



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

REPLY TO  
ATTENTION OF

25 February 2005

Foreign Claims Commission

[REDACTED] FY05-I9B-854

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 your husband'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,

[REDACTED]  
CPT, U.S. Army  
Foreign Claims Commissioner

000243

**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	HWEJA KIRKUK	2- Name of claimants & Address: [REDACTED] 854		
3. Gender FEMALE	4. DATE OF BIRTH 19747	5. MARITAL STATUS MARRIED	6. DATE & DAY OF ACCIDENT 10-07-2004	7. TIME 11.45 P.M.

The claim  
According to the witnesses statement while the victim was on his duty guarding the department of agriculture of HAWEJA a convoy of C.F. passed a way in front of him then and they started shooting randomly responding to the shooting they exposed killing the victim in his place with three bullets in his thighs causing a hard bleeding which made him died.

**NOTE:**  
The victim was a sentry and his payment was (179000 I.D.) monthly according to the certificate from his department ,also he has four kids.

*Note: ① Victims name is [REDACTED]  
② The claimant is his wife.*

**PROPERTY DAMAGE**

**INJURY  
WRONGFULLY KILLING**

**WITNESSES**

NAME	ADDRESS
[REDACTED]	BOTH IN KIRKUK IN HAWEJA

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 [REDACTED]	13b. Phone number of signatory [REDACTED]	14c. Date of claim 2/13/2005	000244
--	--	---------------------------------	--------