



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

1 August 2005

Foreign Claims Commission

[REDACTED] FY05-I9B-1073 T385  
Hawija, Iraq

Mr. [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 brother was killed by Coalition Forces at a checkpoint when his brakes failed so he couldn't stop. The U.S. cannot pay your claim because your brother'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 Government Building FCC office within thirty (30) days of receipt of this notice.

Sincerely,

[REDACTED]

CPT, U.S. Army  
Foreign Claims Commissioner

001056

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 approve MBC

AMER

SITE OF THE ACCIDENT

2-Name of claimants & Address:

check point set by C.F. on the round round Hawya

Hawya - Kirkuk

1073

3.Gender

Male

4.DATE OF BIRTH

1950

5.MARITAL STATUS

Married

6.DATE & DAY OF ACCIDENT

25-05-05

7.TIME

12.0 PM

The claim

- claimants brother ( [redacted] ) was killed by the C.F. on a check point settled round Hawya. the details of the event, as he said and others who were at the checkpoint, that the victim was killed because no best brakes and couldn't stop and as a precaution they shot him to death

PROPERTY DAMAGES

INJURY

wrongfully killing

WITNESSES

NAME

ADDRESS

[redacted]

chief of Hawya police station.

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

001057

13a.SIGNATURE OF CLAIMANT

13b.Phone number of signatory

14c.Date of claim

17-05-05

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS