



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

AFZP-VA-HQ

11 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 06-IR8-155)

1. On 15 Nov 05, [REDACTED] s son was shot and killed by U.S. Forces.
2. I certify that CERP funds are available 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]
[REDACTED]
[REDACTED]
CPT, EN
Project Purchasing Officer

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6-1R8-155

11 Feb 06



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

MEMORANDUM FOR Record

SUBJECT: Claimant Denial

1. This is in response to your claim against the United States Government. Your claim has been reviewed under the Foreign Claims Act, 10 U.S.C. 2734, as implemented by Army Regulation 27-20, Chapter 10. I regret to inform you that your claim has been denied.

2. Your claim has been denied for the following reasons:

- a. There is not enough evidence to prove your claim.
- b. The evidence shows that United States Forces did not cause the damage.
- c. The evidence shows that the damage was caused during combat.
- d. The evidence shows that the damage was caused by your own negligence or wrongdoing.
- e. The evidence shows that your claim was fraudulent.
- f. Other: _____

3. If this is the first time your claim has been viewed by this office, you may submit an appeal. This office must receive the appeal no later than 30 days after receipt of this message. The appeal must also contain additional evidence supporting your claim. If the appeal is sent after 30 days have passed, or does not provide additional evidence, then the appeal will be denied.

4. POC is the 101st Airborne Division (Air Assault) Claims Office at DSN 318-845-1022.

[REDACTED]
CPT, JA
Chief of Claims

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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

30 January 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED] 06-IR8-155

1. Identifying Data: [REDACTED]

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 15 November, 2005 in Mukeshifa, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for \$2,500 on 28 Jan. 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 his son, [REDACTED] was killed by CF as he was entering a taxi cab. The incident occurred approximately 600 meters from a CF checkpoint. Correspondence with CPT [REDACTED], a commander who investigated the incident confirmed that the deceased was killed by CF as he was waiting inside a taxicab along MSR Tampa. The CF convoy who shot a warning shot because the car was parked alongside the road for too long. The bullet passed through the car and hit the claimant's son. The son bled to death before medical help arrived. The CF convoy did not render medical assistance and continued the convoy.

6. Opinion: 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." Here, CF were firing in self defense in response to what they thought was a possible AIF attack. As such, self defense constitutes combat activity and is non-compensable.

7. Recommendation: The claim is denied.

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

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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: _____

Decedents: _____

Hometown: Mukeshifa Iraqi Resident:

My claim arose at: Mukeshifa
(Town) (City) (Country)

My claim arose on: 15 Nov 05
Month Day Year

Proof of Ownership: NA

VIN Match: _____

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): COD - GSW

dates match

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: NA

Interpreter Approved: _____

Witness Statement (Consistent?): ① Taxi driver: deceased standing & waiting for taxi CF shot the deceased. Took D to hospital

Interpreter Approved: report.

② Friend - same story

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.)

CS son was killed. Deceased on his way to school. 5 km to school took taxi while waiting for taxi, CF checkpoint 600m away. While taxi stopped, the CP opened fire & killed then took him to hospital. CAR WAS PARKED. CF fired directly @ son.

Evidence: hospital report; original death. IP report

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See Diagram

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	\$2,500

Total: \$2,500

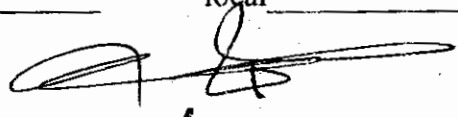
I was insured to the following extent against the damage or injuries I have sustained:

N/A

The name and address of my insurer (if any) is:

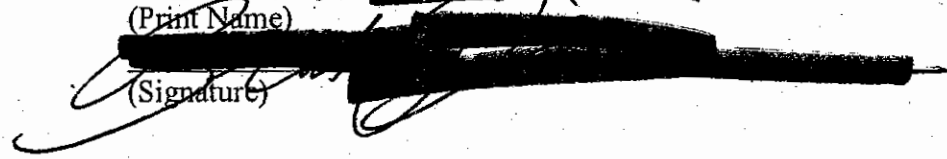
(Name) _____ (Address) _____

I claim as damages: (Indicate amount in U.S. dollars and local currency)
\$ 2,500 _____ local _____



(Signature of Claimant)

Subscribed before me this 28 day of Jan, 2006.

CPT _____
(Print Name)

(Signature)