

CERP OFFICE MEMO OF UNDERSTANDING

Claim No.: 534

Payee: _____ (b)(6) (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) _____

(Attorney) Payee Signature: _____

CERP Officer Signat (b)(3)(b)(6) _____

DEATH

Claim # 534

172 SBCT/TF Band of Brothers Claims Form

To: United State Army Foreign Commission.

FCA CERP

POA:
/ MOTHER

Clamant Full Name: ATTY: (b)(6) (b)(6)

Clamant ID Number: # (b)(6) DOB: (b)(6)

Clamant Address: (b)(6) Phone # (b)(6)

Location of Incident: INTERSECTION HAY PALESTINE / HAY WANDY

Date and time of incident: 15 SEP 2005 / 1630

Decedents: _____

Power of Attorney: YES, ATTY REPRESENTS MOTHER / NOT MARRIED ^{DECEASED}

Power of Attorney provided and interpreter approved: YES

Sponsor Full Name: _____

Sponsor ID Number: _____

Car incident Death & Personal Injury Home & Property Damage

Vehicle Licenses Number N/A Year _____, Model _____, Make _____

Proof of Ownership: _____

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)

- DEATH CASE / IED EXPLOSION - AMERICANS STARTED SHOOTING RANDOM CIVILIANS.
- HE SAYS AMERICAN TROOPS APOLOGIZED BUT LEFT NO NOTES / SOLDIER CARDS.
- NO EYEWITNESS STATEMENTS IN PACKAGE
- (b)(6)

Evidence: COMPLETE DEATH PACKAGE (NEEDS DEATH CERTIFICATE & WITNESS STATEMENTS)

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		
2		
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: \$15,000 Iraq Dinar Local Currency (ID):

(b)(6) (b)(6)
(Print Name)

Subscribed before me this: 1st Day of June, 2006

for: MORRIS

(b)(3)(b)(6) (b)(3)(b)(6)
(Print Name)

USN

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

CASE EVENT LOG/ATTORNEY WORK PRODUCT

DATE _____ NOTES _____ INT. _____

17 JUN 2006 -

- CLAIMANT STATES THROUGH ATTY THAT HE
KILLED HER SON FOR NO REASON
- SIGALTS FROM 8-15 MAY ARE MISSING FROM
(b)(2)High SGT (b)(3)(b)(6) HELPING ME
TRACK THEM DOWN WITH 17/BATTLE CAPT.

• INWK - HOLD

23 JUNE 2006 -

THERE ARE NO SIGALTS - LOST DUE TO COMPUTER GLITCH.
CONFIRMED w/ 172D.

* TO

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

FOR REVIEW.

Page 5 redacted for the following reason:

Nonresponsive, (b)(2)High

Claim No 534
Police Station
15 September 2005

Police Report

We informed by Emergency department that there is injured person there after we moved over there it appeared to us the injured person is (b)(6) age of (b)(6) years was shot by gunfire in the head by American Forces the location of incident is at Hai Al Wehdah neighborhood for that this statement was open:

The claimant (b)(6) statement rightly for his son victim (b)(6) DOB (b)(6) work as (b)(6) lives in (b)(6) below his statement:

On 15 September 2005 at 16:30 hr I was driving my car make Volkswagen brazil made blue color license plate number (b)(6) Nineveh my son (b)(6) was with me going to Bab Al toob market after we left home and we arrived at Dowmiz intersection and Falsteen neighborhood, the American Convoy were behind me and I pull over and stopped my car on the right side of the road because I fear of American vehicle. That time road side bumps blast at the American and the American forces opened randomly gunfire because of that I accidentally hit other vehicle Toyota kind the American continue shooting gunfire toward my vehicle and cause injury to my son in his head and I took my son to the Al Salam hospital. I file this claim and asking my right against the American forces.

