



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE, 3RD INFANTRY DIVISION (FORWARD)
TASK FORCE BAND OF BROTHERS, OPERATION IRAQI FREEDOM
FORWARD OPERATING BASE SPEICHER
APO AE 09393

AFZP-VA-JA

21 November 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 05-IA3-1565)

1. On 26 June 2005, [REDACTED]'s husband was shot and killed when a CF convoy fired shots into his vehicle.
2. I certify that funds are available from the CERP to pay [REDACTED] in the amount of \$2,500.00. This is a condolence payment.

[REDACTED]
CPT, EN
Project Purchasing Officer

3. The request to pay [REDACTED] in the amount of \$2,500.00 from CERP is approved. The claimant will receive a payment. There is no legal objection to this payment. I order payment of this money.

[REDACTED]
CPT, JA
Trial Counsel

000820



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

6 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 05-IA3-1565

1. **Identifying Data:** [REDACTED], Tikrit, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 26 June 2005, in Al Dujeel, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000 on 3 August 2005.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was filed in a timely manner.
5. **Facts:** Claimant alleges that her husband was killed, when U.S. Forces shot at him from a convoy. The claimant's husband was driving his brother's vehicle as a taxi from Tikrit to Baghdad. He had a fare in the vehicle. The claimant's husband came up behind a slow moving U.S. Forces convoy. He attempted to pass the convoy on the other side of the highway. When he came back to the southbound lane to cut back in front of the convoy, they opened fire on his vehicle. The claimant's husband was killed and the vehicle damaged. The convoy stopped and took the decedent to the Al Dujeel police station. The claimant provided a corroborating witness statement, photographs, medical records, a death certificate, an autopsy protocol and a scene sketch. This incident was verified through a check of Division records.
6. **Opinion:** There is sufficient evidence to indicate that U.S. Forces killed the claimant's husband. Unfortunately, those forces were involved in security operations at the time. Therefore, this case falls within the combat exception.
7. **Recommendation:** The claim is denied.



CPT, JA
Chief, Claims

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED] (Wife)

POA/ATT:

Power of Attorney provided and interpreter approved:

Decedents:

Hometown: Tikrit

Irqi Resident:

My claim arose at:

(Town)

(City)

(Country)

My claim arose on:

Month

Day

Year

Proof of Ownership:

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Same Name, died from 26 JUNE 2005

Interpreter Approved:

Legal Expert Opinion:

Interpreter Approved:

Witness Statement (Consistent?):

W, (passenger) said

Interpreter Approved:

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

As husband drives brother's car as
a taxi taking fare from Tikrit to Bagdad
in Al Dujail slow moving US Convoy
in Feb 2003 passed on opposite
side of road, when came
back US forces fired on vehicle
shooting as husband in head.

Evidence: Photos, med, death cert, sketch
police assessment, autopsy report

Police assess - shot in head, blood on
from road, shot in back of head

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List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item

Amount

Wages for Death

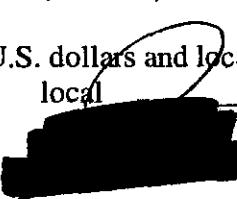
Total: \$5000

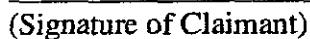
I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name) _____ (Address) _____

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 5000 local 

 (Signature of Claimant)

Subscribed before me this 3 day of Aug, 2005

 (Print Name) 

 (Signature)

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