



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
OFFICE OF THE COMMAND JUDGE ADVOCATE  
116<sup>th</sup> BRIGADE COMBAT TEAM, 42<sup>nd</sup> INFANTRY DIVISION  
KIRKUK, IRAQ, APO AE 09368

25 February 2005

Foreign Claims Commission

[REDACTED] FY05-I9B-855

Hawija, Iraq

Mrs. [REDACTED],

I have considered your claim (enclosed) under the Foreign Claims Act, Title 10 United States Code Section 2734 as implemented by Army Regulation 27-20, Chapter 10.

Your claim is denied. The Foreign Claims Act does not authorize payment of claims related to combat activities, nor of claims where US negligence cannot be established. Your claim states that your husband, [REDACTED] was killed in a firefight between Coalition Forces and Anti-Coalition Forces. The U.S. cannot pay your claim because because your husbands' death was incident to combat. I am sorry for your loss, and I wish you well in a Free Iraq.

Army Regulation 27-20 provides you the right to appeal this action. Deliver your appeal and any additional evidence to the Civil-Military Information Center in the Government Building within thirty days of receipt of this notice.

Sincerely,

[REDACTED]

CPT, U.S. Army  
Foreign Claims Commissioner

000245

**CLAIM FOR DAMAGE OR  
INJURY DEATH**

**INSTRUCTION:** Please read carefully the instruction on the reverse side and supply 7 information requested on both sides of this form. Use additional sheets (s)

person  
in approve  
MBC

AMER	SITE OF THE ACCIDENT		2. Name of claimants & Address:	
	Haweja near the COMMUNICATION CENTER OF Haweja		Haweja - Kirkuk	
3. Gender FEMALE	4. DATE OF BIRTH 1970	5. MARITAL STATUS MARRIED	6. DATE & DAY OF ACCIDENT 07-04-2004	7. TIME 02:30 PM

**The claim**

According to witness's statements the victim was killed during the clash between the C.F. and the anti-C.F. in the market of Haweja, the victim was killed in one bullet in his forehead.

**The victims' name** [REDACTED]

His work was a wager

The claimant is his wife.

**PROPERTY DAMAGE**

**INJURY**

Wrongfully killing

**WITNESSES**

NAME

ADDRESS

Investigator officer in Haweja police station

Amount of claim (IN Dollars)

12a PROPERTY	12b PERSONAL INJURY	12c WRONGFUL DEATH	12d
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I CERTIFY THAT AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURY CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT

13b. Phone number of signatory

14c. Date of cl>

2/13/2005

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