



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

REPLY TO  
ATTENTION OF:

August 4, 2005

Claims Office

SUBJECT: Claim # 728-K

[REDACTED]  
Hurriya

Sec [REDACTED]

Dear [REDACTED]

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  
[REDACTED]

MAJ, U.S. Army  
Foreign Claims Commission

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## Claims Form

To: United States Army Foreign Claims Commission

From: Name: Mrs [REDACTED]

Address: Hurriya — Section No [REDACTED]

ST. NO. [REDACTED] House No. [REDACTED]

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: AS above
- 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:

Shulla  
(Town)

Baghdad Iraq  
(City)

My claim arose on:

May  
Month

23  
Day

05  
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 Monday at 6 O'clock PM, my husband, [REDACTED] left the house driving his brothers car to have refueled in Shulla Area, at 8 O'clock of the same night he was exposed to an accident by a tank coming the wrong direction on the highway, he died instantly. We were worried all night as he didn't come home, the day after we got to know about the accident by a friend of his brother who got to know about the tragic accident by Shulla Police Station. The deceased has 2 young children and his little daughter is paralyzed by birth, now I have nobody to help me to bring up his two children.

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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

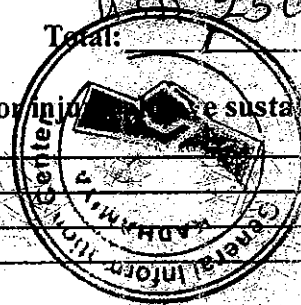
The minimum rate for death is \$ 2500

Tot a

Total:

2500

I was insured to the following extent against the damage or injury 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 12 day of July 2005.

(Print Name)

(Signature)

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