

CERP OFFICE MEMO OF UNDERSTANDING

Claim No.: 255

Payee: (b)(6)

CERP Amount Paid: \$2500

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: 26 JUN 06 (b)(6)

Payee Signature: X (b)(6)

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

Case # 255 /

(b)(6)

**172d STRYKER BRIGADE COMBAT BATTALION
BRIGADE OPERATION LAW TEAM (BOLT)**

CASE EVENT LOG/ATTORNEY WORK PRODUCT

DATE _____ NOTES _____ INT. _____

28 MAY 2006 - DEATH

• REVIEWED CASE -
~~EOP INCIDENT~~ / NOT FIC

• TO MAT (b)(3)(b)(6) FOR REVIEW/PAYMENT

29 MAY 2006 -
NO SHOW

29 MAY 2006 claims he was already
paid 1500.00 here. (FCA?)
Come back on 12 June 06 for CEPP
Recommend pay 2500.00

(b)(2)High, (b)(3)(b)(6)

Agree w/ recommendation
Offered \$2500



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
BRIGADE OPERATIONAL LAW TEAM
172D STRYKER BRIGADE COMBAT TEAM
MOSUL, IRAQ, APO AE 09319

APVR-WJA

12 April 2006

MEMORANDUM FOR Chief of Claims, ATTN: Office of the Staff Judge Advocate, 101st
Airborne Division (Air Assault), Tikrit, Mosul APO AE 09393

SUBJECT: Seven-Point Memorandum and Recommendation: Claim, #255

INTRODUCTION: Pursuant to AR 27-20, I have investigated the claim of (b)(6)
(b)(6)

1. Amount of Claim and Date and Place of Filing:

a. Amount: ~~\$1500.00.~~

b. Date and Place of Filing: 20 December 2005; FOB Courage, Mosul, Iraq.

2. Type of Claim: This is a claim for an Escalation of Force incident bailed to the United States pursuant to the provisions of the Foreign Claims Act. The claim is cognizable under the provisions of AR 27-20.

3. Date and Place of Incident:

a. Date: 8 August 2005.

b. Place: (b)(6) Mosul, Iraq.

4. Claimant's Address: Mosul, Iraq.

5. Facts of Incident:

a. The Incident: Claimant's father was driving to work when he suddenly came upon Strykers. The Strykers used escalation of force and shot up his father's vehicle. Father was killed.

b. Evidence: The file contains the following evidence:

- (1) Pictures
- (2) POV Registration
- (3) ID
- (4) Estimates

CENTCOM 008522

- (5) Police Reports and Witness Statements
- (6) Power of Attorney
- (7) Death Certificate

6. Brief of Applicable Law:

a.	(b)(2)High
b.	
c.	

7. Opinion and Determination:

- a. Opinion: Determined by evidence.
- b. Determination: After prompt investigations the evidence presented validates the claim.

(b)(3), (b)(6)
CPT, JA
Foreign Claims Commission

CLAIMS RESEARCH NOTES

CLAIM #: 255 APPT 10 APR 06

SIGACT: 1-25th SBCT:

[REDACTED] SCTS/1-24 WERE CONDUCTING A SNIPER EXFIL ON ROUTE (b)(2)High
(b)(2)High WHEN THEY OBSERVED A BLACK VAN WITH ONE PASSENGER MOVING NORTH TOWARDS
THEIR REAR STRYKER. SOLDIERS MOTIONED FOR THE VEHICLE TO STOP AND THEN FIRED A
(b)(2)High WHEN THE VEHICLE FAILED TO STOP UNITS (b)(2)High
(b)(2)High
(b)(2)High THE UNIT ESCALATED TO LETHAL FORCE ENGAGING THE DRIVER OF THE VEHICLE.
AFTER STOPPING THE VEHICLE, THE PLATOON SEARCHED THE VAN AND FOUND NOTHING.
THE DRIVER OF THE VEHICLE WAS KIA AND WAS TAKEN TO AL JAMOURI MORGUE.

DET FAC: None.

PREVIOUS FCA: None.

PREVIOUS CERP: None.

SOLDIER'S NOTE: None.

CIVIL AFFAIRS: RFI emailed to 401st CA; 401 CA has not paid condolence to this Claimant or to father.

15-6: Unknown as no 15-6 records from 1-25th SBCT to research

OTHER REFERENCE: None.

OF NOTE:

- SigAct states it was a black van. Pictures show a blue van.

RECCOMENDATION: PAY CLAIM

- SigAct of incident.
- Claimant's evidence and account is consistent with SigAct
- Pictures consistent with account and escalation of force.

