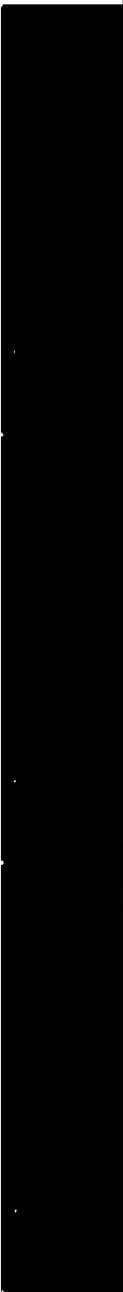


(b)(6)

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820-4  
3-4-2005





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 # 820-4

(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: . 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.

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

*Army - combat*

Major, U.S. Army  
Foreign Claims Commission

CENTCOM 006187

Illegible Text, Nonresponsive

CENTCOM 006188



820-4  
3-4-2005

Government Information Center  
 Baghdad Al Radwa  
 مركز المعلومات الحكومي

### Claims Form

To: United States Army Foreign Claims Commission

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

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: \_\_\_\_\_
- 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.)

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

My claim arose on: 1 26 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 Jan - 26 - 2005 when I and my family went  
to go to our house in (b)(6) and when we arrived  
to (b)(6) my son was drive my car it's no. (b)(6)  
it's kind opel victara and I was in another car and suddenly  
we saw military squad and they start shoot in every  
where, and my son got shot in thier fire wich  
is he had died abou that and also my  
daughter she got shot too her name is  
(b)(6) years old and she healed  
in hosp. and now she is on life and also  
the damages on my ~~house~~ car.



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

my son has been killed and  
my daughter injured. (b)(6)

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- his son has been killed	\$ 4,000
2-	
3- his daughter injured	\$ 2,000
4-	
5- damages in car and the window and	\$1,000
6- tires	

Total: \$ 7,000

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)

\$ 7,000 local 10,15,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 3 day of \_\_\_\_\_, 200\_\_.

(b)(6)

