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U-1R8-595



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3<sup>RD</sup> BRIGADE COMBAT TEAM  
OPERATION IRAQI FREEDOM, COB SPEICHER  
TIKRIT, IRAQ APO AE 09393

AFZP-VA-HQ

8 May 2006

(b)(2)High

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to  
(Claim Number 06-IR8-595)

(b)(6)

1. On 20 February 2006, (b)(6) brother, (b)(6)  
(b)(6) was shot by Coalition Forces as he was picking fruit from a tree on his farm.
2. I certify that CERP funds are available to pay (b)(6) in the amount of  
\$1,800.00. This is a condolence payment.
3. The request to pay (b)(6) in the amount of \$1,800.00 from CERP has  
been legally reviewed. There is no legal objection to this payment and it is accordingly approved.

(b)(6)

CPT, EN  
Project Purchasing Officer

CENTCOM 005331

Pages 3 through 4 redacted for the following reasons:

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(b)(5)



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 101<sup>ST</sup> AIRBORNE DIVISION (AIR ASSAULT)  
TASK FORCE BAND OF BROTHERS  
COB SPEICHER, IRAQ APO AE 09393

AFZB-JA-C

7 May 2006

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 6-IR8-595

1. **Identifying Data:** (b)(6) Ad Duluyiah, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 20 February 2006, in Ad Duluyiah, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$2,500 on 2 May 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:** The Claimant alleges that his brother was shot by Coalition Forces as he was picking fruit from a tree. A SIGACTS investigation could not confirm any activity similar to the Claimant's description of events. Claimant provided pictures of the deceased, a death certificate, and two witness statements to substantiate the claim.
6. **Opinion:** Under AR 27-20, paragraph 10-3, liability under the FCA may be based on acts or omissions of U.S. soldiers or civilian employees of a U.S. military department only if they are considered negligent or wrongful. There is not enough evidence to prove the claim. This claim is non-compensable under the FCA.
7. **Recommendation:** The claim is denied.

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

CPT, JA  
FCC

CENTCOM 005334

**TF Band of Brothers Claims Intake Form**

To: United States Army Foreign Claims Commission .

From: Name: (b)(6) \_\_\_\_\_

POA/ATT: (b)(6) \_\_\_\_\_

Power of Attorney provided and interpreter approved: \_\_\_\_\_

Decedents: (b)(6) \_\_\_\_\_

Hometown: \_\_\_\_\_  Iraqi Resident: \_\_\_\_\_

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

My claim arose on: Feb 20 06 5pm  
Month Day Year

Proof of Ownership: \_\_\_\_\_

VIN Match: \_\_\_\_\_

Interpreter Approved: NA

Death Certificates (Name Cause of Death Age and Time of Death Consistent with Claimant allegations) Shima (b)(6) bullet to head &

Interpreter Approved: read death cert

Medical Report/Legal Expert Opinion: cause of death is bullet in chest and head

Interpreter Approved: \_\_\_\_\_

Witness Statement (Consistent?): NEED WITNESS STATEMENT

Interpreter Approved: w/ brother w/ Lab.com saying same story

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 his brother was working on farm picking food from tree. CF convoy drove through and shot his brother.  
during a combat situation  
No distinguishing marks on vehicle

Evidence: Death Cert. photos, witness, medical Report

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>
\$2500	
wrong full Death	

Total: \$2500

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

\$ 2500 local \_\_\_\_\_

(b)(6)

\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this 16 day of April, 2006.

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

\_\_\_\_\_  
\_\_\_\_\_

Page 8 redacted for the following reason:

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(b)(6), foreign language



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 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 تأكيد لفضيتي, ويسبب نلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ايم 162-27, من الفقرة 13-3(ف)).

2. وانما كذلك اوافق على اني اذا انتظرت اكثر من (60) ستون يوما من لتاريخ 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.

(b)(6)

Claimant Signature: \_\_\_\_\_

Sworn before

(b)(6)

\_\_\_\_\_, on 16 day of April 2006.

Pages 10 through 15 redacted for the following reasons:

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foreign language