Foreign Claims Commission

Hawija, Iraq

Mr.

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 three sons and were killed in a firefight between Coalition Forces and Anti-Coalition Forces. The U.S. cannot pay your claim because because your sons' deaths are 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 (s).

PERSONAL INSTRUCTIONS

1. Site of the accident
   IN HAWEJA ON THE ROAD WHICH LEADS TO HAWEJA HOSPITAL

2. Name of claimants & Address:
   AL-ABASI VILLAGE – HAWEJA KIRKUK

3. Gender
4. DATE OF BIRTH 1943
5. MARITAL STATUS Married
6. DATE & DAY OF ACCIDENT 11-07-2003
7. TIME 10 p.m.

The claim

According to the witnesses statement the four victims with other passengers were driving to the hospital of HAWEJA, and the coalition forces opened fire on them killing four individuals, after that the passengers who were driving with the victims realized that the coalition forces were ambushing there and they were suspecting those people were a terrorist.

The claimant is the father of the three victims which is their name is:

1. 
2. 
3. 

The victims were an adult people

PROPERTY DAMAGE

THE CAR WAS NEARLY DAMAGED

INJURY

THREE PERSONS IS WRONGFULLY KILLED

WITNESSES

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<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
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THE BOTH WITNESSESS WERE A PASSENGERS WITH VICTIMS

Amount of claim (IN Dollars)

<table>
<thead>
<tr>
<th>PROPERTY</th>
<th>PERSONAL INJURY</th>
<th>WRONGFUL DEATH</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>12A</td>
<td>12b</td>
<td>12c</td>
<td>12A</td>
</tr>
<tr>
<td>10000$</td>
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<td>10000$</td>
<td>20000$</td>
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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

13b. Phone number of signatory

14a. Date of claim: 1/18/2005

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS