



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

REPLY TO
ATTENTION OF

25 February 2005

Foreign Claims Commission

[REDACTED] Y05-I9B-849

Hawija, Iraq

Mr. [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 son, [REDACTED] was killed in a firefight between Coalition Forces and Anti-Coalition Forces. The U.S. cannot pay your claim because because your sons' 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

000241

**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 from approve MBC

AMER	SITE OF THE ACCIDENT HAWEJA	2-.Name of claimants &Address: [REDACTED] HAWEJA -KIRUK	849
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3.Gender MALE	4.DATE OF BIRTH 1949	5.MARITAL STATUS MARRIED	6.DATE & DAY OF ACCIDENT 11-11-04	7.TIME 2.30P.M.
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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([REDACTED])
Date of birth-01-01-1991
Prof. Student

PROPERTY DAMAGE

Wrongfully death

INJURY

WITNESSES

NAME	ADDRESS
[REDACTED]	[REDACTED]

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 [REDACTED]	13b.Phone number of signatory [REDACTED]	14c.Date of claim 2/8/2005	000242
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CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS