



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE, 3RD 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 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.

[REDACTED]
CPT, EN
Project Purchasing Officer

001371

Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____

POA/ATT: N/A

Power of Attorney provided and interpreter approved: _____

Decedents: _____

Hometown: Samarra

Iraqi Resident: _____

My claim arose at: _____

Samarra
(Town)

(City)

(Country)

My claim arose on: _____

24 JAN 05
Month Day Year

Year

Proof of Ownership: _____

N/A

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): COD - Fragmentation all over body

Interpreter Approved: _____

Legal Expert Opinion: _____

N/A

Interpreter Approved: _____

Witness Statement (Consistent?): _____

ICW - heard bullets ↔ AIF & CF, found decedent

near the convoy. Heard

Interpreter Approved: _____

2W - same story. Bystander - 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.)

• Decedent next to hospital →

During combat CF ↔ AIF CF's husband killed.

Husband ~~shot~~ in crossfire - died two days later in hospital

10 a.m. →

Convoy shot @ husband before the gun battle occurred.

Evidence: _____

Claimant statement.

< seems cred.

001372

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:

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.



Signature