

571

part
comp

U-1R8-571



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

MEMORANDUM FOR RECORD

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

CENTCOM 005293

...

(b)(2)High

Failed to stop
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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 hearing 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

CENTCOM 005295

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission

From: Name: _____ (b)(6) _____

POA/ATT: _____

Power of Attorney _____

Decedents: _____ (b)(6) _____

Hometown: _____ Iraqi Resident: _____

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

My claim arose on: Jun 24 2005
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) DOB: _____ (b)(6) YY MM DD

Interpreter Approved: Gunshot to heart from sniper

Medical Report/Legal Expert Opinion: _____

Interpreter Approved: _____

Witness Statement (Consistent?): (u)

Interpreter Approved: (u)

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 his mother was herding their 4 sheep to graze in Samarra when a VC sniper shot her. The death certificate says bullet to the heart.

Evidence: Death Certificate, Diagram,

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>
	\$5,000

Total: _____

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

\$ 5,000 local _____

(b)(6)

(Signature of Claimant)

Subscribed before me this 16th day of Apr, 2006

(Print Name) (b)(6), (b)(3)

(Signature)

, MS6

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. انا المشتكى هنا اوافق على اني اذا فشلت في اثبات طلبي بالادلة 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 نك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ايم 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 لانهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (60) ستون يوما , هذا سوف يتسبب برفض قضيتي . و القضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature _____

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

JMSG, on 16th day of Apr 2006.

Pages 10 through 21 redacted for the following reasons:

foreign language
foreign language, (b)(6)