



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

21 November 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 05-IA3-1565)

1. On 26 June 2005, [REDACTED]'s husband was shot and killed when a CF convoy fired shots into his vehicle.
2. I certify that funds are available from the CERP to pay [REDACTED] in the amount of \$2,500.00. This is a condolence payment.

[REDACTED]
CPT, EN
Project Purchasing Officer

3. The request to pay [REDACTED] in the amount of \$2,500.00 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

000820



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

DHFT-JA

6 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 05-IA3-1565

1. **Identifying Data:** [REDACTED], Tikrit, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 26 June 2005, in Al Dujeel, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,000 on 3 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 her husband was killed, when U.S. Forces shot at him from a convoy. The claimant's husband was driving his brother's vehicle as a taxi from Tikrit to Baghdad. He had a fare in the vehicle. The claimant's husband came up behind a slow moving U.S. Forces convoy. He attempted to pass the convoy on the other side of the highway. When he came back to the southbound land to cut back in front of the convoy, they opened fire on his vehicle. The claimant's husband was killed and the vehicle damaged. The convoy stopped and took the decedent to the Al Dujeel police station. The claimant provided a corroborating witness statement, photographs, medical records, a death certificate, an autopsy protocol and a scene sketch. This incident was verified through a check of Division records.
6. **Opinion:** There is sufficient evidence to indicate that U.S. Forces killed the claimant's husband. Unfortunately, those forces were involved in security operations at the time. Therefore, this case falls within the combat exception.
7. **Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
Chief, Claims

000821

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted] (Wife)

POA/ATT:

Power of Attorney provided and interpreter approved:

Decedents: [Redacted] (Husband)

Hometown: Tikrit Iraqi Resident:

My claim arose at: Al Najaf Iraq (Town) (City) (Country)

My claim arose on: June 26 05 1000 (Month) (Day) (Year)

Proof of Ownership:

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Same Name, blood from head, 26 JUNE 2005

Interpreter Approved:

Legal Expert Opinion:

Interpreter Approved:

Witness Statement (Consistent?): W, (Passenger) same

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 husband drives brother's car as a taxi. Rec taking fare from Tikrit to Baghdad. In Al Najaf, slow moving US convoy in front, passed and opposite side of road, when came back US forces fired on vehicle shooting C's husband in head.

Evidence: Photos, meds, death cert, sketch, police assess, autopsy, medical. Police assess - shot in head, bleeding from head, shot in back of head.

Tikrit Hosp

GOOD (Kim)

000822

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>
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)
\$ 500 local _____

[Redacted]

(Signature of Claimant)

Subscribed before me this 3 day of Aug, 2005

[Redacted]

(Print Name)

(Signature)