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145-821/-1



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

AFZP-VA-HQ 14 May 2006

(b)(2)High

MEMUKANDUM FUK KECUKD

SUBJECT: Commander's Emergency Response Program payment to (b)(6) (Claim Number 06-IR8-571)

1. On 24 June 2005, (b)(6) mother, (b)(6) was killed by Coalition Forces as she was herding her sheep to graze in Samarra.

2. I certify that CERP funds are available to pay (b)(6) in the amount of \$2,500.00. This is a condolence payment.

3. The request to pay (b)(6) 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.

(b)(6), (b)(3)

CPT, EN Project Purchasing Officer

(b)(2)High

Failed to Stop

GA CP



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

(b)(6)

6-IR8-571

1. Identifying Data:

(b)(6)

Samarra, Iraq

- 2. Date and place the incident occurred giving rise to the claim: The claim occurred on 24 June 2005, in Samarra, Iraq.
- 3. Amount of claim and date it was filed: Claimant filed a claim for \$5,000 on 16 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 shot the claimants mother while she was hearding sheep. The claimant provided death certificates and witness statements to substantiate the claim.
- 6. **Opinion:** There is not enough evidence to prove your claim. This claim is non-compensable under the FCA.
- 7. Recommendation: The claim is denied.

(b)(6), (b)(3)

CPT, JA FCC

TF Band of Brothers Claims Intake Form To: United States Army Foreign Claims Commission From: Name:_ (b)(6)POA/ATT: ☐ Power of Attorne (b)(6)Decedents:____ ☐ Iraqi Resident: _ Hometown: Samarra My claim arose at: (Town) My claim arose on: Month Proof of Ownership:_ ☐ VIN Match: Interpreter Approved: Death Certificates (Name Cause of Death Age and Time of Death Cornic (b)(6)allegations): Interpreter Approved: Medical Report/Legal Expert Opinion: ☐ Interpreter Approved:__ Witness Statement (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.) Death Certificate Diagram Evidence: __

	he amount of property damage and itemized expenses resulting from the property sonal injury: (Attach bills and receipts, if applicable.)	
<u>Item</u>	\$5,000 <u>Amount</u>	
	* 1 1000	_
		_
	Total:	
Lolaim as dar	pages: (Indicate amount in U.S. dollars and local currency)	
\$	lages: (Indicate amount in U.S. dollars and local currency) locallocal	
	·	
	(b)(6)	
	(Signature of Claimant)	
Subscribed b	efore me this 16 day of Apr, 2006.	
	•	
	(Print Nam (b)(6), (b)(3)	
	(Signature,	

Pages 7 through 8 redacted for the following reasons:
foreign language, (b)(6)



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 sixty (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 sixty (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 sixty (60) days period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance above.

1. أنا المشتكي هنا اوافق على في اذا فشلت في اثبات طلبي بالائلة الكافية الى دائرة الشكاوي (السيمك) خلال مدة (60) ستون يوما من تاريخ اليوم او طلب التمديد (الأستناف) خلال فترة ستون (60) يوما ,هذا سوف يسبب عدم تكوين تكيد نقضيتي , ويسبب نلك قضيتي سوف تترك و تظلق اداريا طبقا للقلون (دراب, ام 27-162, من الفقرة 13-3(ف).

2. وقا كذلك اوافق على اني اذا انتظرت لكثر من (60)ستون يوما من التاريخ المحدد من دانرة (السيماك) لأستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما ,هذا سوف يتسبب برفض قضيتي . و القضية سوف تظلق اداريا وفقا للقائون.

(b)(6)

Claimant Signature:

Sworn before __ (b)(6), (b)(3)

MS6 , on 16 day of Arr 200 6.

Pages 10 through 21 redacted for the following reasons:

foreign language foreign language, (b)(6)