

CERP OFFICE MEMO OF UNDERSTANDING

Claim No.: 495

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 \_\_\_\_\_

Payee Signature: \_\_\_\_\_ (b)(6)

CERP Officer Signatur \_\_\_\_\_ (b)(3),(b)(6)

#495

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

**CASE EVENT LOG/ATTORNEY WORK PRODUCT**

**DATE** \_\_\_\_\_ **NOTES** \_\_\_\_\_ **INT.** \_\_\_\_\_

28 MAY 2006

FINAL REVIEW FOR LTC:

- BATTLE DAMAGE COMM - NO PCA.
- LERP ONLY

- NO EVIDENCE/REVIEW THIS PERM CLOSE.

TO MAJ

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

FOR REVIEW:

MAJ - THIS IS A MULTIPLE COMM. - SEE #504  
6/12/2006  
FILE IS MISSING

## CLAIMS RESEARCH NOTES

CLAIM #: 495 (Same incident as claim # 504)  
APPOINTMENT: 22 May 2006 (Resched 29 May)

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**SIGACT:** No Division SigActs for August 2005. 172D SBCT SigAct:

**240819AUG05:** JCC CALL IN REGARDING A POSSIBLE EXPLOSION AGAINST CIVILIANS  
(b)(2)High JCC DISPATCHED AMBULANCES AND IPS. IPS ON SITE REQUEST CF  
SUPPORT. (b)(6) SENT TO CONFIRM/DENY. 3-21 IN SENT A UNIT TO INVESTIGATE,  
NSTR.

**DET FAC:** None.

**PREVIOUS FCA:** None.

**PREVIOUS CERP:** ASK THE CLAIMANT IF THEY KNOW THESE PEOPLE:  
(If the Claimant does not know them – Good. If the Claimant *DOES* know them, then these claims could be from same incident as Claimant's, meaning this claim is fraudulent).

#375 and #376 filed 12 Apr 05:

- Incident occurred 13 March 2005.
- Claimants, (b)(6) (#376) and (b)(6) (#375)
- Paid CERP; \$2300 and \$2500 respectively.

Claim #1181 filed 3 Sep 05:

- Incident occurred 24 Jul 05:
- (b)(6)
- Denied (shot during conflict b/w US & terrorists).

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**SOLDIER'S NOTE:** None.

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**CIVIL AFFAIRS:** Unknown as incident happened during 1-25<sup>th</sup> SBCT's reign.

**RFI for Cerp:** N/A

**SITREP:** N/A

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**15-6:** Unknown as incident happened during 1-25<sup>th</sup> SBCT's reign.

**OTHER REFERENCE:** Nothing.

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**OF NOTE:** Nothing.

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**RECCOMENDATION: GRAY Claim:**

**DENY Claim:**

- No report of US Helicopter in area/date/location of incident.
- No records of 15-6 investigation or CERP condolence payment available.

**PAY Claim (CERP condolence only):**

- Eyewitness statements
  - Companion Claim (#504)
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**ASKING \$\$\$ AMOUNT/ESTIMATE TOTAL(S):**

- Claimant asking for \$5,000.00. They were told that \$2,500.00 was the maximum allowed for death.



1. Submit To Appropriate Federal Agency: <b>U.S. ARMY CLAIMS</b>	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)  (b)(6) , MOSUL (IRAQ)
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3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH (b)(6)	5. MARITAL STATUS <b>MARRIED</b>	6. DATE AND DAY OF ACCIDENT <b>24 AUGUST 2005</b>	7. TIME (A.M. OR P.M.) <b>0800</b>
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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.)

