25 February 2005

Foreign Claims Commission

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,

CPT, U.S. Army
Foreign Claims Commissioner
CLAIM FOR DAMAGE OR
INJURY DEATH

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

<table>
<thead>
<tr>
<th>Name of Claimants &amp; Address:</th>
<th>854</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AMER HWEJA KIRKUK</th>
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</table>

3. Gender: FEMALE

4. DATE OF BIRTH: 19747

5. MARITAL STATUS: MARRIED

6. DATE & DAY OF ACCIDENT: 10-07-2004

7. TIME: 11.45P.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: Victim name is [redacted]

2. The claimant is his wife.

PROPERTY DAMAGE

INJURY

WRONGFULLY KILLING

WITNESSES

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOTH IN KIRKUK IN HAWEJA</td>
<td></td>
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</table>

Amount of Claim (IN Dollars)

<table>
<thead>
<tr>
<th>12A PROPERTY</th>
<th>12b PERSONAL INJURY</th>
<th>12c WRONGFUL DEATH</th>
<th>12A</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>14c. Date of claim</th>
<th>14d. Date of claim</th>
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</thead>
<tbody>
<tr>
<td>2/13/2005</td>
<td>600244</td>
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