

AFZB-KC-HC

DEPARTMENT OF THE ARMY

HEADQUARTERS, 3rd BRIGADE COMBAT TEAM 101st AIRBORNE DIVISION (AIR ASSAULT) FORWARD OPERATING BASE SPEICHER APO AE 09393



REPLY TO ATTENTION OF

13 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to	
(Claim Number 06-IA3-029)	

1. On 22 May 2005, U.S. forces.

s husband was shot and killed by

2. I certify that funds are available from the CERP to pay

the amount of \$2,500.00. This is a condolence payment.

in

CPT, EN

Project Purchasing Officer

3. The request to pay 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.

CPT, JA Trial Counsel

PAID \$ 2500 Th



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

11 November 2005

MEMORANDUM OF OPINION

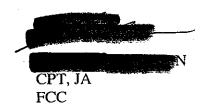
SUBJECT: Claim of

Y, 06-IA3-029

1. Identifying Data:

, Bayji, Iraq

- 2. Date and place the incident occurred giving rise to the claim: The claim occurred on 22 May 2005, in Bayji, Iraq.
- 3. Amount of claim and date it was filed: Claimant filed a claim for \$11,000.00 on 8 November 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 a U.S. patrol that was securing an IED blast site engaged her vehicle as she approached the cordon. Claimant was traveling with her husband, who was shot and killed, and her son, who was injured. The claimant provided a death certificate, medical documents, pictures, witness statements, a memo from a special forces soldier who had knowledge of the incident, and court documents to substantiate his claim.
- 6. **Opinion:** There is sufficient evidence to indicate that U.S. Forces caused this death and injury. Unfortunately, this claim is barred by the combat exception to the FCA, as this was clearly a combat action by the unit involved.
- 7. Recommendation: The claim is denied.





DEPARTMENT OF THE ARMY

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

AFZP-VA-JA

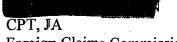
N	ÆN	40	RA	N	NI JC	ЛĪ	OR	Claimant
**	***				<i>-</i>	4 T	\sim \sim	Ciminimum

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:					
1.	Ouioi.			 	 	

- 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.



Foreign Claims Commissioner

	Claims Form	n					
To: United States Army Fore	ign Claims Commission.		.*				
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	provided and interpreter app	roved: (5000					
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Hometown:	☐ Iraq	i Resident:					
My claim arose at:	My claim arose at:						
(Town) My claim arose on: MAY	. <u> </u>	(Country)					
Month	Day	Year					
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☐ Interpreter Approved:							
Death Certificates (Name Ca	use of Death, Age, and Time	e of Death Consistent with Clair	nant				
☐ Interpreter Approved:							
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Legal Expert Opinion: Med	opt for two repred	people -	my loss				
☐ Interpreter Approved:	· · · · · · · · · · · · · · · · · · ·	- New	<u>ng 1081</u>				
	17): X2 cmgrant	_					
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Give a brief statement of the	accident or incident on which	ch the claim for damages to prop	erty or for				
personal injury is based. (Use	back of this sheet if necess	ary.) M. toxi					
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and wor rengased	by patrol Secum						
14.	Med. Way	moved and son !	mal Maz				
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Have note from	SF CPT						
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Evidence: 4721, L	est cert, med ry	pb, rule from SFg	20000				

List in detail the amount	of property damage and itemized expenses resulting from the propert	У
damage or personal injur	y: (Attach bills and receipts, if applicable.)	
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	\$ 2000.00	
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	Total: \$11,000.00	
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I was insured to the follo	wing extent against the damage or injuries I have sustained.	
The name and address of	my insurer (if any) is:	
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(Name)	(Address)	
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I claim as damages: (Indi	cate amount in U.S. dollars and local currency)	
\$	local	
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	(O.B.M. O. O. M.	
Subscribed before me thi	is 8 day of NOV , 2005 .	
Subscribed before the time	3 <u>0</u> uay 01 10 200	
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