Claims Form	
To: United States Army Foreign Claims Commission.	
From: Name:	
POA/ATT:	
☐ Power of Attorney provided and interpreter approved:	
Decedents:	
Hometown:	
My claim arose at: TIKn7	
(Town) (City) (Country)	
My claim arose on: //W (2005)	
Month Day Year Proof of Ownership:	
☐ Interpreter Approved:	
Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Ves - Copy of Death Report Shared me	-consistrat
personal injury is based. (Use back of this sheet if necessary.)	···
Claiments son was herein monts + sheep the sear of F	=01
Speicher. Say CF Find Into area and rounds hit his	50N
Claims Soldiers told him they were sorry / took photos told him to come here & Site a chim. Clost Sunday The State stated if was a miskake, and said! were from FOB Speaker.	Konw) Hen
	
Evidence: Diagram / 2 expr witness / Madical Report	
00	00812

	ount of property damage and itemized expenses re injury: (Attach bills and receipts, if applicable.)	sulting from the pro	operty
Item	Amount		
	Wrang Ful Brath		
	Total: 45,000	l	
I was insured to the	following extent against the damage or injuries I h	nave sustained:	·
	A/A		>
The name and addre	ess of my insurer (if any) is:		, , , , , , , , , , , , , , , , , , ,
(Name)	(Address)		
I claim as damages: \$_ <i>5000</i>	(Indicate amount in U.S. dollars and local currenc	у)	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	(Signature of Claimant)		·
Subscribed before n	ne this Zeday of November, 2005		
	COT		_ :::
	(Print Name)		



DEPARTMENT OF THE ARMYHEADQUARTERS, 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 A (Claim Number 06-IA3-098)

1. On 1 March 2005,

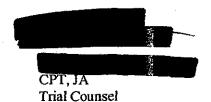
s son was shot and killed by U.S. Forces.

2. I certify that funds are available from the CERP to pay \$2,500.00. This is a condolence payment.

in the amount of

Project Purchasing Officer

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





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:	
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- 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.

CPT, FCC
Foreign Claims Commissioner