Pay 1500 Cerp (Death)
Pay 1500 FGA
(b)(3)(b)(6)

ASKING \$\$\$ AMOUNT/ESTIMATE TOTAL(S):

- Death \$2500.00
- Vehicle damage (from estimates): \$1,744.00

Done
10 APR 06

Police Report

(b)(6) Police Station
Nov.27th 2005

Open Statement

Mosul investigation Judge Reference claimer's petition (b)(6) asking file claim against American Forces for killing his father (b)(6) and made damages to his vehicle Toyota supper kind for that the statement was open and started his statement as follow:

(b)(6) born (b)(6) work as labor live in Mosul (b)(6) his phone number is (b)(6) His statement was.

On August 28th 2005 around 8:30 am my father was killed the victim names (b)(6) (b)(6) by America Forces in Mosul (b)(6) neighborhood while he was starting his vehicle Toyota kind the incident cause martyrdom my father and made a lot damages to his vehicle with no reason because they were ambushed the area near by Al Rahma Hospital. My father was (b)(6) (b)(6) and he didn't saw them. They opened gunfire at him cause his dead, for that I file this claims

Claimer Signature

Police officers Signature

The investigator council
In Mosul
Mosul Investigator Court

Witness Statement

The witness (b)(6) DOB (b)(6) work as (b)(6) live in Mosul (b)(6) his statement is herein below:

There was no eye witness about the incident on August 28th 2005, around 8:30 am I was informed that my uncle my father in law (b)(6) was shot by many gunfire by American Forces in (b)(6) near by Al Rahmah Hospital while he was going toward his vehicle supper kind blue color to buy fruit and vegetables, he was killed by American Forces and he was taken to the hospital by US Army. This is my Statement.

Witness Signature

Claim # 255 B

The investigator council
In Mosul
Mosul Investigator Court

Witness Statement

Witness DOB work as live in Mosul

his statement is herein below:

I have no eye witness to incident but I was informed about the victim that he was killed by American Forces in neighborhood near by the Al Rahamah Hospital when the American Forces had ambush at that area and then he was transferred to the hospital by American Forces and this is my statement.

Witness Signature

2d Interview

172d STRYKER BRIGADE COMBAT TEAM
Command Judge Advocate
Claims Section
Claims Chronology Sheet

(b)(2)High, (b)(3), (b)(6)

CLAIM # 255

Full Name: _____
 Address: _____
 Location of Incident: _____

FOR CLAIMS USE ONLY

Date Incident: _____ CLAIMANT ID# _____

LICENCE PLATE NUMBER _____

YEAR: _____ MAKE: _____ MODEL: _____

Date	Summary of Action	Initials
9 Feb 06	Estimates: Total \$1,744	
Claimant March AE 9 Feb 06 POA Father's ID Sending a Death Certificate	1) Glass Front/Back \$150,000 IQD 2) Brakes \$9,000 IQD 3) Windshield \$109,000 IQD 4) Dashboard \$125,000 IQD 5) A/C Replace \$150,000 IQD 6) Tires \$109,000 IQD 7) Grill/Radiator \$1,150,000 IQD	
New App'd 6 Mar 06		

Claims Section

OIC: CPT (b)(3), (b)(6)

Claims Examiners: SSG (b)(3), (b)(6) and SPC (b)(3), (b)(6) CENTCOM 008527

Pages 9 through 11 redacted for the following reasons:

(b)6 Foreign Language Text

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008

1. Submit To Appropriate Federal Agency:

2. Name, Address of claimant and claimant's personal representative, if State and Zip

(b)(6)

(b)(6)

Mosul

(b)(6)

3. TYPE OF EMPLOYMENT

MILITARY CIVILIAN

4. DATE OF BIRTH

(b)(6)

5. MARITAL STATUS

Married

6. DATE AND DAY OF ACCIDENT

8 Aug 05

7. TIME (A.M. OR P.M.)

0830

8. Basis of Claim (State in detail the nature and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

Death of father and vehicle damage.
Damage to vehicle: front windshield shot up, hood shot up, various damage to front dashboard.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

(b)(6)

Beard

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

11. WITNESSES

NAME

ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

\$ 450.00

\$ 2,500.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

(b)(6)

CLAIMANT (See instructions on reverse side.)

13b. Phone number of signatory

14. DATE OF CLAIM

CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

USAPPC V1.00

CENTCOM 008532

Pages 14 through 15 redacted for the following reasons:

(b)6 Foreign Language Text

Foreign Language Text, (b)(6)