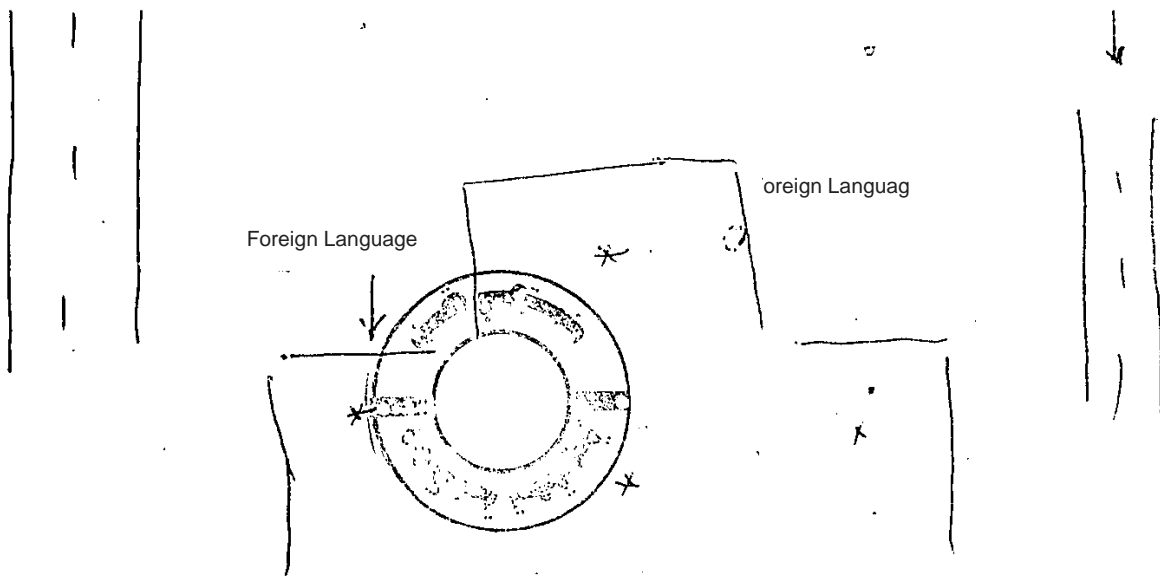
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