

756

CENTCOM 005854



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

AFZP-VA-HQ

10 June 2006

(b)(2)High

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to
(Claim Number 06-IR8-756)

(b)(6)

1. On 10 January 2006, (b)(6) father, (b)(6) was shot and killed in an EOF in Samarra. His family's car also caught fire and burnt completely. He filed a claim for the amount owed on the vehicle, \$2,000.
2. I certify that CERP funds are available to pay (b)(6) in the amount of \$2,000. This is a battle damage payment.
3. The request to pay (b)(6) in the amount of \$2,000 from CERP has been legally reviewed. There is no legal objection to this payment and it is accordingly approved.

(b)(3),(b)(6)

CFI, EN
Project Purchasing Officer

CENTCOM 005855

6-128-756

27 May 06

الموضوع / انكار قضية

ب- ان الشكوى التي قدمتها قد تم رفضها للأسباب التالية :

A. - لم توجد ادلة كافية لتثبت صحة القضية .

B. - الادلة تبين ان قوات التحالف لم تتسبب بالحادث .

C. - الادلة تبين ان الاضرار قد حصلت اثناء مصادمات .

D. - الادلة تبين ان الحادث قد حصل نتيجة اهمالك او الخطيء الذي تسببت فيه .

E. - الادلة بينت ان الشكوى التي قدمتها هي محاولة احتيال .

F. - اخرى -----

ج- اذا كان هذا هو الوقت الاول بان قضيتك ينظر بها في هذا المكتب ،تستطيع



ان تقدم استئناف وهذا المكتب يجب ان ياخذة خلال (30)

يوما من استلام هذه المذكر للاستئناف كذلك يجب ان يجلب المشتكي المزيد من

المستمسكات لاثبات صحة القضية . اذا ارسلت الاستئناف فيما بعد او لم تنظيف

مستمسكات اخرى سوف ترفض القضية للمرة الثانية .

لمزيد من المعلومات الاتصال بالنقيب روبرت ابوت بالرقم 1022-845-318

		COB Speicher CMOC	
Tikrit, Iraq			
Na	(b)(6)	الاسم	
Date	21 Jun 06 15 Jun 06	التاريخ	
Claim No.	6-128-756	رقم المعاملة	
Purpose	appeal 45 GWP	السبب	
Appointme	1 MOC	الموعد مع	
Signature..	(b)(6)	التوقيع	

CENTCOM 005856



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

AFZB-JA-C

25 May 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 6-IR8-756

1. **Identifying Data:** (b)(6) Samarra, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 10 January 2006 in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,000 on 20 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 he was riding in a car with his father when they came upon a checkpoint. He states that his father had bad vision, did not see the checkpoint, and CF started shooting. Claimant alleges that his father then panicked and ran from the vehicle and was shot and killed subsequently. The car caught fire from the shooting and burned. The Claimant *provided* photographs of the vehicle and a death certificate to substantiate the claim. A SIGACTS investigation revealed no activity similar to the Claimant's description of events
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 as alleged show that the damages were caused from an escalation of force, a combat activity. This claim is not compensable under the FCA.
7. **Recommendation:** The claim is denied.

(b)(3),(b)(6)

CPT, JA
FCC

CENTCOM 005857



AFZB-JA-C

MEMORANDUM FOR Record

SUBJECT: Claimant Denial

DEPARTMENT OF DEFENSE
OFFICE OF THE STAFF
HEADQUARTERS, 101ST AIRBORNE DIVISION
OPERATION IRAQI FREEDOM
TIKRIT, IRAQ

6-IRF-756
27 May 06

COB Speicher CMOC Tikrit, Iraq	
Name	(b)(6)
Date	27 May 06
Claim No.	6-IRF-756
Purpose	C/S
Appr	CMOC
Sign	(b)(6)

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:

- There is not enough evidence to prove your claim.
- The evidence shows that United States Forces did not cause the damage.
- ☒ The evidence shows that the damage was caused during combat.
- The evidence shows that the damage was caused by your own negligence or wrongdoing.
- The evidence shows that your claim was fraudulent.
- 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 (b)(2)High

(b)(3),(b)(6)

CPT, JA
Chief of Claims

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Page 6 redacted for the following reason:

Foreign Language, (b)(6)



TF Band of Brothers Claims Intake Form



To: United States Army Foreign Claims Commission

From: Name: _____ (b)(6)

POA/ATT: _____

☐ Power of Attorney provided and interpreter approved: _____

Decedents: _____ (b)(6)

Hometown: _____ ☐ Iraqi Resident: _____

My claim arose at: Samarra
(Town) (City) (Country)

My claim arose on: Jan 10 2006
Month Day Year

Proof of Ownership: All burned with vehicle (in glove compartment)

☐ VIN Match: NA

Interpreter Approved: NA

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Bleeding from Bullets to Body Samarra hospital

☒ Interpreter Approved: Y25

Medical Report/Legal Expert Opinion: NA

☐ 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.)

