



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-HQ

21 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]

(Claim Number 06-IR8-076)

1. On 24 Jan 2005, [REDACTED] s husband was shot and killed by U.S. Forces.
2. I certify that funds are available from the CERP to pay [REDACTED] in the amount of \$2500.00. This is a condolence payment.
3. The request to pay [REDACTED] in the amount of \$2500.00 from CERP has been legally reviewed. There is no legal objection to this payment and it is accordingly approved.

[REDACTED]
[REDACTED]
CPT, EN
Project Purchasing Officer

001371

Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

POA/ATT: N/A

Power of Attorney provided and interpreter approved: _____

Decedents: [REDACTED]

Hometown: Sinawa

Iraqi Resident: _____

My claim arose at: Sinawa

(Town)

(City)

(Country)

My claim arose on: 24 JAN 05

Month

Day

Year

Proof of Ownership: N/A

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): COD - fragmentation all over body

Interpreter Approved: _____

N/A

Legal Expert Opinion: _____

Interpreter Approved: _____

ICW - heavy bullets ↔ AIF & CF, found deceased

Witness Statement (Consistent?): near the convoy. Heard

Interpreter Approved: _____

24 - same story - bystander - saw

stop

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.)

Occurred next to hospital →

During combat CF ↔ AIF C's husband killed.

Husband killed in crossfire - died two days later

in hospital

10 a.m. →

Convoy shot at husband before the gun battle
occurred.

Evidence: _____

Claimant statement.

C seems cred.

001372

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
wrongful death	2,500
Total:	<u>\$2,500</u>

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)
\$ 2,500 local _____


(Signature of Claimant)

Subscribed before me this 7 day of JAN, 2006.



001373