Claimant Signature

Judge Signature

Claim No 534 A

By the name of Allah the most compassionate the most merciful

Al Razi Police Station

No: / 74

Date: 15 September 2005

To: Medical Profession

Subject: Necropsy

We send you the victim dead body: - (b)(6) requesting please necropsy and
send the autopsy report to Al Ahrraer police station.

With regard

Question

1. Cause of death
2. What kind of weapon been used
3. How many gunfire
4. The distance for the gun shot

The Answer:-

The cause of death

1. Broken splutter and bleeding
2. Injured by one round shot percolating
3. There is no sign for short distance shooting



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 يسبب عدم تكوين تأكيد لفضيتي, 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 لفضيتي او لطلب التمديد خلال الفترة المحددة و هو بب برفض قضيتي و القضية سوف تغلق اداريا وفقا للقانون.

(b)(6)

Claimant Signature. [Signature]

Sworn before LNCL

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

7th day of June 2006

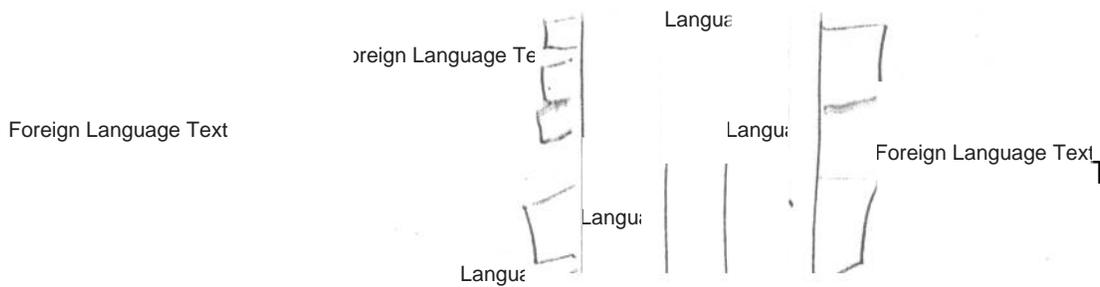
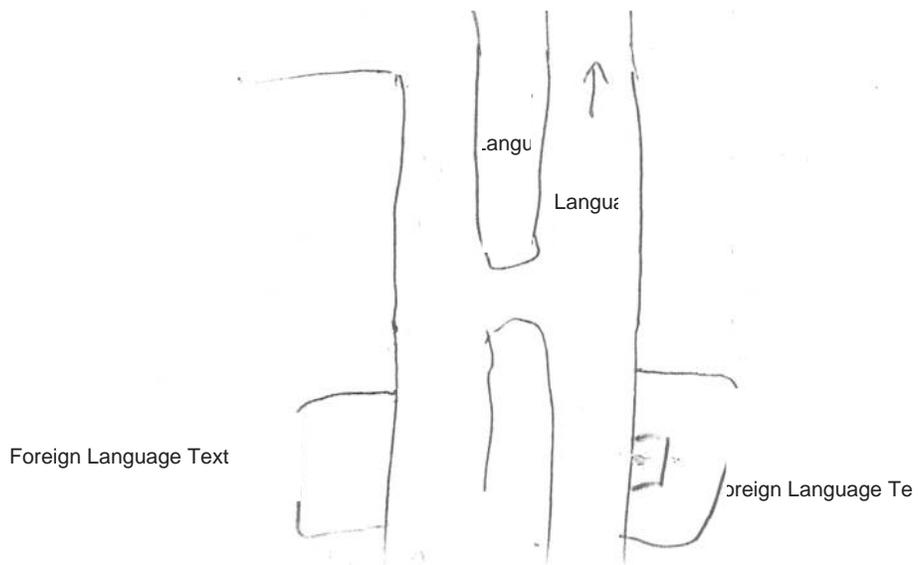
ATTY FOR CLAIMANT

CENTCOM 008769

Pages 9 through 10 redacted for the following reasons:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



TCOM 008772

Pages 12 through 25 redacted for the following reasons:

Foreign Language Text, (b)(6)