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6-1R8-623



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

(b)(2)High

MEMORANDUM FOR RECORD

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

(b)(6)

1. On 1 October 2005, (b)(6) son, (b)(6) 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 (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

CENTCOM 005346



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] (b)(6) 6-IR8-623

1. **Identifying Data:** [REDACTED] (b)(6) 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]
(b)(6), (b)(3)

CPT, JA
FCC

CENTCOM 005347

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission

From: Name: (b)(6)
POA/A

Power of Attorney provided and interpreter approved:

Decedents: (b)(6)

Hometown: Iraqi Resident:

My claim arose at: Samarra
(Town) (City) (Country)

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

Proof of Ownership:

VIN Match:

Interpreter Approved:

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): (b)(6) (b)(6) (DOB); fragment and bullet wounds

Interpreter Approved:

Medical Report/Legal Expert Opinion: amount claimed

Interpreter Approved:

Witness Statement (Consistent?): W1 - Neighbor saw shooting
 Interpreter Approved: W2 - 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>
\$8500	

Total (b)(6)

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

(Signature) (b)(6)

Subscribed before me this 10 day of April, 2006.

(b)(3)(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. انا المشتكي هنا اوافق على اني اذا فشلت في اثبات طلبي بالاملة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (60) ستون يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة ستون (60) يوما, هذا سوف يسبب عدم تكوين تكويد لقضيتي, ويسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ا,م 162-27, من الفقرة 13-3-ف).

2. وانا كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من التاريخ المحدد من دائرة (السيماك) لاستلام 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 Signature:

(b)(6)

Sworn before

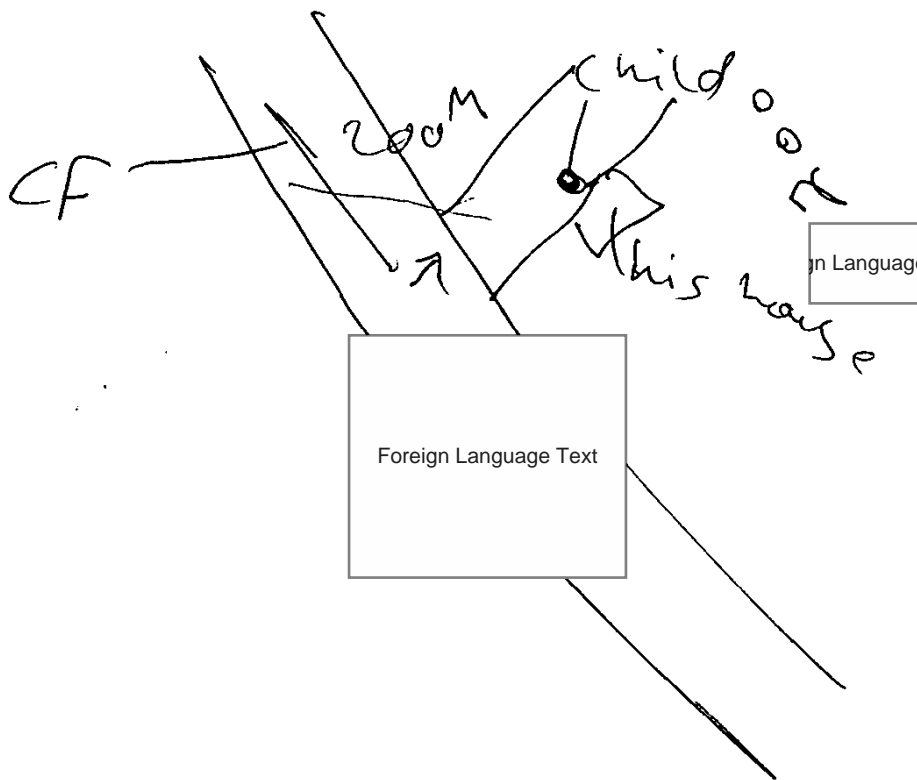
, on 18 day of April 2006.

CENTCOM 005350

Page 7 redacted for the following reason:

foreign language, (b)(6)

Diagram



Pages 9 through 11 redacted for the following reasons:

foreign language, (b)(6)

Al- Dulueayi Investigation
Court

SUB/ Damage report

Claimant :-

(b)(6)

According to the decision taken by the court to evaluate the damage happened to the claimant as a result of killing his son (b)(6) in Samara area by randomly shooting. This cause big damage to the claimant. After seeing the police report and the statement of witness and pictures, I evaluate the damage as shown in the following table.

No	Details	Qua	Price\$
1	Killing his son C (b)(6) by randomly shooting.	-	2500
2	Foreign Language Text		
3			
4			
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10			

Total price 2500 \$

Legal expert

Page 13 redacted for the following reason:

foreign language