



DEPARTMENT OF THE ARMY
OFFICE OF THE COMMAND JUDGE ADVOCATE
116th BRIGADE COMBAT TEAM, 42nd INFANTRY DIVISION
KIRKUK, IRAQ, APO AE 09368

REPLY TO
ATTENTION OF

24 April 2005

Foreign Claims Commission

[REDACTED] sa FY05-I9B-872
Hawija, Iraq

MAY 16 2005

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 son was shot and killed by Coalition Forces in the Hawija Market. The U.S. cannot pay your claim because there is no record that Coalition Forces were involved in a firefight on that date. 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

000229

**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 Free
in approve
MEC

1.AMER

**SITE OF THE ACCIDENT
AT THE MARKET OF HAWEJA KIRKUK**

2-Name of claimants &Address:

HAWEJA KIRKUK

872

**3.Gender
FEMALE**

**4.DATE OF BIRTH
1962**

**5.MARITAL STATUS
MARRIED**

**6.DATE & DAY OF ACCIDENT
13-02-2005**

**7.TIME
1.PM.**

The claim

According to witness's statements, while the victim was heading to the graveyard to visit his uncles' grave, a firefight happened between the C.F. and the anti-C.F., & stray bullets killed the victim in his head and chest. Although the victim was disabling he was deaf & dumb.

NOTE:

**THIS CASE IS RELATED TO CASE # (822), IT'S THE SAME INCIDENT
THE VICTIM WAS A WAGELERKER
THE VICTIMS' NAME () & 23 YEARS OLD.**

PROPERTY DAMAGE

WRONGFULLY KILLING IN THE HEAD&CHEST

INJURY

WITNESSES

NAME

ADDRESS

**THE BOTH WITNESS HAVE A SHOPS WHERE THE INCIDENT
HAPPENED**

Amount of claim (IN Dollars)

12A PROPERTY

12b PERSONAL INJURY

12c WRONGFUL DEATH

12A

000230

**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
2/20/2005**

CIVIL PENALTY FOR PRESENTING FRAUDULENT

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT