



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

24 April 2005

Foreign Claims Commission

[REDACTED] FY05-19B-924

Hawija, Iraq

Mrs. [REDACTED]

I have considered your claim 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 was shot and killed by Coalition Forces in the Zab terminal. The U.S. cannot pay your claim due to the lack of evidence showing Coalition Forces were involved in this incident. 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 Government Building FCC office within thirty (30) days of receipt of this notice.

Sincerely,

[REDACTED]

CPT, U.S. Army  
Foreign Claims Commissioner

000260

**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 to approve MBC

1. NAME

2. SITE OF THE ACCIDENT

3. Name of claimants & Address:

Yahya

Hawija Suburb - Al Zaab terminal

Hawija Suburb

92y

4. Gender

5. DATE OF BIRTH

6. MARITAL STATUS

7. DATE & DAY OF ACCIDENT

8. TIME

female

1953

married

11-11-2004

at noon

The claim

Victims wife claims, that her husband has been killed by the C.F. wrongfully in (Zab) terminal in his head.

**PROPERTY DAMAGE**

**INJURY**

WRONGFUL DEATH

**WITNESSES**

NAME

ADDRESS

Both live in Hawija

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

13b. Phone number of signatory

14c. Date of claim

000261