



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

AFZB-KC-HC

13 January 2006

MEMORANDUM FOR RECORD

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

1. On 22 May 2005, [REDACTED] s husband 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]
[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]
[REDACTED]
CPT, JA
Trial Counsel

PAID \$ 2500
17 JAN 06

000947



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 [REDACTED], 06-IA3-029

1. **Identifying Data:** [REDACTED], 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.

[REDACTED]
[REDACTED] N
CPT, JA
FCC

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6-1A3-029



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

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, JA
Foreign Claims Commissioner

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Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED] ^{EV}

POA/ATT: [REDACTED] ^D

Power of Attorney provided and interpreter approved: Good

Decedents: [REDACTED]

Hometown: _____ Iraqi Resident: _____

My claim arose at: _____
(Town) Bayji (City) _____ (Country)

My claim arose on: MAY 22 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: Yes - good w/ decedent's name

Interpreter Approved: _____

Legal Expert Opinion: Med rpts for two injured people - [REDACTED] → Skull wants to be back

Interpreter Approved: [REDACTED] → hearing loss

Witness Statement (Consistent?): X 2 consistent

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, decedent, and son were driving ^{in taxi} south of Bayji
and were engaged by patrol securing an IED site.
[REDACTED] was killed, [REDACTED] was injured and son [REDACTED] was injured
Have note from SF CPT

Evidence: PTCs, death cert, med rpts, note from SF guy

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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	\$ 5000.00
Res. Injury - Son	\$ 2000.00
Res. Injury - wife	\$ 4000.00

Total: \$11,000.00

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 _____

(Signature of Claimant)

Subscribed before me this 8 day of NOV, 2005.

(Print Name)

(Signature)

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