

CERP OFFICE MEMO OF UNDERSTANDING

Claim No.: 264/265

Payee: SS (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

Payee (b)(6) _____

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

(b)(6)

EDF DEATH

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

CASE EVENT LOG/ATTORNEY WORK PRODUCT

DATE _____ **NOTES** _____ **INT.**

28 MAY 06 -
EDF DEATH INCIDENT

DATE OF INCIDENT
10/11/2005

29 MAY 2006 -
TO MAT (b)(3),(b)(6)

FOR FINAL CORP REVIEW. (b)(3),(b)(6)



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, #264/265

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

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

a. Amount: \$5000.00.

b. Date and Place of Filing: 29 December 2005; FOB Courage, Mosul, Iraq.

2. Type of Claim: This is a claim for Damages to Vehicle and Death during 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: 9 December 2005.

b. Place: Al Zuhor, Mosul, Iraq.

4. Claimant's Address: Mosul, Iraq.

5. Facts of Incident:

a. The Incident: Claimant's husband was driving when Soldier's used escalation of force. The Claimant's husband was shot and burned alive in vehicle.

b. Evidence: The file contains the following evidence:

- (1) Pictures (missing)
- (2) POV Registration
- (3) ID
- (4) Power of Attorney
- (5) Estimates
- (6) Police Reports and Witness Statements

Pay CERP

CENTCOM 008561

APVR-WJA

SUBJECT: Seven-Point Memorandum and Recommendation

(7) Claims section research

(8) SigAct

6. Brief of Applicable Law:

a. AR 27-20

b. JA's Claim's Authority: (b)(2)High US Dollars.

c. 10 USC 2734

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

172d STRYKER BRIGADE COMBAT TEAM
Brigade Operational Law Team
Claims Section
Claims Chronology Sheet

STATUS:

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

(b)(2)High

CLAIM # ~~2104~~ 2104-268

Full Name: (b)(6) *- Deceased's Wife*

Address: ~~##~~ (b)(6)

Location of Incident: *Al Fiera*

FOR CLAIMS USE ONLY

Date Incident: _____ **CLAIMANT ID#** (b)(6) _____

LICENCE PLATE NUMBER _____

YEAR: _____ **MAKE:** _____ **MODEL:** _____

Date	Summary of Action	Initials
<i>16 Feb</i>	(* Bringing)	(b)(3),(b)(6)
FCA Or CERP	<i>- This is the deceased's wife.</i> <i>- Claimant's son initially filed the claim under power of Attorney.</i> The POA is for the	
Appointment Day: <i>6 March</i>	<i>- Son agreed to turn claim over to his mother.</i>	
		(b)(3),(b)(6)
AWAITING EVIDENCE: Y/N. If Yes - List Required Evidence:		
1.	<i>Marriage Certificate - 6 March</i>	
2.		
3.		
4.		
5.		

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

STATUS:	CLAIM # 264 265
(b)(3),(b)(6) (b)(3),(b)(6)	Full Name (b)(6)
(b)(2)High	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	(b)(6) - came in on 9 Feb 06 to give permission in front of BOLT claims for to file claim on be- half of her husband. swears she is	(b)(3),(b)(6)
	(b)(6) the deceased to the deceased and gave permission to file claim (presently).	(b)(6)
	_____ wife -	(b)(6)
	(b)(6) _____	(b)(6)
	x witness - Interpreter	(b)(6)
	x (b)(3),(b)(6) _____ - SPC/E4 Claims for legal	(b)(6)

Claimant brought in deceased wife - she gave permission to file claim.

**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 any. (See instructions on reverse.) (Number, street, city, State and Zip Code)

(b)(6)

3. TYPE OF EMPLOYMENT

MILITARY CIVILIAN

(b)(6)

5. MARITAL STATUS

Married

6. DATE AND DAY OF ACCIDENT

11 OCTOBER 05

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

1500

8. Basis of Claim (State in detail the known facts 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.)

Claimant's father was shot by skykers, vehicle caught fire burning claimant's father.

9. PROPERTY DAMAGE

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

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

Total Damage to vehicle - Burned

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.

(b)(6)

Death of Father
on 11 OCT 05

11. WITNESSES

NAME

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

12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

\$2250.00 Vehicle

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

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

I STATE THAT THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SFACTION AND FINAL SETTLEMENT OF THIS CLAIM

(b)(6)

NT (See instructions on reverse side.)

13b. Phone number of signatory

(b)(6)

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 008566

Foreign Language Text, (b)(6)

CENTCOM 008567

Page 10 redacted for the following reason:

Foreign Language Text

INFORMATION FOR SOURCE PASSED ON TO THE BDE S2X.

111320OCT05: 4/A/2-1 IN REPORTS SVBIED ATTK GRID (b)(2)High , DRIVER OF THE SVBIED PULLED OUT AND TRIED TO HIT THE SECOND STRYKER IN THE CONVOY. THE GUNNER IN THE 2ND STRYKER ENGAGED THE DRIVER WITH (b)(2)High AND THE AIF DETONATED PREMATURELY. 1 X LN KIA, 1 X AIF KIA , 4 X US WIA TAKEN FOB COURAGE. JCC AMBULANCE AND FIRE TRUCK REQUESTED. 111405OCT05: 2X WIA WERE MEDEVAC TO CSH. 2X WIA RTD.

111410OCT05: 1-17 RPTS LARGE EXPLOSION AT BRIDGE 4. 503 MP, RIPCORD 41 RPTS STRIKING SVBIED AT (b)(2)High SVBIED JUMPED THE MEDIAN AND HIT LEAD VEHICLE HEAD ON. 1X M1117 (ASV) DESTROYED, 1X M1114 FLAT TIRE, NO CAS; 503 MP RPTS ATTACKING SECOND VEHICLE THAT DID NOT STOP AFTER THE SVBIED ATTACK, 1X ROUND 5.56MM AND THEN 20 ROUNDS .50 CAL, UNKNOWN NUMBER OF VEHICLE OCCUPANTS KIA. VEHICLE IS CURRENTLY ON FIRE JCC AMBULANCE AND FIRE TRUCK REQUESTED. 111600OCT05: 2-1 ESCORTS EOD TO SITE. 111800OCT05: EOD DETERMINES SECOND VEHICLE WAS NOT AN IFD

(b)(2)High

(b)(2)High

(b)(2)High

(b)(6) (b)(2)High

(b)(2)High

Nonresponsive

(b)(2)High

(b)(6)

(b)(2)High

CLAIMS 204 & 205

- SIGACT matches claimant's story & evidence:
 - Shykers in "blocking" position when father came upon ~~them~~ them. Probably Shykers cordoning the SUBIED Area.
 - Fire Truck requested. Claimant included a Report of Incident from the Fire Dept.

* Note: SIGACT says 2^d vehicle is NOT on IED

(b)(5)

- * Evidence is timely - reported day of the incident
- * Evidence matches SIGACT

* Note: Top claimant that he needs a POA from father's wife to file for death of father.
Claimant had POA from father for Veh.

Page 13 redacted for the following reason:

Foreign Language Text, (b)(6)