



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

15 September 2005

Foreign Claims Commission

[REDACTED]  
Kirkuk, Iraq

[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 husband was assassinated by terrorists. The U.S. cannot pay your claim because your husband's death was caused by terrorist not Coalition Forces. 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 SIGNATURE]  
CPT, U.S. Army  
Foreign Claims Commissioner

000732

**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**  
DOWN TOWN NEAR THE HUSAMALDEEN  
MOSQUE IN KIRKUK

**2-Name of claimants &Address**

[REDACTED]  
S [REDACTED] K

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**GENDER**  
Female

**4.DATE OF BIRTH**  
1965

**5.MARITAL STATUS.**  
Married

**6.DATE & DAY OF ACCIDENT**  
3-06-2005

**TIME:**  
1.45 AM

**The claim**

This is the case of [REDACTED], who has been assassinated by the terrorist while he was out heading home after the praying in Husamaldeen mosque .

It is similar to the case of [REDACTED] who also killed by terrorist and compensated from our office.

The claimant is the victims wife

**Property damage**

Assassination an Iraqi colonel

**INJURY**

**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

13a.SIGNATURE OF CLAIMANT

13b.Phone number of signatory

14c.Date of claim  
8/28/2005

**CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM**

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**

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