

Page 1 redacted for the following reason:

Foreign Language Text

FOREIGN CLAIMS COMMISSION COVER SHEET

Claim Number: 4.0100

USARCS NUMBER: 06-0247

Date Received: 23-Nov-05

Name: (b)(6)

Address: (b)(6) Baghdad, Iraq

Claim Summary: Claimant's husband killed by small arms caused by combat involving C.F.

Date of Incident: 14-Aug-05

Amount Requested: \$5,000.00

Recommendation: [] Approval [X] Denial []
Investigation *D.C.A*

Date Reviewed by OIC:

Claim Is: [] Approved in the amount of \$_____.

[X] Denied. Denial Code

[] On hold pending investigation findings.



REPLY TO
ATTENTION OF:

AFZP-VB-JA

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

Date: 01-Dec-05

MEMORANDUM FOR RECORD

SUBJECT: DISAPPROVAL OF FOREIGN CLAIM II8T06-0247:

Claim of: (b)(6)

Address: (b)(6) Baghdad, Iraq

Date Filed: 23-Nov-05

Amount Claimed: \$5,000.00

Claimed Loss: Claimant's husband killed by small arms caused by combat involving C.F.

Claim Number: 4.0100

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
 6. Claimant Filed for Reconsideration of Previous Claim and filed no new evidence.
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)(3),(b)(6)

CPT, JA
FOREIGN CLAIMS COMMISSION

CENTCOM 004498

4.0100-00003

40091

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: Baghdad
- 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)

U.S. Military Department

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: AL KUSABA Baghdad IRAQ
(Town) (City) (Country)

My claim arose on: 8 14 04
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.)

My wife was working as (b)(6)
and he was killed by shelling on him
from the U.S. military in the street
of AL KANA at AL KUSABA at the day above
and was killed in his car for that
I made my claim.



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.)

Item	Amount
Dead p...	(b)(6)

Total: 5000 \$

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 \$ local 7,500,000 P.D

(b)(6)

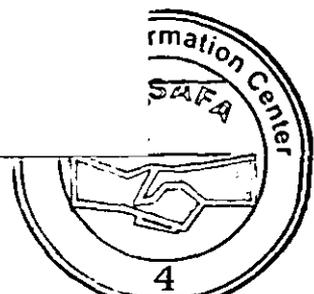
(Signature of Claimant)

Subscribed before me this 22 day of 11 200 1

(b)(6)

(Print Name)

(Signature)



CENTCOM 004500

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Foreign Language Text, (b)(6)