**ON WAY TO WORK IN A VEHICLE. CAR WAS HIT BY AIRCRAFT GUNFIRE (HELD). CLAIMANT DOES NOT KNOW WHY HIS CAR WAS SHOT AT BY US FORCES. WIFE WAS KILLED.**

**WRONGFUL DEATH CLAIM**

**(ANOTHER FEMALE ALSO KILLED IN CAR) INCIDENT HAPPENED @ ZAHWEY HOSPITAL AREA (BEFORE BRIDGE)**

9. PROPERTY DAMAGE

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

**N/A**

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

**N/A**

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

**\$5,000**      **WIFE'S**      (b)(6)      **#**

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

11. WITNESSES

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

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

12a. PROPERTY DAMAGE <b>N/A</b>	12b. PERSONAL INJURY <b>N/A</b>	12c. WRONGFUL DEATH <b>\$5,000</b>	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) <b>\$5,000</b>
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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

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)  (b)(6)	13b. Phone number of signatory (b)(6)	14. DATE OF CLAIM <b>4 MAY 06</b>
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<p><b>LIABILITY FOR PRESENTING FRAUDULENT CLAIM</b></p> <p>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.)</p>	<p><b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b></p> <p>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)</p>
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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 (90) days of the date below or to request a written extension of the 90 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 90 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 90 day period, this failure will result in denial of the claim. The claim will be administratively closed in accordance with the guidance.

1. انا المشتكي هنا اوافق على اني اذا فشلت في اثبات طلبي بالادلة الكافية الى دائرة الشكاوي (السيماك) خلال مدة (90) يوما من تاريخ اليوم او طلب التمديد (الاستئناف) خلال فترة تسعون (90) يوما, هذا سوف سوف يسبب عدم تكوين تأكيد لقضيتي, وبسبب ذلك قضيتي سوف تترك و تغلق اداريا طبقا للقانون (د,ا,ب,ا,م 162-27, من الفقرة 13-3(ف)).

2. وانا كذلك اوافق على اني اذا انتظرت اكثر من (90) تسعون يوما من التاريخ المحدد من دائرة (السيماك) لاستلام النتيجة للقرار النهائي لقضيتي او لطلب التمديد خلال الفترة المحددة وهي (90) تسعون يوما, هذا سوف يتسبب برفض قضيتي. و القضية سوف تغلق اداريا وفقا للقانون.

Claimant Signature: X

(b)(6)

Sworn before

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

, on 4<sup>th</sup> day of May 2006.

CENTCOM 008668

POLICE REPORT AUG 30TH 2005

IN AUG 24TH 2005 ABOUT 8AM MY WIFE LEFT <sup>(b)(6)</sup>  
<sup>(b)(6)</sup> IN MORNING TO WORK AT BANK AND ABOUT  
8.30 AM ~~THE~~ IN SAME DAY THE DRIVER CALL ME HIS NAME  
IS ( <sup>(b)(6)</sup> ) AND HE SAID THAT MY WIFE  
SHE GET INJURED BY US FORCES WITH THEY SHOT A ROCKET  
FROM HELICOPTER AT THEM THIS IS HOW MY WIFE GET KILLED

WITNESS STATEMENT, OCT 17TH 05

NAME: <sup>(b)(6)</sup>  
IN AUG 24TH 2005 ABOUT 7.50 AM I WAS WITH MY FRIENDS  
IN CAR WE ALL GOING TO WORK AND I SAW THAT HELICOPTER  
FIRED A ROCKET TOWARD ONE WALL NEAR US AND THAT  
EXPLOSION CAUSED MY TWO FRIEND TO BE KILLED AND  
THEIR NAME IS <sup>(b)(6)</sup> AND <sup>(b)(6)</sup>  
<sup>(b)(6)</sup> AND TWO OF THEM WERE INJURED.

WITNESS STATEMENT, OCT 17TH 05

NAME: <sup>(b)(6)</sup>  
IN AUG 24TH I WAS WITH MY FRIEND RIDING A  
CAR (OPEL ASTRA) AND WHEN WE WERE NEAR INTERSECTION  
(ASKR) AND I HEARD SOUND OF HELICOPTER AND AT SAME  
TIME AN EXPLOSION NEAR THE CAR AND SOME FRAGMENT  
HIT MY FRIEND AND THEY GET KILLED IMMEDIATELY THEIR  
NAME IS <sup>(b)(6)</sup> AND <sup>(b)(6)</sup> AND I  
WAS INJURED BY SOME FRAGMENT.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6), Nonresponsive

(b)(6)

Page 10 redacted for the following reason:

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Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 008672

Pages 12 through 19 redacted for the following reasons:

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Foreign Language Text, (b)(6)