



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

AFZP-VA-HQ

8 May 2006

CP3AAS60940401-13
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 06-IR8-595)

1. On 20 February 2006, [REDACTED]'s brother, [REDACTED]
[REDACTED], was shot by Coalition Forces as he was picking fruit from a tree on his farm.
2. I certify that CERP funds are available to pay [REDACTED] in the amount of
\$1,800.00. This is a condolence payment.
3. The request to pay [REDACTED] in the amount of \$1,800.00 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

001563



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

AFZB-JA-C

7 May 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 6-IR8-595

1. **Identifying Data:** [REDACTED] Ad Duluyiah, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 20 February 2006, in Ad Duluyiah, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 2 May 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 his brother was shot by Coalition Forces as he was picking fruit from a tree. A SIGACTS investigation could not confirm any activity similar to the Claimant's description of events. Claimant provided pictures of the deceased, a death certificate, and two witness statements to substantiate the claim.
6. **Opinion:** Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful. There is not enough evidence to prove the claim. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
FCC

001564

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: [REDACTED]

Decedents: [REDACTED]

Hometown: [REDACTED]

Iraqi Resident: [REDACTED]

My claim arose at: Adlyear

(Town)

(City)

(Country)

My claim arose on: Feb

20

06

5pm

Month

Day

Year

Proof of Ownership:

VIN Match: VA

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): [REDACTED], bullet to head &

Stomach: DOB: 1 July 1972

Interpreter Approved: read Death

Medical Report/Legal Expert Opinion: Cause of Death is bullet in chest and head

Interpreter Approved: w1 brother w2 Laban

Witness Statement (Consistent?): NEED WITNESS STATEMENT

Interpreter Approved: saying 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 his brother was working on farm picking food from tree. CF convoy drove through and shot his brother.

During a combat situation
No distinguishing marks on vehicle

Evidence: Death Cert. photos, witness, medical Report

001565

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

62500
wrong full Death

Total: \$ 2500

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

\$ 2500 local _____

[REDACTED]
(Signature of Claimant)

Subscribed before me this 10 day of April, 2000.

[REDACTED]
(Print Name)

[REDACTED]
(Signature)

001566