

5-103-1432

CHECKLIST

1. Claim received _____
2. File sent to translator _____
3. File received from translator _____
4. SIGACTS check done _____
5. Conferred with S-2 _____
6. Claimant informed of decision _____
7. Appeal completed _____
8. Claimant paid _____
9. Claimant denied _____
10. File sent to USARCS _____

11. Claimant visitation history



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE, 3RD INFANTRY DIVISION (FORWARD)
TASK FORCE BAND OF BROTHERS, OPERATION IRAQI FREEDOM
FORWARD OPERATING BASE SPEICHER
APO AE 09393

AFZP-VA-JA

5 December 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to (b)(6)
(Claim Number 05-IA3-1632)

1. On 11 April 2005, (b)(6) was shot in both legs and injured by US Forces while responding to attack.
2. I certify that funds are available from the CERP to pay (b)(6) in the amount of \$1,200.00. This is a condolence payment.

(b)(3),(b)(6)
CPT, EN
Project Purchasing Officer

3. The request to pay (b)(6) in the amount of \$1,200.00 from CERP is approved. The claimant will receive a payment. There is no legal objection to this payment. I order payment of this money.

(b)(3),(b)(6)
CPT, JA
Trial Counsel

CENTCOM 000395



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE, 3RD INFANTRY DIVISION (FORWARD)
TASK FORCE BAND OF BROTHERS, OPERATION IRAQI FREEDOM
FORWARD OPERATING BASE SPEICHER
APO AE 09393

AFZP-VA-JA

5 December 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to (b)(6)
(Claim Number 05-IA3-1632)

1. On 11 April 2005, (b)(6) father was shot and killed by US Forces responding to attack.
2. I certify that funds are available from the CERP to pay (b)(6) in the amount of \$2,500.00. This is a condolence payment.

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

CPT, EN
Project Purchasing Officer

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

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

CPT, JA
Trial Counsel

CENTCOM 000396



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

15 August 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6), 05-IA3-1632

1. **Identifying Data:** (b)(6), Samarra, Iraq

2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 11 April 2005, in Samarra, Iraq.

3. **Amount of claim and date it was filed:** Claimant filed a claim for \$10,000 on 15 August 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 his father was killed and himself injured by U.S. Forces. The claimant and his father were walking to the market, when they encountered a U.S. Forces patrol of BFVs and HMMWVs. The patrol must have been attacked, because they began shooting in response in all directions. The claimant was shot in the upper right arm, upper left thigh and in the lower right leg. His father was shot in the neck and head and died soon after. Iraqi civilians took the claimant and his father to the hospital. U.S. Forces visited him in the hospital soon after, to check on him. The claimant provided two corroborating witness statements, medical reports, a police report and an authentic death certificate. I viewed the wounds on the claimant during the intake.

6. **Opinion:** This case is an ultimate tragedy. There is sufficient evidence to indicate that U.S. Forces were involved in the death of the claimant's father and the injury to the claimant. Unfortunately, the convoy was involved in combat at the time. Therefore, this case falls within the combat exception.

7. **Recommendation:** The claim is denied.

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

CPT, JA
Chief, Claims

CENTCOM 000397

Claims Form

To: United States /

From: Name: _____

(b)(6)

(SON)

POA/ATT: _____

Power of Attorne

Decedents: _____

(b)(6)

-Father

Hometown: _____

Samarra

Iraqi Resident: _____

My claim arose at: _____

(Town)

Samarra Iraq

(City)

(Country)

My claim arose on: _____

Month

April

Day

11

Year

05

2000

Proof of Ownership: _____

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): _____

Samarra Hosp

Same, shrapnel in head, 12 April 05

Interpreter Approved: _____

Legal Expert Opinion: _____

Samarra Hosp
chest - shrapnel - double fracture right leg
injury left leg

Interpreter Approved: _____

Witness Statement (Consistent?): _____

W, (Strayer) Same

Interpreter Approved: _____

W, () Same

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.)

