

6-1R8-507

CENTCOM 002835

24768



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd 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 (b)(6)
(b)(6) (Claim Number 06-IR8-527)

1. On 12 December 2006, (b)(6) 's brother was killed during a joint raid involving CF and IA.
2. I certify that CERP funds are available to pay (b)(6) in the amount of \$500.00. This is a condolence payment. (3),(b)
3. The request to pay (b)(6) 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.

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

CPT, EN
Project Purchasing Officer

*Did not receive payment from IA so this is not duplicative.
Verified by 106th legal.*

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TF Band of Brothers Claims Intake Form

To: United States

From: Name: _____

POA/ATT: _____

(b)(6)

Power of
Decedents: _____

Hometown: _____ Iraqi Resident: _____

My claim arose at: Samarra
(Town) _____ (City) _____ (Country) _____

My claim arose on: 12 Dec 05
Month N/A Day Year

Proof of Ownership: _____

VIN Match: _____

Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant
allegations): N/A

Interpreter Approved: _____

Medical Report/Legal Expert Opinion: N/A

Interpreter Approved: _____

Witness Statement (Consistent?): _____

Interpreter Approved: _____

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 MARTYN PAYMENT given to Family
↳ unKnown person why.

Evidence: statement from CFT (b)(3),(b)(6)

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

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)