



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

DHFT-JA

29 August 2005

**MEMORANDUM OF OPINION**

**SUBJECT:** Claim of [REDACTED], 05-IA3-1709

- 1. Identifying Data:** [REDACTED], Balad, Iraq
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on 27 July 2005, in Balad, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$3,000 on 27 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 by U.S. Forces. The claimant's husband was a passenger in a taxi, that was stopped at a U.S. checkpoint. While stopped at the checkpoint, U.S. Forces allegedly started firing in all directions. One of the rounds struck the decedent in the head and killed him. The decedent died at the scene. The claimant provided a corroborating witness statement, a death certificate and a scene sketch. This incident is not listed in division records.
- 6. Opinion:** There is some 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]  
[REDACTED]  
[REDACTED]  
CPT, JA  
Chief, Claims

000943

**Claims Form**

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED] K (WIFE OF ~~14577~~ Decedent)

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved: \_\_\_\_\_

Decedents: [REDACTED]

Hometown: Balad  Iraqi Resident: Iraqi

My claim arose at: Eshakke Balad Iraq.  
(Town) (City) (Country)

My claim arose on: July 27 2005  
Month Day Year

Proof of Ownership: \_\_\_\_\_

Interpreter Approved: \_\_\_\_\_

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): [REDACTED] Died from bullet from CF weapon hit in head, VTD-27 Jul '05, Balad hospital

Interpreter Approved: \_\_\_\_\_

Legal Expert Opinion: Police report found Decedent dead in vehicle at scene

Interpreter Approved: \_\_\_\_\_

Witness Statement (Consistent?): TAXI DRIVER - CONSISTENT STORY -

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.)

Decedent was a passenger in a taxi - Convoy stopped & set up checkpoint & began firing on a crowd of vehicles approaching. Decedent shot in the head & died at scene

Evidence: \_\_\_\_\_

000944

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	\$3000

Total: \$3000

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)

\$ 3000 local \_\_\_\_\_

  
(Signature of Claimant)

Subscribed before me this 27<sup>th</sup> day of August, 2005.

SBT   
(Print Name)  
  
(Signature)

000945



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1<sup>ST</sup> BRIGADE, 3<sup>RD</sup> INFANTRY DIVISION (FORWARD)  
TASK FORCE BAND OF BROTHERS, OPERATION IRAQI FREEDOM  
FORWARD OPERATING BASE SPEICHER  
APO AE 09393

AFZP-VA-HQ

21 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]  
(Claim Number 05-IA3-1709)

1. On 27 July 2005, [REDACTED] s husband was shot and killed by U.S. Forces.
2. I certify that funds are available from the CERP to pay [REDACTED] in the amount of \$2500.00. This is a condolence payment.
3. The request to pay [REDACTED] in the amount of \$2500.00 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

000946