CENTCOM 006192



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



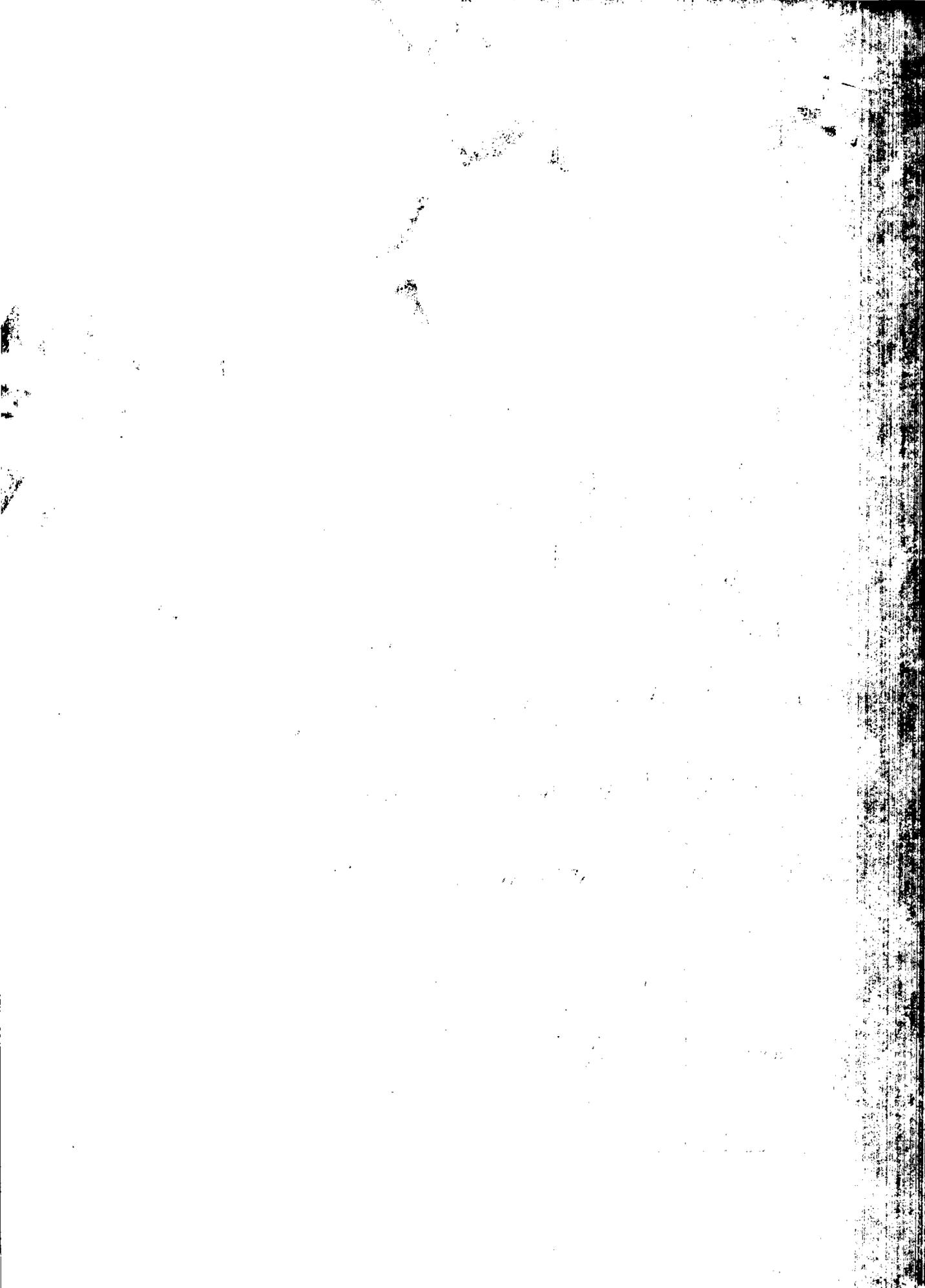
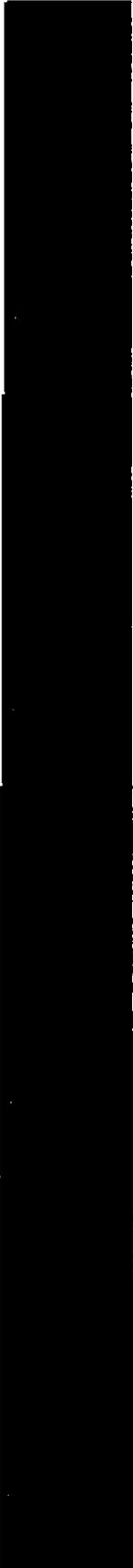
**"THE CLAIM'S CONTAINS"**

The Claimant name:-..... (b)(6)

- # Copy of Personal I.D. of the claimant + personal I.P. for the victim + personal I.P. for the daughter + ration
- # investigation paper from the claimant and also from the hospital. They show the multi-national forces killed his son and injured his daughter and the statement of witnesses they proved the accident from multinational forces.
- # Medical Report from the Al-Radhwanya
- # Medical Report for the injured
- # death certification for the victim



General Information Center/Al-Radhwanya  
Date:-..... (b)(6) .....



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Foreign Language



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(b)(6), Foreign Language

CENTCOM 006198

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Foreign Language Text, (b)(6)



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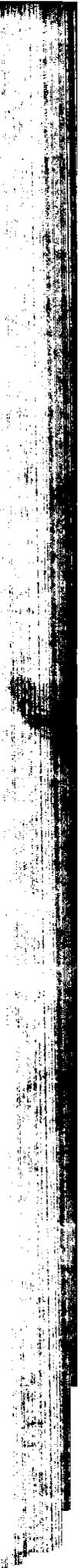
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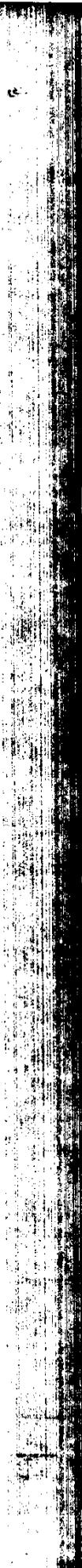
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CENTCOM 006218

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CENTCOM 006220

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reasons: - - - - -

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)