



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3<sup>rd</sup> BRIGADE COMBAT TEAM  
OPERATION IRAQI FREEDOM, COB SPEICHER  
TIKRIT, IRAQ APO AE 09393

AFZP-VA-HQ

13 June 2006

**CP3AAS61490618-2**  
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to YASSA TAHA FARIS (Claim Number 06-IR8-583)

1. On 11 October 2005, [REDACTED]'s son, [REDACTED], was shot and killed by Coalition Forces in an EOF in Yethrib.
2. I certify that CERP funds are available to pay [REDACTED] in the amount of \$2,500.00. This is a condolence payment.
3. The request to pay [REDACTED] in the amount of \$2,500.00 from CERP has been legally reviewed. There is no legal objection to this payment and it is accordingly approved.

[REDACTED]  
CPT, EN  
Project Purchasing Officer

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DEPARTMENT OF THE ARMY  
HEADQUARTERS, 101<sup>st</sup> AIRBORNE DIVISION (AIR ASSAULT)  
TASK FORCE BAND OF BROTHERS  
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

13 May 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of YASSA TAHIA [REDACTED] 6-IR8-699 583

1. **Identifying Data:** [REDACTED]
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 11 October 2005, in Yethrib, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$3,500 on 4 March 2006.
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:** The Claimant alleges that her ~~father~~<sup>SPN</sup> was driving home when a CF convoy came from behind and shot him. A SIGACTS investigation revealed an incident that coincides with the facts stated by the Claimant. The SIGACT stated that the Claimant's father did not yield to a CF convoy after being warned with proper EOF procedures. After a warning shot was fired he slowed down. Fearing the vehicle was blocking the patrol into a complex IED attack, the patrol leader fired one shot into the cab of the vehicle.
6. **Opinion:** Under AR 27-20, paragraph 10-3, Claims arising "directly or indirectly" from combat activities of the U.S. Armed Forces are not payable. AR 27-20 defines combat activities as, "Activities resulting directly or indirectly from action by the enemy, or by the U.S. Armed Forces engaged in armed conflict, or in immediate preparation for impending armed conflict. Facts and evidence as alleged show that the damage was caused during a combat operation. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

[REDACTED]  
CPT, JA  
FCC

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## TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved:

Decedents: [REDACTED]

Hometown:

Iraqi Resident:

My claim arose at:

Balad (Town)

Gathrib (City)

High way (Country)

My claim arose on:

Oct

11

05

Month

Day

Year

Proof of Ownership:

VIN Match:

Interpreter Approved: *WA*

Death Certificates (Name, Cause of Death; Age, and Time of Death Consistent with Claimant allegations): *bullets all over body*

Interpreter Approved: *match photo Death C. and witness*

Medical Report/Legal Expert Opinion: *bullets all over the body*

Interpreter Approved: *match*

Witness Statement (Consistent?): *W2, Police officer*

Interpreter Approved: *say same story*

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.)

*Claimant alleges that the Decedent was driving home when C.I. convoy came from behind, he tried to pull over the road, but after he went over the road, one of the C.I. cars start shooting @ him. C.I. Soldiers took him to Anakond base hospital, and he die, up there*

*white pick up Toyota  
1980*

*830 AM*

Evidence: *witness, POA, Death C.*

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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

~~\$3500 Dead person~~

Total \$35.00

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

\$ 3500

local

(Signature of Claimant)

Subscribed before me this 4 day of ~~Apr~~ Apr , 200 6

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(Print Name)

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(Signature)

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