



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-JA

19 December 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 05-IA3-1607)

1. On 16 July 2005, [REDACTED]'s son was shot and killed by U.S. forces during an attack on AIF.
2. I certify that funds are available from the CERP to pay [REDACTED] in the amount of \$2500.00. This is a condolence payment.

[REDACTED]
OPT, EN
Project Purchasing Officer

3. The request to pay [REDACTED] in the amount of \$2500.00 from CERP is approved. The claimant will receive a payment. There is no legal objection to this payment. I order payment of this money.

[REDACTED]
CPT, JA
Trial Counsel

000808



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

27 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 05-IA3-1607

1. **Identifying Data:** [REDACTED] Samarra, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 16 July 2005, in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000 on 14 August 2005.
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:** Claimant alleges that his son was wrongfully killed by U.S. Forces. The claimant's son rented a taxi to Al Door. As he was passing by the medicine factory in Samarra, U.S. Forces in the area were attacked by AIF forces. The U.S. Forces fired rounds in response. Some of their rounds struck the decedent's taxi and went through the rear passenger door and struck the decedent. The decedent was taken to the hospital, where he died the next day. The claimant provided corroborating witness statements, photographs and a police report. There is no report of this incident in Division records.
6. **Opinion:** There is some evidence to indicate that U.S. Forces killed the claimant's son. Unfortunately, those forces were responding to an attack at the time. Therefore, this case falls within the combat exception.
7. **Recommendation:** The claim is denied.

[REDACTED]
[REDACTED]
CPT, JA
Chief, Claims

000809

Claims Form

To: United States Army Foreign Claims Commission

From: Name: [Redacted]

POA/ATT: [Redacted]

Decedents: [Redacted]

(Father) (Daughter) (76) (SON)

Hometown: Samarra

Iraqi Resident

POWER OF ATTORNEY

My claim arose at:

(Town)

(City)

(Country)

My claim arose on:

Month

Day

Year

July 16 05 1130

Proof of Ownership:

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death) Consistent with Claimant allegations): Same Name, 17 July 05, Shrapnel in Neck (VW Owner), 3 Dec 1979 -

Samarra HOSP

Interpreter Approved:

Legal Expert Opinion:

Interpreter Approved:

Witness Statement (Consistent?):

Interpreter Approved:

W (Taxi Driver) - Dec shot by US Forces. Did not see anything, there when body came back to house. W2 () -

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.)

Decedent rented Taxi to Al Jear. Driving near medicine factory in Samarra. Checkpoint US forces shot at by A.I.F. US forces start shooting in response. Decedent gets shot ~~dead~~ before reaching hospital. Dec in hosp for one day. Taxi takes dec to house - taxi damaged. Ambulance takes dec to hospital. Lots of blood in car. Some other car took him to hospital. He was in hospital one day and died. Wite injured

New VW Passat

Evidence

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

Total: \$ 5000

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)

\$

5000

local

(Signature of Claimant)

Subscribed before me this 14 day of Aug, 2005

(Print Name)

(Signature)

000811