



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

CP3AAS60940401-11
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 06-IR8-532)

1. On 11 February 2006, [REDACTED]s brother, [REDACTED] was shot and killed by Coalition Forces while riding in a car in Samarra.
2. I certify that CERP funds are available to pay [REDACTED] in the amount of \$500.00. This is a condolence payment.
3. The request to pay [REDACTED] in the amount of \$500.00 from CERP has been legally reviewed. There is no legal objection to this payment and it is accordingly approved.

[REDACTED]
[REDACTED]
[REDACTED]

CPT, EN
Project Purchasing Officer

001663



U-IR8-532
16 Apr 06

DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

MEMORANDUM FOR Record

SUBJECT: Claimant Denial

1. This is in response to your claim against the United States Government. Your claim has been reviewed under the Foreign Claims Act, 10 U.S.C. 2734, as implemented by Army Regulation 27-20, Chapter 10. I regret to inform you that your claim has been denied.
2. Your claim has been denied for the following reasons:
 - a. There is not enough evidence to prove your claim.
 - b. The evidence shows that United States Forces did not cause the damage.
 - c. The evidence shows that the damage was caused during combat.
 - d. The evidence shows that the damage was caused by your own negligence or wrongdoing.
 - e. The evidence shows that your claim was fraudulent.
 - f. Other: _____
3. If this is the first time your claim has been viewed by this office, you may submit an appeal. This office must receive the appeal no later than 30 days after receipt of this message. The appeal must also contain additional evidence supporting your claim. If the appeal is sent after 30 days have passed, or does not provide additional evidence, then the appeal will be denied.
4. POC is the 101st Airborne Division (Air Assault) Claims Office at DSN 318-845-1022.

[REDACTED]
CPT, JA
Chief of Claims

~1664



DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

5 April 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 06-IR8-532

1. **Identifying Data:** [REDACTED]
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 11 February 2006 in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 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 properly filed in a timely manner.
5. **Facts:** The Claimant alleges that CF killed his brother on "corporation road," 17 km south of Samarra. A CF convoy allegedly shot at the car while the patrol was stopped along a road in a overwatch position. A SIGACTS Investigation revealed no activity meeting claimant's description of events.
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 insufficient credible evidence to prove this claim. There is no record of this in unit records.
7. **Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
Claims Judge Advocate

001665

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

POA/ATT: 10/11

Power of Attorney provided and interpreter approved:

Decedents: [REDACTED]

Hometown: Samarra Iraqi Resident: _____

My claim arose at:

(Town)

11 Feb

(City)

2006

(Country)

My claim arose on:

Month

Day

Year

Proof of Ownership:

VIN Match:

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): COD - Fragment dates matter

Interpreter Approved:

Medical Report/Legal Expert Opinion:

Interpreter Approved:

Witness Statement (Consistent?)

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.)

C's brother killed by CF patrol
Corporation Road " Samarra 13 Km, found
Baigdad

CF patrol shot at the car, CF patrol
was in overwatch position, 100 m.

Claims never saw CF. CF took to hospital.

Evidence: city council statement,

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 2500

Total: \$ 2,500

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

\$ 2,500 local _____



(Signature of Claimant)

Subscribed before me this 2 day of April, 2006.

(Print Name) 


Signature

001667