

802 - 3  
29-3-2005

(b)(6)





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

REPLY TO  
ATTENTION OF:

April 18, 2005

Claims Office

SUBJECT: Claim # 802-3

(b)(6)

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.

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*Army*

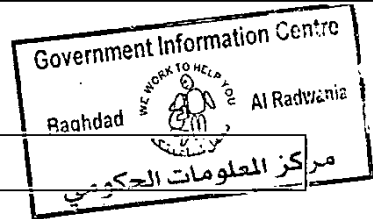
Major, U.S. Army  
Foreign Claims Commission

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802-3  
29-3-2005



### Claims Form

To: United States Army Foreign Claims Commission

From: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ (b)(6)

**I am**

- a. A citizen and national of: Iraq & arabic
- b. A permanent resident of: Baghdad (b)(6)
- c. Employed by: Farmah
- d. Check one ( ) An insurer (X) Not an insurer
- e. Check one ( ) A subrogee (X) 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)  
mutination 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: Yosofia Baghdad Iraq  
(Town) (City) (Country)

My claim arose on: January 18 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 18<sup>th</sup> January 2005 at 9:00 my father  
was driving his car in his way home  
near AL-SWAIRAH Gasag on the highway  
military convoy cross his way. The leader  
order him to leave his car, 50 m away  
from the Bradley he order a soldier to  
shoot him. caused killing him and he die  
in the hospital - I claim herewith for  
compensation with my respect.



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

my father 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 father death</u>	<u>5000/00</u> \$
2-	
3-	
4-	
5-	
6-	

Total: 5000/00

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)

\$ 5000/00 local 7750000/-

(b)(6)

(Signature of Claimant)

Subscribed before me this 28 day of mar, 200 5

(b)(6)

(Print Name)

(Signature)

(b)(6)





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



**"THE CLAIM'S CONTAINS"**

The Claimant name:-

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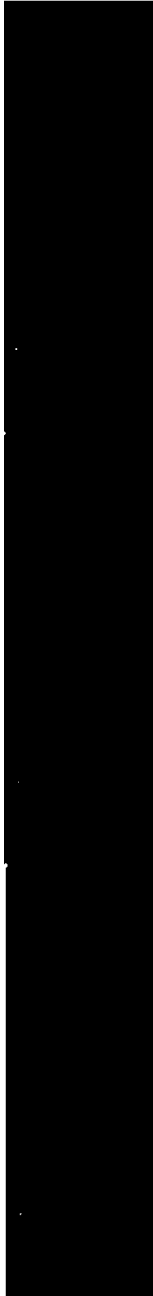
- Memorandum from multinational forces support shooting the death claimant father
- Death certificate proved that the claimant father death caused by short gun in his stomach
- Medical report proved shooting the claimant father
- Investigation documents and statement of death man before he disappeared and support shooting him in his stomach by multinational forces
- Claimant documents, Civilian Card & nationality card & position card



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General Information Center/Al-Radhwanya  
Date:- 28 March 2005





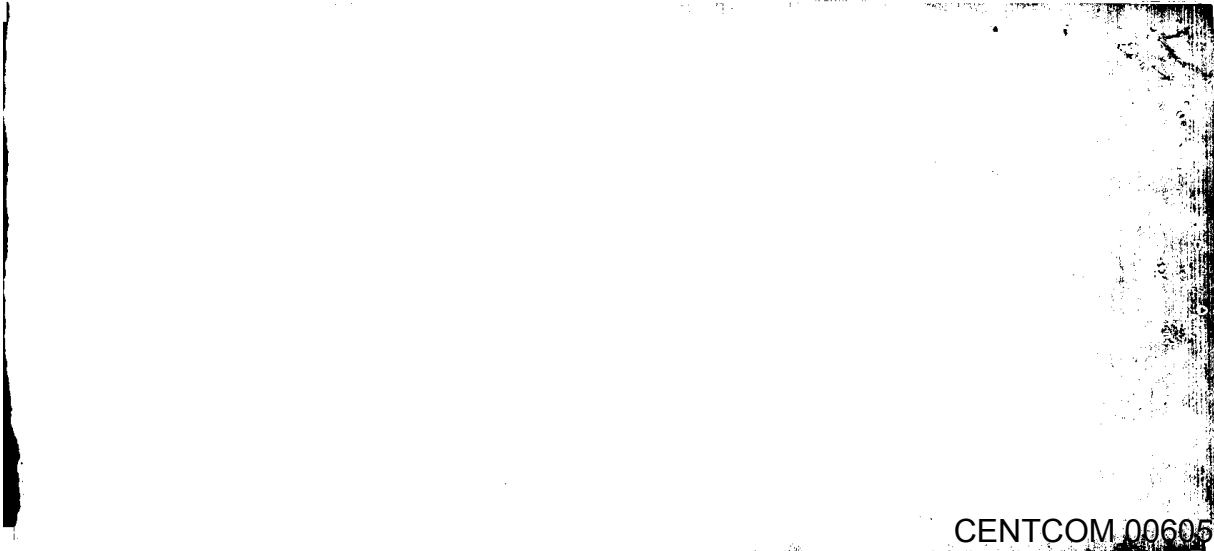
Please allow this vehicle 2 Dr Blue Benz truck  
to take wounded to - (b)(6) truck to the  
hospital. Thank you.

only for 17 Jan 05.

~~\_\_\_\_\_~~ 1-5 PM  
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