

TF Band of Brothers Claims Chronology Sheet

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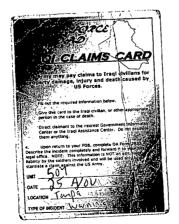
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Claimant's Name: _____ File Number: _____

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

AFZP-VA-HQ	4 February 2006
MEMORANDUM FOR RECORD	
SUBJECT: Commander's Emergency Response Pr (Claim Number 06-IR8-116)	ogram payment to (b)(6)
1. On 25 Nov 05, (b)(6)	usband was shot and injured by U.S. Forces.
2. I certify that funds are available from the CERP t \$2500.00. This is a condolence payment.	o pay (b)(6) in the amount of
3. The request to pay (b)(6) legally reviewed. There is no legal objection to this	in the amount of \$2500.00 from CERP has been payment and it is accordingly approved.

(b)(3)(b)(6) CPT, EN

Project Purchasing Officer

	DEPARTMENT OF THE ARMY OFFICE OF THE STAFF JUDGE ADVOCATE HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSA OPERATION IRAQI FREEDOM, COB SPEICHER TIKRIT, IRAQ APO AE 09393	ιULΤ)
AFZB-JA-C		2 February 2006
MEMORANDUM OF OP	INION	
SUBJECT: Claim of	(b)(6) 06-IR8-116	
1. Identifying Data:	(b)(6) y Attorney (b)(6)	

2. Date and place the incident occurred giving rise to the claim: The claim occurred on 25 November 2005 in Al Dijail, Iraq.

3. Amount of claim and date it was filed: Claimant filed a claim for \$3,750 on 24 Jan. 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 properly filed in a timely manner.

5. Facts: The Claimant alleges that her husband was killed by a CF convoy when it rapidly approached from behind. The vehicle was allegedly driving much slower than the convoy, which was travling about 60 miles per hour. The convoy allegedly shot at the vehicle, killing (b)(6)
(b)(6) A claims card left by the unit confirms the incident and that a warning shot was fired.

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, warning shots constitute combat activity and accordingly preclude payment of this claim.

7. Recommendation: The claim is den	ed.
(b)(3)(b)(6	(b)(3)(b)(6) CPT, JA Claims Judge Advocate
	CENTCOM 005015

Claims Form To: United States Army Foreign Claims Commission. From: Name: (b)(6) POA/APT: (b)(6) Dower of A erdid Decedents: (b)(6) Hraqi Resident: Hometown: lei My claim arose at: (Town) (City) (Country) VOI My claim arose on: ぁ Day Year Month Proof of Ownership: Interpreter Approved: Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant Durail allegations): ORiginal SeeN ----6SN hosp. ¹ Interpreter Approved: Legal Expert Opinion: ¹ Interpreter Approved: cor. (b)(6) SASS him, Prossenger shot C U 4 Witness Statement (Consistent?): but me emen ¹ Interpreter Approved: guy. Umet this 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.) Ton driving 4.00 ecould CAR LIA CONTON PM. הוו 1000 nu m Shasting the Ne Convar When OCC UNON ion 20 m ho an C (27 much Sa. ۲ م en occorrea Dn Shue When XZ Evidence: original en **CENTCOM 005016**

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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.)

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Item Amoun death <u>3,750</u> Wronstul Total: # 3, 750 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) \$ 3,750 (b)(6) Subscribed before me this $\underline{Z4}$ day of \underline{Taw} . 200 6. (b)(3)(b)(6) (b)(3)(b)(6) **CENTCOM 005017**



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

AFZB-JA-C

MEMORANDUM FOR RECORD

SUBJECT: Waiver of Notification

1. I, the Claimant, hereby agree that if I fail to provide any requested evidence to the CMOC Claims Office within sixty (60) days of the date below or to request a written extension of the 60 day period, such inaction shall constitute an affirmative act of abandonment of my claim, and my claim shall be administratively closed in accordance with the provisions of DA PAM 27-162, paragraph 13-3(f).

2. I further agree that if I wait longer than 60 days from the date below to return to the CMOC to receive notification of the final disposition of my claim or to request a written extension of the 60 day period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance.

1. إنا المشتكي هذا او أفق على أني إذا فشلت في أثبات طلبي بالالمة الكافية إلى دائرة الشكاوي (السيماك) خلال مدة (60) يوما من تاريخ اليوم أو طلب التمديد (الأستناف) خلال فترة ستون (60) يوما ,هذا سوف عض يسبب عدم تكوين تلكيد لقضيتي , ويسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقتون (د, إ.ب, أ.م 27-162, من الفقرة 13-3(ف).

2. وانا كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحد من دائرة (السيماك) لأستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما ,هذا سوف يتسبب برفض قضيتي . و القضية سوف تغلق اداريا وفقا للقانون.

Claimant Signatı	(b)(6)	المشــــتكي توقيــــع
Sworn before	, 01	n day of200

Pages 9 through 16 redacted for the following reasons: foreign language