



REPLY TO
ATTENTION OF

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

1 August 2005

Foreign Claims Commission

[REDACTED] i FY05-I9B-1073 T385
Hawija, Iraq

Mr. [REDACTED]

I have considered your claim 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 brother was killed by Coalition Forces at a checkpoint when his brakes failed so he couldn't stop. The U.S. cannot pay your claim because your brother's 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 Government Building FCC office within thirty (30) days of receipt of this notice.

Sincerely,

[REDACTED]

CPT, U.S. Army
Foreign Claims Commissioner

001056

**CLAIM FOR DAMAGE OR
INJURY DEATH**

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

person from
in approve
MBC

AMER	SITE OF THE ACCIDENT		2. Name of claimants & Address: <i>103</i> <i>Check point set by CF. on the round round Hawya Hawya - Kirkuk</i>		
3. Gender	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE & DAY OF ACCIDENT	7. TIME	
Male	1950	Married	25-05-05	12.0 PM	

The claim

- claimants brother () was killed by the CF. on a check point settled round Hawya. the details of the event as he said and others who were at the checkpoint, that the victim was killed because he lost brakes and couldn't stop and as a precaution they ~~fire~~ shot him to death

PROPERTY DAMAGES

INJURY

Wrongfully killing

WITNESSES

NAME

ADDRESS

Chief of Hawya 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

001057

13a. SIGNATURE OF CLAIMANT

13b. Phone number of signatory

14c. Date of claim

17-05-05

**CIVIL PENALTY FOR PRESENTING FRAUDULENT
CLAIM**

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**