WD/ Vehicle Damage

Claimant alleges that his father was driving to the store in the village when he came upon a CF checkpoint. He alleges that due to his vision he failed to see them. His passenger (whose vision was fine) did not tell him there was a check point. As he approached the CF on legals, began shooting he panicked & jumped from the vehicle, as he ran from the vehicle the vehicle became engulfed in flames. CF shot and killed him. He is claiming for car & father.

Passenger contacted a friend in the village to go with him to get body at CF's request. Dark outside (1730 hrs/winter)

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- Has no IP report -- said that they ~~could~~ not do anything for his family

Evidence: Photos/

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.)

<u>Item</u>	<u>Amount</u>
<u>Wrongful Death -</u>	
<u>Totaled Vehicle -</u>	<u>Is claiming the amount owed on the vehicle</u>
	<u>\$2000</u>
	Total: <u>\$2000</u>

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

\$ 2000

(b)(6)

(Signature of Claimant)

Subscribed before me this 20 day of May, 2006

(Print N

(b)(3),(b)(6)

(Signature)

CENTCOM 005861



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: Waiver of Notification

1. I, the Claimant, hereby agree that if I fail to provide any requested evidence to the CMOC Claims Office within sixty (60) days of the date below or to request a written extension of the sixty (60) day period, such inaction shall constitute an affirmative act of abandonment of my claim, and my claim shall be administratively closed in accordance with the provisions of DA PAM 27-162, paragraph 13-3(f).

2. I further agree that if I wait longer than sixty (60) days from the date below to return to the CMOC to receive notification of the final disposition of my claim or to request a written extension of the sixty (60) days period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance above.

1. أنا المشتكي هنا أوافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة ستون (60) يوما , هذا سوف يسبب عدم تكوين تأكيد لقضيتي , وبسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,اب,ايم 162-27, من الفقرة 13-3(ف)).

2. وانا كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة و هم (60) ستون يوما هذا سوف يتسبب برفض قضيتي . و القضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Sign

Sworn before

(b)(6)(b)(3)

0 day of May 2006.

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Pages 10 through 13 redacted for the following reasons:

Foreign Language

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Foreign Language, (b)(6)



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Foreign Language

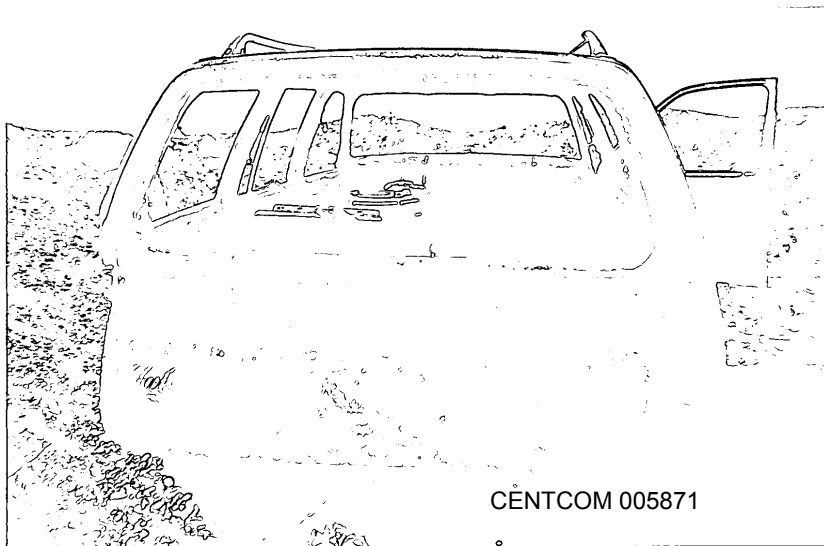
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(b)(6)

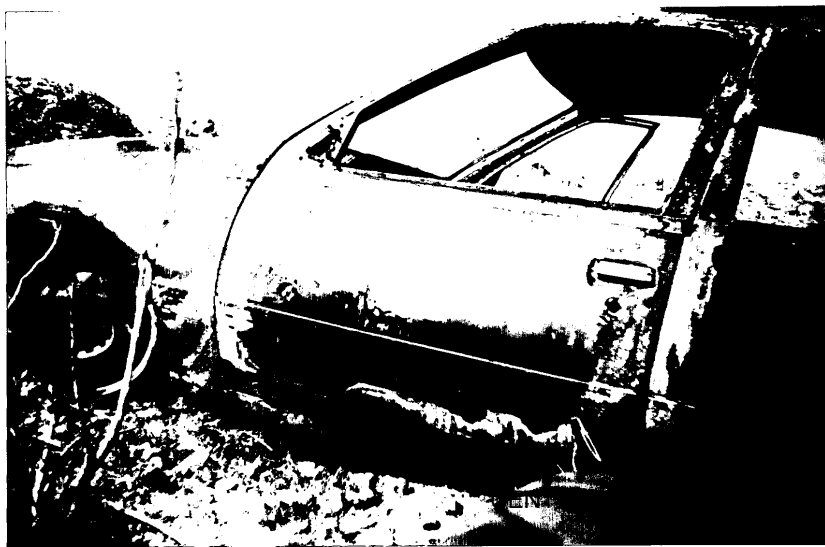
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