



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 101<sup>st</sup> AIRBORNE DIVISION (AIR ASSAULT)  
TASK FORCE BAND OF BROTHERS  
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

1 May 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 6-IR8-613

1. **Identifying Data:** [REDACTED], Tikrit, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 26 January 2006, in Tikrit, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,800 on 18 April 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:** Claimant alleges that a Coalition Forces convoy perpendicularly sideswiped the front of his vehicle. Claimant also alleges that his mother was killed as a result of the accident. Claimant provided photos of the vehicle, proof of ownership, statement and diagram, and a legal expert opinion. Additionally, a death certificate was provided for his mother, however, it does not state the cause of death. *states internal bleeding as cause. (Acc)*
6. **Opinion:** There is not enough evidence to prove your claim. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

[REDACTED]  
[REDACTED]  
[REDACTED] T  
CPT, JA  
FCC

001153



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

AFZP-VA-HQ

13 June 2006

CP3AAS61490618-3  
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]  
(Claim Number 06-IR8-613)

1. On 27 January 2006, [REDACTED] s mother, [REDACTED], was killed by Coalition Forces in Tikrit when a convoy crashed into his vehicle.
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

001154

# TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: [Redacted]

POA/ATT: \_\_\_\_\_

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

Decedents: [Redacted]

Born: 1956

Hometown: \_\_\_\_\_  Iraqi Resident: \_\_\_\_\_

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

My claim arose on: Jan 26 2006 1300  
Month Day Year

Proof of Ownership:

VIN Match: YES

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

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): [Redacted] TO: 28 Jan 06

Death Certificate does not state cause of death

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

Medical Report/Legal Expert Opinion: \_\_\_\_\_

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

(w) motorist that drove behind him and pulled over at gas station near Ramagen.

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.)

Claimant alleges he was travelling from Owja to Baghdad when a CF Convoy sideswiped his vehicle perpendicularly. He believes the convoy may have been coming from Ramagen. His mother was killed in the accident.

1993  
Nissan  
Dark  
Gray

Evidence: Photos, POB, Claimant Stmt, Diagram, Legal Expert Opinions.

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
\$2,800	
See Legal Expert Opinion	

Total: \_\_\_\_\_

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

\$ 2,800 local \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature of Claimant)

Subscribed before me this 10<sup>th</sup> day of April, 2006

(Print Name) \_\_\_\_\_

(Signature) \_\_\_\_\_, MSB