

✓ 5-IA3-1711

CENTCOM 004788

5-IA3-1711-00001

5-IA3-1711-00002 CENTCOM 004789

Pages 3 through 9 redacted for the following reasons:

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

(b)(6)

5-IA3-1711-00003

Claims Form

To: United States

From: Name: _____

(b)(6)

(wife)

POA/ATT: _____

(b)(6)

Brother of Dec

Power of Attorney provided and interpreter approved: _____

Decedents: _____

(b)(6)

Hometown: Tikrit

Iraqi Resident: _____

My claim arose at: _____

(Town)

(City)

(Country)

My claim arose on: _____

Month

Day

Year

Proof of Ownership: _____

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): same name, 2 bullet wounds, 8 Aug 05

Interpreter Approved: _____

Legal Expert Opinion: _____

Interpreter Approved: _____

Witness Statement (Consistent?): W. (Brother) - Family US forces surrounding

Interpreter Approved: W. (Brother) -

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.)

C's POA
VERY ANGRY. (Neither C/POA saw what happened)
Decedent on highway waiting for taxi, 1500 meters from Al Qujal fuel station.
US convoy drives by and shoots him in neck and head. He is killed.
Cousin saw it from fuel station. Cousin gets family who retrieves body.
Brothers took body to hosp & then cemetery.

I saw
Evidence: ① ID from Decedent matched death certificate.
② Photos ③ dead cert

C had \$1500 on him to buy a car
money soaked in his blood, NO ONE will take it here.

CENTCOM 004797

Tikrit

★

This is true!

Decedent's body is fore done 1st Aug

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>
Wrongful Death	4000
Blocked US dollars	\$ 1500
Total: 5500	

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)

\$ 5,500 local

(Signature of Claimant)

Subscribed before me this 20 day of Aug, 2005.

(Pr

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

(Si

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5-IA3-1711-00011



DEPARTMENT OF THE ARMY
Headquarters, 1st Brigade Combat Team
Task Force Liberty, Forward Operating Base Speicher, Iraq
APO AE 09393

AFZP-JA

23 October 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6), 05-IA3-1711

1. **Identifying Data:** (b)(6) Owja, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 8 August 2005 in Owja, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$5,500.00 on 28 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 his brother was shot and killed by CF while he waited on the side of the road for a taxi near the Tikrit fuel station. The decedent's cousin was at the fuel station and witnessed this. The cousin picket up the decedent and drove him to Tacit hospital, where he died. During the car ride, the decedent bled on \$1,500 that the cousin had to purchase a vehicle. Claimant requests compensation for wrongful death and would like the money exchanged with fresh U.S. currency. Claimant offered pictures, a death certificate, witness statements, and court documents to substantiate the claim.
6. **Opinion:** The events described by the claimant constitute combat operations conducted by CF. Due to the combat exception to the FCA, the claim in not compensable.
7. **Recommendation:** The claim is denied.

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

CPT, JA
FCC

CENTCOM 004799

5-IA3-1711-00012



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

21 November 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to
(Claim Number 05-IA3-1711)

(b)(6)

1. On 8 August 2005,
the road for a taxi.

(b)(6)

brother was shot and killed by a CF convoy while waiting on

2. I certify that funds are available from the CERP to pay
This is a condolence payment.

(b)(6)

in the amount of \$2,500.00.

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

CPT, EN
Project Purchasing Officer

3. The request to pay
claimant will receive a payment. There is no legal objection to this payment. I order payment of this
money.

(b)(6)

in the amount of \$2,500.00 from CERP is approved. The

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

CPT, JA
Trial Counsel

CENTCOM 004800

5-IA3-1711-00013

Pages 14 through 15 redacted for the following reasons:

foreign language text

foreign language text



Pages 17 through 22 redacted for the following reasons:

Foreign Language
foreign language text

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
