



REPLY TO
ATTENTION OF

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

25 February 2005

Foreign Claims Commission

[REDACTED] FY05-I9B-868

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 [REDACTED], was killed in a firefight between Coalition Forces and Anti-Coalition Forces. The U.S. cannot pay your claim because 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]
CPT, U.S. Army
Foreign Claims Commissioner

000253

**CLAIM FOR DAMAGE .OR
INJURY DEATH**

INSTRUCTION: Please read carefully the instruction on the reverse side and supply 7 information requested on both sides of this form .Use additional sheets (s)

person who
in approve
MBC

AMER

HAWEJA -KIRKUK

2-.Name of claimants & Address:

[REDACTED]

HAWEJA -KIRKUK

868

3.Gender
MALE

4.DATE OF BIRTH
1944

5.MARITAL STATUS
MARRIED

6.DATE & DAY OF ACCIDENT
02-04-2004

7.TIME
9.P.M.

The claim

According to the claimant's statement, his son went out to see his friend in order to see when they depart the next morning, because he was a student in MOUSEL university, but his father claims he didn't returned back and he started to look for him every where and didn't found him, then the next day morning the police station in HWEJA informed him his son was killed wrongfully last during a firefight between the C.F. And the anti-C.F.

Victims Name :- [REDACTED]

Proff. 1- student

Age. 28 year.

PROPERTY DAMAGE

INJURY

WRONGFULLY KILLING

WITNESSES

NAME

ADDRESS

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

000254

13a. SIGNATURE OF CLAIMANT

[REDACTED]

13b. Phone number of signatory

[REDACTED]

14c. Date of claim
2/13/2005