



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

AFZP-VA-HQ

13 February 2006

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED] (Claim Number 06-IR8-191)

1. On 17 December 2005, [REDACTED]'s son was shot and killed and his vehicle was damaged when U.S. Forces fired on his vehicle.
2. I certify that CERP funds are available to pay [REDACTED] in the amount of \$2700.00. This payment consists of \$2500.00 as a condolence payment for the death and \$200.00 for battle damage to the vehicle.
3. The request to pay [REDACTED] in the amount of \$2700.00 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

001180

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved: originals seen.

Decedents: [REDACTED]

Hometown: _____ Iraqi Resident: _____

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

My claim arose on: 17 Dec 05
Month Day Year

Proof of Ownership: POO original seen

VIN Match: [REDACTED]

Interpreter Approved: C owns car

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Need
COD - bullets in chest; seen 2/1/05
date match

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: Need

Interpreter Approved: _____

Witness Statement (Consistent?): people stopped @ CP - Toyota crane taxi

Interpreter Approved: driving toward (conco)

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.)

CF blocked the Area for some reason. He turned to go back, CF started shooting @ a car (not C) which was driving too fast.
C is father of decedent.
white pickup truck
Took dead guy to hospital

Evidence: photos,

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
damage to car	\$ 750
Wrongful death	\$ 2,500

Total: ~~\$~~ \$ 3,250

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

no

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)

\$ 3,250 local

[Signature]
(Signature of Claimant)

Subscribed before me this 7 day of Feb, 2006.

CPT
(Print Name)
[Signature]
(Signature)