

CERP OFFICE MEMO OF UNDERSTANDING

Claim No.: 712

Payee: _____ (b)(6)

CERP Amount Paid: \$1000

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: 27 JAN 07

Payee Signature: _____ (b)(6)

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

CERP

Claim # [redacted] 712

3d BDE SBCT/TF Band of Brothers Claims Form

To: United State Army Foreign Commission.

FCA

Claimant Full Name: (b)(6)

Claimant ID Number: (b)(6) DO (b)(6)

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

Location of Incident: Sanea Sinea, Mosul

Date and time of incident: 2 May 05

Decedents: (b)(6) Decedents ID No. (b)(6)

Power of Attorney: Yes

Power of Attorney provided and interpreter approved: _____

Car incident Death & Personal Injury Home & Property Damage

Vehicle Licenses Number _____, 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)

claimant's father was walking to get ice cream. There was gun fire & the father was shot by US Forces. claims father was shot after gunfire stopped. claims to have filed at Prov Hall after going to Courage

Evidence: ID, death certificate, P/R, witness statements med docs

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: 2,500 Iraq Dinar Local Currency (ID): _____

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

Clamant Signature (Print Name)

Subscribed before me this: 25 Day of Nov, 2006

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

Pages 4 through 5 redacted for the following reasons:

Foreign Language Text, (b)(6)

POLICE REPORT.

NAME:

(b)(6)

I DID NOT SEE THE INCIDENT, PUT ON MAY 2ND 2005
I WAS AT HOME THAT TIME. AND I GET PHONE CALL
FROM SOME PEOPLE AND THEY SAID THAT MY
HUSBAND WAS KILLED BY US FORCES AND WE HAVE
5 KIDS.

AUTOPSY

NAME:

(b)(6)

HE WAS KILLED ON ~~MAY~~ MAY 2ND 2005
CAUSE OF DEATH GUN SHOT

(b)(6)

(b)(6)

DEATH CERTIFICATE

NAME:

(b)(6)

HE DIED ON MAY 2ND 2005

DATE OF BIRTH

(b)(6)

CAUSE OF DEATH. RUPTURE IN HEART INTENSIVE
BLEEDING.

WITNESS STATEMENT.

NAME:

(b)(6)

ON MAY 2ND 2005 I SAW THE US FORCES OPEN FIRE AT CLAIMANT ((b)(6)) HE WAS WOUNDED IN BACK BY GUN SHOT. AFTER THE US FORCES LEFT THE AREA WE WENT THERE WE WENT TO THAT LOCATION WE LOOK AT HIS I-D AND SOME PEOPLE KNOW HIM THEY CALL IT HIS FAMILY.

WITNESS STATEMENT.

NAME:

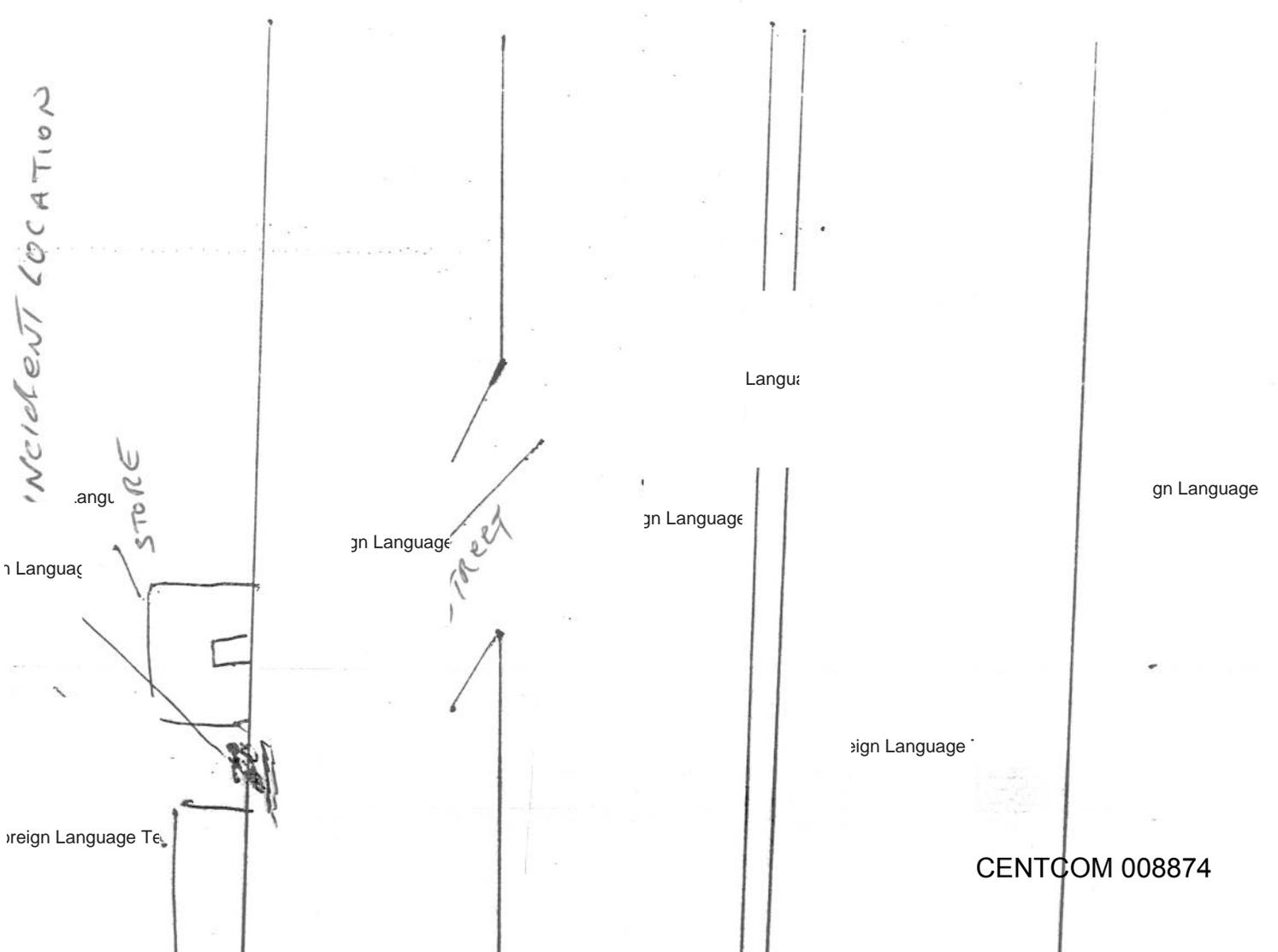
(b)(6)

IN MAY 2ND 2005. I WAS IN AL SINNA TOWN WITH MY FATHER AND I HEARD A GUN SHOTS THEN I WENT TO THAT AREA AND I SAW US FORCES THERE AND THERE THE ONE WHO SHOT HIM AND I SAW VICTIM I-D AND WE CALL IT HIS FAMILY.

Pages 8 through 14 redacted for the following reasons:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)



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Pages 16 through 20 redacted for the following reasons:

Foreign Language Text, (b)(6)