



REPLY TO  
ATTENTION OF

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

12 March 2005

Foreign Claims Commission

[REDACTED] FY05-I9B-873

Kirkuk, Iraq

Mr. [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 you were driving your vehicle near the Tikrit Circle and were hit by a Coalition Forces vehicle. The U.S. cannot pay your claim due to the lack of evidence showing U.S. negligence. I am sorry for your inconvenience, 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 SIGNATURE]

CPT, U.S. Army  
Foreign Claims Commissioner

000227

**FOR DAMAGE .OR  
RY 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  
in appro  
MBC

1. SITE OF THE ACCIDENT  
Kirkuk - Tikrit circle

2. Name of claimants & Address:

[REDACTED]  
[REDACTED]

*ASW*

3. Gender  
MALE

4. DATE OF BIRTH  
1962

5. MARITAL STATUS  
MARRIED

6. DATE & DAY OF ACCIDENT  
20-1-2005

7. TIME  
10:00 hrs

*The claim*

*According to the witness statement the claimant was driving his car in tikrit circle and there was a convoy of C.Fs in that zone one of the hummrs tilted suddenly toward another car in the street the claimant tried to stop the car but he couldn't because there was no enogh distance between them ,*

*He claims also that the American soldiers stopped and took pictures to the claimant and his car .they offered medical attention to his enjured wife and apologized for the uncovenance.*

*Notes. the claimant is a taxi driver daily wages (50.000 ID)*

usPROPERTY DAMAGE

INJURY

WITNESSES

NAME

ADDRESS

tesseen district - Kirkuk

*\$ 2,000*

*+ 35 p/day*

Amount of claim (IN Dollars)

12A PROPERTY  
*2900.00 ID*  
*50.000 daily*

12b PERSONAL INJURY

12c WRONGFUL DEATH

12A  
*29000 06 ID*  
*50.000 daily*

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

000228

13a. SIGNATURE OF CLAIMANT

13b. Phone number of signatory | 14c. Date of