CERP OFFICE MEMO OF UNDERSTANDING

Claim No.: 744

Payee: (b)(6)

CERP Amount Paid: $1700

I, the claimant, accept the above-listed cash amount as a condolence gift from the U.S. Army in recognition of injury, damage, or death caused during combat operations. I understand this gift does not constitute an admission of guilt or liability by U.S. forces for said injury, damage, or death. I also understand that this gift is fully independent of any adjudication by Claims Office personnel of my case. I understand that I must follow up with the Claims Office if I wish to appeal an adverse decision of the Claims Office.

Date: 20 JAN 07

Payee Signature: X (b)(6)

CERP Officer Signature: (b)(3)(b)(6)

Claim # 744

3d BDE SBCT/TF Band of Brothers Claims Form

To: United State Army Foreign Commission.

☐ FCA ☒ CERP ☐ Other

Claimant Full Name (b)(6) (mother)

Claimant ID Number: (b)(6) **DOB:** (b)(6)

Claimant Address: (b)(6) **Phone #** (b)(6)

Location of Incident: Mutanna, Mosul

Date and time of incident: 13 Feb 05

Decedents: (b)(6) **Decedents ID No.** 24 FEB85 (b)(6)

Wife

~~**Power of Attorney:**~~ (b)(6)

Power of Attorney provided and interpreter approved:

☐ **Car incident** ☒ **Death & Personal Injury** ☐ **Home & Property Damage**

Vehicle Licenses Number (b)(6) **, Year** (b)(6) **, Model** Vectra **, Make** OPEL

Proof of Ownership: Yes

Summary of Action

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)

saw CF & pulled over when an IED went off. CF started shooting. The IED targeted the third vehicle on US side of the road.

Evidence: IDs P/R, Witt statement, Proof of ownership, Pictures

claims to have waited because they were in morning

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills, receipt, estimate if applicable)

Item	Description	Amount
1	Dashboard	$100
2	windshield	$100
3		
4		
5		
6		
7		
8		
9		
10		
Total		

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

US Dollar Amount$:_____ **Iraq Dinar Local Currency (ID):** _____

(b)(6) _____ (b)(6)

Clamant Signature **(Print Name)**

Subscribed before me this: 16 **Day of** Dec, **200**6

(b)(3)(b)(6) LT (b)(3)(b)(6)

(Print Name)

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 بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة(60) ستون يوما من تاريخ اليوم او طلب التمديد (الأستئناف) خلال فترة ستون(60) يوما ,هذا سوف يسبب عدم تكوين تاكيد لقضيتي , وبسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ا,م 27-162, من الفقرة 13-3(ف).

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

(b)(6)

Claimant Signature:____ _____

Sworn before LT (b)(6) on 16 day of Dec 2006.

Pages 5 through 11 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

Foreign Language Text

Foreign Language Text

Foreign Language Text

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Foreign Language Text

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Foreign Language Text

Langua

Foreign Language Text

Pages 13 through 19 redacted for the following reasons:
- -
Foreign Language Text, (b)(6)

POLICE REPORT.

WIFE STATEMENT.
NAME.

(b)(6)

I WAS WITH MY HUSBAND IN CAR AND ALSO WAS WITH US MY DAUGHTER AND HIS UNCLE AND SISTER IN LAW. WHEN WE ARRIVE AT ALSUKR TUNNEL WE SAW US CONVOY COMMING SO WE STOP THE CAR ON SIDE ROAD - THEN IED EXPLODED AT THAT CONVOY AFTER THE EXPLOSION FIGHT ENGAGEMENT HAPPEN BETWEN US FORCES AND THE TERRORIST. BECOUSE OF THIS ENGAGEMENT MY HUSBAND GOT SHOT IN IN CHEST AND DIE. I SAW HIM BLEEDING. SOME PEOPLE IN THAT AREA THEY HELP HIM BY TAKEIN HIM TO THEHUSPITAL. BUT IT WAS VARY LATE HE DID NOT MAKE IT.

WITNESS STATEMENT.

COUSIN STATEMENT.

NAME: (b)(6)

I WAS IN CAR WITH THE DECEASED IN THAT DAY WE WERE GOING TO HAY ALMUTANA TOWN. THEN WE SAW US CONVOY COMMING AND WE DID STOP ON SIDE ROAD. THEN A EXPLOSION HAPPEN AT US CONVOY THE THEY START OPENING FIRE AND THIS HOW THE VICTIM GOT SHOT IN CHEST AND DIE.

DEATH CERTIFICATE.

NAME: (b)(6)

DOB (b)(6)

HE DIE ON FEB 13TH 2005.

CAUSE OF DEATH: GUN SHOT IN CHEST.

Foreign Language Text, (b)(6)

wife