



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3<sup>rd</sup> BRIGADE COMBAT TEAM  
OPERATION IRAQI FREEDOM, COB SPEICHER  
TIKRIT, IRAQ APO AE 09393

AFZP-VA-HQ

2 April 2006

CP3AAS60620203-16  
MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]  
[REDACTED] (Claim Number 06-JR8-527)

1. On 12 December 2006, [REDACTED]'s brother was killed during a joint raid involving CF and IA.
2. I certify that CERP funds are available to pay [REDACTED] in the amount of \$2,500.00. This is a condolence payment.  
PAC
3. The request to pay [REDACTED] in the amount of \$2,500.00 from CERP has been legally reviewed. There is no legal objection to this payment and it is accordingly approved.

[REDACTED]  
[REDACTED]  
[REDACTED]

CPT, EN  
Project Purchasing Officer

Did not receive payment from IA so this is not duplicative.  
verified by 100% legal.

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## TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved: [REDACTED]

Decedents: [REDACTED]

Hometown: [REDACTED]

Iraqi Resident: [REDACTED]

My claim arose at: [REDACTED]

(Town)

Samarra

(City)

(Country)

My claim arose on: [REDACTED]

12

Dec

05

Month

Day

Year

Proof of Ownership: [REDACTED]

N/A

VIN Match: [REDACTED]

Interpreter Approved: [REDACTED]

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): [REDACTED]

N/A

Interpreter Approved: [REDACTED]

Medical Report/Legal Expert Opinion: [REDACTED]

N/A

Interpreter Approved: [REDACTED]

Witness Statement (Consistent?): [REDACTED]

Interpreter Approved: [REDACTED]

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.)

C's brother killed by

Joint Raid w/ CF & IA

No. MARTA payment given to family

↳ unknown  
person why.

Evidence: statement from [REDACTED]

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List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item

Amount

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Total: \_\_\_\_\_

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ \_\_\_\_\_ local \_\_\_\_\_

\_\_\_\_\_  
(Signature of Claimant)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

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