

256 BCT-066, 067, and 068.  
b)(6)

Death x 3

CENTCOM 003964

31130



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 256<sup>th</sup> BRIGADE COMBAT TEAM  
CAMP AL-THAREER, IRAQ  
APO AE 09344

ATZQ-256BCT-SJA

18 March 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 256-BCT-058 066; 067; 068

1. NAME OF RECIPIENT: (b)(6)

2. DATE OF INCIDENT OR DAMAGE: 151900MAR05

3. LOCATION OF INCIDENT OR DAMAGE: Grid (b)(2)High

4. DESCRIPTION: A green Saturn body style vehicle approached the Northern gate of FOB St. Joseph at a high rate of speed. The guard from 2/70 Armor, 3BCT fired (2) warning shots into the ground in front of the vehicle and off to the side. The vehicle continued to approach the gate at a high rate of speed and did not make any attempt to slow their rate of travel. The guard then fired (1) shot into the hood of the vehicle. The vehicle continued past the serpentine at a high rate of speed. The vehicle continued towards the gate passing the trigger line. The guards then perceived the vehicle as hostile and engaged the vehicle with killing bursts into the cab with M240 and M249. (1) Adult male KIA, (1) adult female KIA, (1) female teen KIA.

5. JUSTIFICATION: By making this condolence payment, MNF ensures the family and community recognize the MNFs' sympathy for the loss of their loved ones. Support will positively influence both the community and local Iraqi leaders.

6. AMOUNT OF PAYMENT: **\$2,500 Death of husband**  
**\$2,500 Death of wife**  
**\$2,500 Death of child**  
**\$7,500**

7. POINT OF CONTACT: MAJ (b)(3), (b)(6) Commander, A/407<sup>th</sup> CA BN. VOIP (b)(2)High  
Iraqna 0-7901908412, NIPR: (b)(3), (b)(6) [@us.army.mil SIPR: \(b\)\(3\), \(b\)\(6\) \[@us.army.smil.mil\]\(mailto:@us.army.smil.mil\)](mailto:@us.army.mil)



JOHN BASILICA, JR.  
BG, U.S. ARMY  
Commanding

I concur with the payment.

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

LJC, JA  
Staff Judge Advocate

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31131

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. (b)(2)High 256 BCT-066
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

P  
A  
Y  
E  
E

(b)(6)

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
DEATH OF BROTHER	1	\$2,500	\$ 2,500

AGENCY NAME AND BILLING ADDRESS\*

P 15TH FIN BN  
A NORTH VICTORY  
Y  
O  
R

TOTAL \$ 2,500  
DISCOUNT TERMS  
DATE INVOICE RECEIVED

ORDERED BY (Signature and title)  
SFC (b)(3), (b)(6) PPO (b)(3), (b)(6)

PURPOSE AND ACCOUNTING DATA

(b)(2)High

✓-the-counter delivery of items

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

TITLE CONDOLENCE PAY AGENT DATE *29 Mar 05*  
SELLER

PAYMENT RECEIVED  PAYMENT REQUESTED \$ *2500*

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER X DATE  
(b)(6)

Signature

I certify that this account is correct and proper for payment in the amount of

*\$ 2500*

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

DIFFERENCES

NONE

ACCOUNT VERIFIED  
CORRECT FOR

BY

Al PAID BY CASH DATE PAID VOUCHER NO.

OR ..... (Check No.) *30/11/05*

STANDARD FORM 44A (Rev. 10-63)  
PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)

\*PLEASE INCLUDE  
ZIP CODE

CENTCOM 003966

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. (b)(2)High 256 BCT-067
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

P  
A  
Y  
E  
E

(b)(6)

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
DEATH OF BROTHER'S WIFE	1	\$2,500	\$ 2,500

AGENCY NAME AND BILLING ADDRESS\*

P 15TH FIN BN  
A NORTH VICTORY  
Y  
O  
R

TOTAL \$ 2,500  
DISCOUNT TERMS  
DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

SFC (b)(3), (b)(6) PPO (b)(3), (b)(6)  
PURPOSE AND ACCOUNT NUMBER

(b)(2)High

ry of items

(b)(6)

CONDOLENCE PAY AGENT

SELLER

<input type="checkbox"/> PAYMENT RECEIVED	<input checked="" type="checkbox"/> PAYMENT REQUESTED
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\$ 2500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6)	DATE
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Signature

I certify that this account is correct and proper for payment in the amount of

\$ 2500

DIFFERENCES

NONE

ACCOUNT VERIFIED  
CORRECT FOR

BY

PAID BY <input checked="" type="checkbox"/> CASH	DATE PAID
--	-----------

OR ..... (Check No.)	30 Mar 05
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\*PLEASE INCLUDE  
ZIP CODE

STANDARD FORM 44A (Rev. 10-63)  
PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)

CENTCOM 003967

31133

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. (b)(2)High 256 BCT-068
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

P  
A  
Y  
E  
E

(b)(6)

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
DEATH OF BROTHER'S CHILD	1	\$2,500	\$ 2,500

AGENCY NAME AND BILLING ADDRESS\*

P 15TH FIN BN  
A NORTH VICTORY  
Y  
O  
R

TOTAL \$ 2,500  
DISCOUNT TERMS  
DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

SFC (b)(3), (b)(6), PPO (b)(3), (b)(6)

PURPOSE AND ACCOUNTING DATA

(b)(2)High

counter delivery of items

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

CONDOLENCE PAY AGENT 7-1	SELLER (b)(3), (b)(6)	DATE 3/11/05
SELLER 7-1	PAYMENT REQUESTED P \$ 2500	DATE 3/11/05
VOICE NEED BE SUBMITTED		
DATE (b)(6)		

Signature

I certify that this account is correct and proper for payment in the amount of

\$ 2500

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

Auth PAID BY OR ..... (Check No.)	DATE PAID 3/11/05	VOUCHER NO.
DIFFERENCES		
NONE		
ACCOUNT VERIFIED CORRECT FOR		
BY		

\*PLEASE INCLUDE  
ZIP CODE

STANDARD FORM 44A (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)

CENTCOM 003968

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