



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-IA3-246)

1. On 16 Oct 05, [REDACTED] s father 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

000926



DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
OPERATION IRAQI FREEDOM, FOB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZB-JA-C

25 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], [REDACTED], 06-IA3-246

- 1. Identifying Data:** [REDACTED], [REDACTED] by POA [REDACTED]
- 2. Date and place the incident occurred giving rise to the claim:** The claim occurred on October 16, 2005 in Samarra, Iraq.
- 3. Amount of claim and date it was filed:** Claimant filed a claim for \$3,000 on 19 Dec. 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 properly filed in a timely manner.
- 5. Facts:** Claimant alleges that a CF convoy fired on the vehicle of [REDACTED], killing him. The incident allegedly occurred behind FOB Brassfield-Mora. A SIGACTS investigation revealed (SIGACT #14905) that TF 3-69 engaged a vehicle 5km south of Samarra after troops identified the vehicle as matching a BOLO description. CF tried to get the vehicle to stop but the vehicle did not respond. SIGACTS stated that one local national was wounded in the incident, but no names were given.
- 6. Opinion:** Under AR 27-20, paragraph 10-3, Claims arising "directly or indirectly" from combat activities of the U.S. Armed Forces are not payable. AR 27-20 defines combat activities as, "Activities resulting directly or indirectly from action by the enemy, or by the U.S. Armed Forces engaged in armed conflict, or in immediate preparation for impending armed conflict." Here, CF engaged the BOLO vehicle because it would not stop as ordered. Because vehicles identified as BOLO pose a higher threat than normal vehicles, CF decided to engage the vehicle when it would not stop. Accordingly, CF actions here constitute combat activity.

000927

7. Recommendation: This claim is denied.



CPT, JA
Claims Judge Advocate

000928

companion claim

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [redacted]

POA/ATF: [redacted]

Power of attorney provided and interpreter approved: original seen

Decedent: [redacted]

Hometown: _____ Iraqi Resident: _____

My claim arose at: Samarra (City) _____ (Country)

My claim arose on: 16 Oct 05 Day Year

Proof of Ownership: N/A

Interpreter Approved: _____

Death Certificate (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): COD - GSW
original seen

Interpreter Approved: _____

Legal Expert Opinion: _____

Interpreter Approved: _____

Witness Statement (if available): _____

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.)

C's father killed during CF shooting for CF
convoy. Deceased died instantly

Evidence: _____

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	3,000

Total: 3,000

I was insured to the extent of my interest against the damage or injuries I have sustained:

The name and address of the insurer (if any) is:

(Name) _____ (Address) _____

I claim as damage _____ in U.S. dollars and local currency)
\$ 3,000 local _____

(Signature of Claimant)

Subscribed before me this 12 day of Dec, 2005.