Seems honest
cried small
tear gas
told dad
stay)

C's Father walking to MKT in Samarra to shop. BEV's & HUMMVs shooting randomly. C's father shot in neck. C shot in both legs & right hand arm. (I saw wounds in right arm, left thigh & right foot.) US Forces Iraqis took C to hosp, dad died. US Forces visit C in Hospital

Evidence: _____

I saw wounds,

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>
Wing to Death Father	25,000
PI -	5,000

Total: 10,000

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)

\$ 10,000 local _____

(Signature of Claimant) (b)(6)

Subscribed before me this 15 day of Aug, 2009

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

(Signature)

Page 8 redacted for the following reason:

Foreign Language, (b)(6)

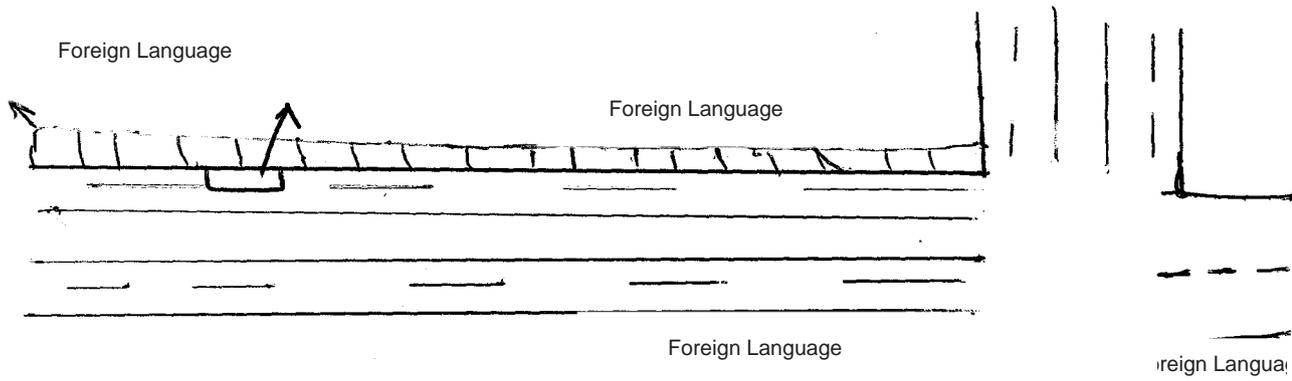
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Pages 10 through 18 redacted for the following reasons:

Foreign Language
Foreign Language, (b)(6)

Pole

Foreign Language

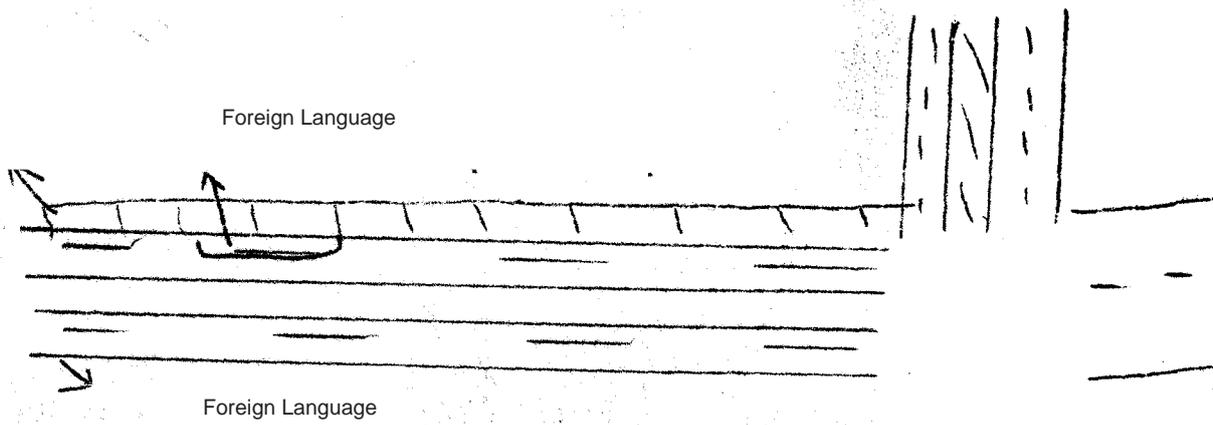


Foreign Language

Pages 20 through 24 redacted for the following reasons:

