



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd BRIGADE COMBAT TEAM
OPERATION IRAQI FREEDOM, COB SPEICHER
TIKRIT, IRAQ APO AE 09393

AFZP-VA-HQ

1 May 2006

CP3AAS60940401-9
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 06-IR8-623)

1. On 1 October 2005, [REDACTED] son, [REDACTED] ran into the street during a battle in Samarra between Coalition Forces and AIF and was subsequently shot and killed.
2. I certify that CERP funds are available to pay [REDACTED] in the amount of \$2,500.00. This is a condolence payment.
3. The request to pay [REDACTED] in the amount of \$2,500.00 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

001567



DEPARTMENT OF THE ARMY
HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT)
TASK FORCE BAND OF BROTHERS
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

21 April 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 6-IR8-623

1. **Identifying Data:** [REDACTED] Samarra, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 01 October 2005, in Samarra, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 18 April 2006.
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 Coalition Forces were engaging AIF and the claimants son ran into the street and was shot by a stray bullet. The claimant provided death certificates and witness statements to substantiate the claim.
6. **Opinion:** The evidence shows that the damage was caused during combat. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
FCC

001568

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission

From: Name: [redacted] (father)

POA/ATT: [redacted]

Power of Attorney provided and interpreter approved:

Decedents: [redacted]

Hometown: _____ Iraqi Resident: _____

My claim arose at: Samarra

My claim arose on: October 1 2005 1300hrs.
Month Day Year (Country)

Proof of Ownership: _____

VIN Match: _____

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): [redacted]; 29 Apr 1988 (DOB); fragment and bullet wounds

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: amount claimed

Interpreter Approved: _____

Witness Statement (Consistent?): WI - Neighbor saw shooting

Interpreter Approved: WD - taxi driver - CF shooting - child killed

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 alleges that in Samarra there was battle between CF forces and "bad guys". His son ran into street to see what was going on and was shot & killed.


200m between child & CF forces

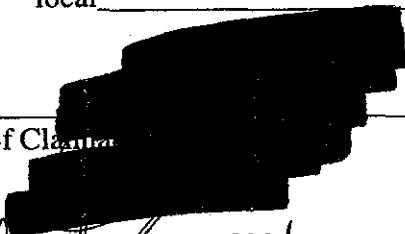
Evidence: Death cert, 2 witness statement, digram

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.)



<u>Item</u>	<u>Amount</u>
\$2500	

Total 

I claim as damages: (Indicate amount in U.S. dollars and local currency)
\$ 2500 local 

(Signature of Claimant) 

Subscribed before me this 10 day of April, 2006.


(Print Name)

(Signature)