



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

AFZP-VA-HQ

1 April 2006

CP3AAS60620203-15
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 06-IR8-418)

1. On 2 October 2004, [REDACTED]'s husband, [REDACTED], was killed by U.S. Forces as he was going to Mosul to buy supplies for their shop.
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

000531



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

22 March 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IR8-418

- 1. Identifying Data:** [REDACTED] by Attorney [REDACTED]
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 24 August 2005 in Tikrit, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$3,000 on 18 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 a CF patrol fired on her husband, [REDACTED] and killed him. The deceased was allegedly stopped at an IP checkpoint when a CF patrol came from behind. The decedant allegedly tried to pull over to the side of the road, but was shot by a CF Humvee which was situated across the street. A SIGACTS investigation revealed no incidents similar to claimant's description of events.
- 6. Opinion:** There is insufficient credible evidence to prove this claim. However, even if the incident were documented in division records, the claim would likely be precluded by the combat exclusion. "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."
- 7. Recommendation:** The claim is denied.

[REDACTED]
[REDACTED]
[REDACTED]
CPT, JA
Claims Judge Advocate

000532

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: _____

POA/ATT: _____

Power of Attorney provided and interpreter approved: _____ Original seen

Decedents: _____

Hometown: _____ Iraqi Resident: _____

My claim arose at: _____ Tikrit Iraq
(Town) (City) (Country)

My claim arose on: Aug 24 2005
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): _____, bullet to the head
Born in 1937

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: _____

Interpreter Approved: _____

Witness Statement (Consistent?) (w2) Father in Law
Dead Person's Son

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.)

Attorney comes to file claim on behalf of wife of decedent;
Claimant Alleges he was travelling from Mosul to Baghdad & when he was stopped at Tikrit IP Check point and a convoy was passing by in the ^{opposite} direction. He tried to pull over but the convoy perceived it as hostile intent and shot the passenger and got out of the way. A Humvee sitting across the street shot and killed the decedent who was the passenger in the vehicle the driver was not injured.

Evidence: Death Certificate, witness x 2, Diagram

000533

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

Total: \$ 3,000

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

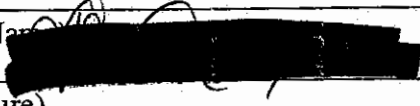
\$ 3,000

local _____


(Signature of Claimant)

Subscribed before me this _____ day of _____, 200__.

(Print Name)


(Signature)

000534