

Claims Form

To: United States Army Foreign Claims Commission.
From: Name: [Redacted]
POA/ATT: [Redacted]
[] Power of Attorney provided and interpreter approved:
Decedents: [Redacted]
Hometown: [Redacted] [] Iraqi Resident:

My claim arose at: Tikrit (Town) (City)
My claim arose on: Mar 1 2005 (Country) (1000)
Month Day Year
Proof of Ownership: NA
[] Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Yes - Copy of Death Report Shown me Original cert
- Consistent many wounds all over body
- Tikrit Hosp
[] Interpreter Approved: Yes

Medical Expert Opinion: Shot many times / multiple places
[] Interpreter Approved: W1 - Brother (Eyewitness - was with deceased) - consistent
W2 - Eyewitness another person herding with deceased
Witness Statement (Consistent?): W2 - Eyewitness another person herding with deceased
[] 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's son was herding goats + sheep at village near of FOB Speicher. Say CF fired into area and rounds hit his son.
Claims Soldiers told him they were sorry / took photos / and told him to come here + file a claim. (lost Sunday / 20-Now)
The CF stated it was a mistake, and said they were from FOB Speicher.

Evidence: Diagram / 2 eye witness / Medical Report

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

Total: \$5000

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)

\$ 5000

local



(Signature of Claimant)

Subscribed before me this 26 day of November, 2005.

CPT 
(Print Name)


(Signature)

000813



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-JA

19 December 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 06-IA3-098)

1. On 1 March 2005, [REDACTED] s son 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 \$2,500.00. This is a condolence payment.

[REDACTED]
CPT, EN
Project Purchasing Officer

3. The request to pay [REDACTED] in the amount of \$2,500.00 from CERP is approved. The claimant will receive a payment. There is no legal objection to this payment. I order payment of this money.

[REDACTED]
CPT, JA
Trial Counsel

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE, 3D INFANTRY DIVISION (FORWARD)
TASK FORCE LIBERTY, OPERATION IRAQI FREEDOM
FORWARD OPERATING BASE SPEICHER
APO AE 09393

DHFT-JA

MEMORANDUM FOR Claimant

SUBJECT: Claim 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 proving your claim. If the appeal is sent after 30 days has passed, or does not provided additional evidence, then the appeal will be denied.

4. POC is the Tikrit Claims Office at DNVT 584-1084.

[REDACTED]
CPT, FCC
Foreign Claims Commissioner

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