



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] FY05-I9B-855
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

000245

**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

1. CLAIMANT AMER	2. Name of claimants & Address: [REDACTED] Haweja - Kirkuk			
	SITE OF THE ACCIDENT Haweja near the Communication Center of Haweja			
3. Gender FEMALE	4. DATE OF BIRTH 1970	5. MARITAL STATUS MARRIED	6. DATE & DAY OF ACCIDENT 07-04-2004	7. TIME 02:30 PM

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The claim

According to witness's statements the victim was killed during the clash between the C.F. and the anti-C.F. in the market of HWEJA, the victim was killed in one bullet in his forehead.

The victims' name [REDACTED]

His work was a wager

The claimant is his wife .

PROPERTY DAMAGE

INJURY

Wrongfully killing

WITNESSES

NAME

ADDRESS

[REDACTED] Investigator officer in HAWEJA police station

Amount of claim (IN Dollars)

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

000246

13a. SIGNATURE OF CLAIMANT [REDACTED]	13b. Phone number of signatory [REDACTED]	14c. Date of claim 2/13/2005
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