



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-867

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 because your husbands' 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

000251

**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

YAHYA	SITE OF THE ACCIDENT hawija subrub-Kkirkuk	2-Name of claimants & Address: [REDACTED] hawija suburb	867
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3.Gender female	4.DATE OF BIRTH 1975	5.MARITAL STATUS MARRIED	6.DATE & DAY OF ACCIDENT 12-11-2004	7. TIME 11:30AM
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The claim  
*A fire fight held in hawija suburb between the C.Fs and the terrorist ,during the fight the victim was in his home ,a stray bullet shot the man and killed him at once.*

*Victims job: a police man  
Salary: 300,000 ID  
Family members :6 persons*

**PROPERTY DAMAGE**

**INJURY**

**WITNESSES**

NAME	ADDRESS
[REDACTED]	Human rights director
[REDACTED]	Hawija city concil member

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 **000252**

13a.SIGNATURE OF CLAIMANT [REDACTED]	13b.Phone number of signatory	14c.Date of claim 2/15/2005
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