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 son, [redacted], was killed in a firefight between Coalition Forces and Anti-Coalition Forces. The U.S. cannot pay your claim because your son’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 Civil-Military Information Center in the Government Building within thirty days of receipt of this notice.

Sincerely,

CPT, U.S. Army
Foreign Claims Commissioner
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 if necessary.

<table>
<thead>
<tr>
<th>SITE OF THE ACCIDENT</th>
<th>NAME OF CLAIMANTS &amp; ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAWEJA</td>
<td>849</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Gender</th>
<th>4. DATE OF BIRTH</th>
<th>5. MARITAL STATUS</th>
<th>6. DATE &amp; DAY OF ACCIDENT</th>
<th>7. TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>1949</td>
<td>MARRIED</td>
<td>11-11-04</td>
<td>2.30 P.M.</td>
</tr>
</tbody>
</table>

The claim
According to the witness's statement, the victim was with his brothers at the door of their house, there was a firefight between the C.F. and anti-C.F., a stray bullet from the C.F. according to the statement of the chief of administration in HAWEJA injuring the victim in the spinal cord of his back bone, and then later after (45) days he died in the hospital of HAWEJA.

Name of the victim is: [Name]
Date of birth: 01-01-1991
Prof. Student

PROPERTY DAMAGE
Wrongfully death

INJURY

WITNESSES

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
</tr>
</thead>
</table>

Amount of claim (IN Dollars)

12A PROPERTY 12b PERSONAL INJURY 12c WRONGFUL DEATH 12A

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 claim

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