AFZP-VA-HQ

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [Redacted]
(Claim Number 06-IR8-076)

1. On 24 Jan 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.

CPT, EN
Project Purchasing Officer
Claims Form

To: United States Army Foreign Claims Commission.
From: Name: [Redacted]
POA/ATT: N/A

□ Power of Attorney provided and interpreter approved:
Decedents: [Redacted]

Hometown: [Redacted]  □ Iraqi Resident: [Redacted]

My claim arose at: [Redacted]
(Town) (City) (Country)

My claim arose on: 24 JAN 05
Month Day Year

Proof of Ownership: N/A
□ Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations):
C00- fragmentation all over body
□ Interpreter Approved:

Legal Expert Opinion: N/A
□ Interpreter Approved:

Witness Statement (Consistent?): [Redacted]
□ 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.)

- Declined next to Hospital -

During combat CF => AIF C's husband killed.

Husband also in convoy shot - died two days later in hospital.

At 10 am,

Convoy shot Q husband before the gun battle occurred.

Evidence:
Claimant statement.

< seems correct.
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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Item]</td>
<td>[Amount]</td>
</tr>
</tbody>
</table>

Total: $2,500

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)

$ 2,500  
local

(Signature of Claimant)

Subscribed before me this 7 day of JAN, 2006.