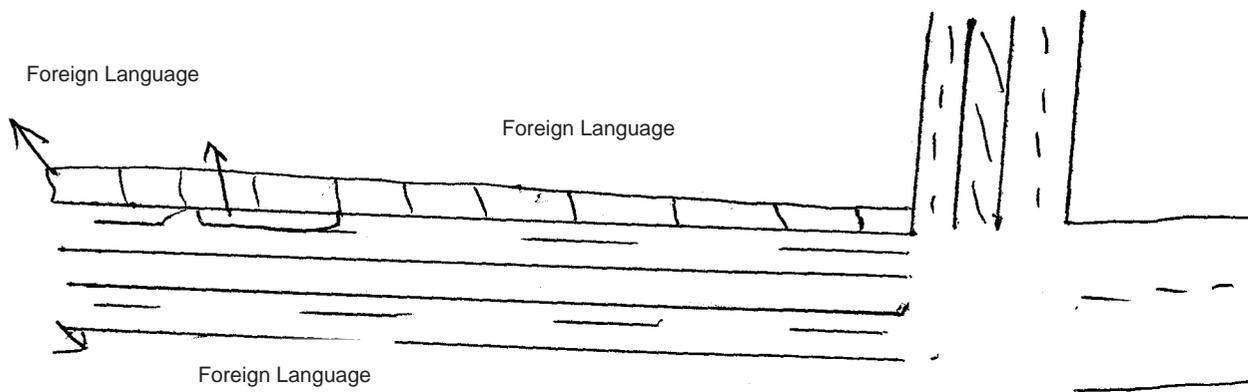
Foreign Language
Foreign Language, (b)(6)

Foreign Language



Foreign Language

Foreign Language



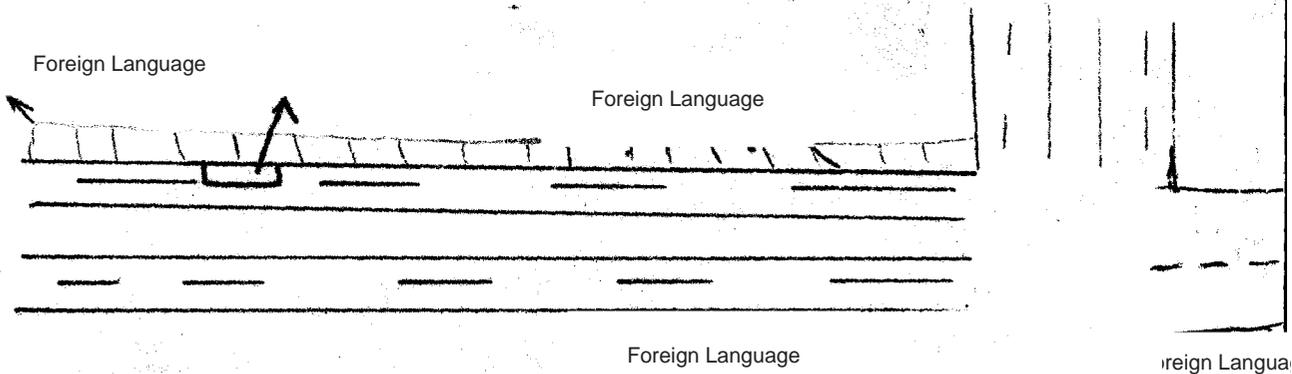
Foreign Language

Pages 27 through 31 redacted for the following reasons:

Foreign Language

Foreign Language, (b)(6)

Foreign Language



Foreign Language

Foreign Language Tex

CENTCOM 000425

Page 34 redacted for the following reason:

Foreign Language, (b)(6)

Foreign Language Text

CENTCOM 000427

Pages 36 through 38 redacted for the following reasons:

Foreign Language, (b)(6)