



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1<sup>ST</sup> BRIGADE, 3<sup>RD</sup> INFANTRY DIVISION (FORWARD)  
TASK FORCE BAND OF BROTHERS, OPERATION IRAQI FREEDOM  
FORWARD OPERATING BASE SPEICHER  
APO AE 09393

AFZP-VA-JA

5 December 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]  
(Claim Number 05-IA3-1520.2)

1. On 1 October 2004, [REDACTED] husband was shot and killed by US Forces responding to attack.
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 COMBAT TEAM  
3RD INFANTRY DIVISION (TASK FORCE BAND OF BROTHERS)  
FOB SPEICHER, IRAQ APO AE 09393

AFZP-VA-JA

3 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 05-IA3-1520.2

1. **Identifying Data:** [REDACTED], Tikrit, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 9 June 2005, in Tikrit, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$13,000.00 on 21 June 2005.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was filed in a timely manner.
5. **Facts:** Claimant alleges that CF shot her husband while he drove his car. The soldiers stopped and took the man to FOB Speicher, where he later died. The claimant provided CF medical documents, a death certificate, and witness statements from CF to substantiate the claim.
6. **Opinion:** There is sufficient evidence to indicate that U.S. Forces were involved in this incident. Unfortunately, this incident constitutes combat action and is noncompensable due to the combat exception to the FCA.
7. **Recommendation:** The claim is denied.

[REDACTED]  
[REDACTED]  
CPT, JA  
FCC

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# Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: \_\_\_\_\_

Power of Attorney provided and interpreter approved: \_\_\_\_\_

Decedents: [REDACTED]

Hometown: \_\_\_\_\_  Iraqi Resident: \_\_\_\_\_

My claim arose at: \_\_\_\_\_  
(Town) Tikrit / Qadisia (City) (Country)

My claim arose on: JUN 9 05  
Month Day Year

Proof of Ownership: \_\_\_\_\_

Interpreter Approved: N/A

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Good - verified - corroborated by [REDACTED] - CSM + FOB Specialist

Interpreter Approved: \_\_\_\_\_

Legal Expert Opinion: N/A

Interpreter Approved: \_\_\_\_\_

Witness Statement (Consistent?): Yes - [REDACTED] - see note

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.)

Decedent driving his taxi in Qadisia

US convoy opened fire on his car, wounding him

He ~~spat~~

Postal MED evacuated him to Speicher where he was treated but eventually died on 7 July 05

Evidence: Memo from [REDACTED], Death Cert, med records

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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	13,000

Total: \$13,000


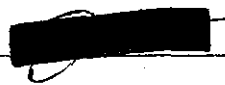
I was insured to the following extent against the damage or injuries I have sustained:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)  
\$ \_\_\_\_\_ local \_\_\_\_\_

x   
\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this 24 day of JUL, 2005.

  
\_\_\_\_\_  
(Print Name)  
  
\_\_\_\_\_  
(Signature)