



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

10 February 2005

Foreign Claims Commission

[REDACTED] FY05-I9B-847

Hawija, 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 your son was killed by Coalition Forces under the same circumstances as [REDACTED] when Coalition Forces were bombing an area known to be occupied by terrorist. The U.S. cannot pay your claim because your sons' 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]
1LT, U.S. Army
Foreign Claims Commissioner

000239

**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

843

CLAIMANT

SITE OF THE ACCIDENT
HAWEJA

2- Name of claimants &Address:

[REDACTED]
HAWEJA KIRKUK

3.Gender
MALE

4.DATE OF BIRTH
1957

5.MARITAL STATUS
MARRIED

6.DATE & DAY OF ACCIDENT
30-Agu-03

7.TIME
5p.m..

The claim

Claims that his son [REDACTED] was killed by the coalition forces, his father has no witnesses, because he was killed with his friend [REDACTED] (case # 834).

PROPERTY DAMAGE

Wrongfully death

INJURY

WITNESSES

NAME

ADDRESS

Amount of claim (IN Dollars)

12A PROPERTY

12b PERSONAL INJURY

12c WRONGFUL DEATH

12A

000240

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
2/8/2005

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS