

Pages 1 through 2 redacted for the following reasons:

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nonresponsive  
nonresponsive

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 5/4/2008 2:25:06 PM	ORDER NO.		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P (b)(6) A Y Baghdad E (b)(2)High			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$5,000.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$5,000.00	
P 24th FMC A Y Camp Liberty, Iraq O R APO AE 09344 DSSN: 5579		DISCOUNT TERMS	
		DATE INVOICE RECEIVED	
(b)(3), b(6)			
PURPOSE AND ACCOUNTING DATA			
(b)(2) High			
RECEIVED BY	To sign below for over-the-counter delivery of items		
(b)(3), b(6)			
TITLE CONDOLENCE PAY AGENT	DATE 18 Aug 08		
SELLER			
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$5,000.00	PAYMENT REQUESTED		
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER	DATE 18 Aug 08		
(b)(6)			
Signature			
I certify that this account is correct and proper for payment in the amount of			
\$5,000.00	Differences		
(b)(3), b(6)	NONE		
MAJ	ACCOUNT VERIFIED CORRECT FOR		
BY			
PAID BY CASH	DATE PAID	VOUCHER NO.	
OR ..... (Check No.)	18 Aug 08		

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006264

31962



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

4 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 11 April 2004

c. INCIDENT DESCRIPTION: The claimant alleges that her daughter (b)(6) was killed by a CF airstrike.

d. JUSTIFICATION: The unit has determined that (b)(6) daughter did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for her unfortunate loss of her daughter. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(6); loss of her daughter.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended payment.

(b)(3), b(6)

COL, IN  
Commanding

CENTCOM 006265

Page 5 redacted for the following reason:

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Already Reviewed and Redacted

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 5/17/2008 10:57:07 AM	ORDER NO.		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P (b)(6) A Yusifiyah E 08-IK5-T526 77-2			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$5,000.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$5,000.00 DISCOUNT TERMS DATE INVOICE RECEIVED	
P 24th FMC A Camp Liberty, Iraq O APO AE 09344 R DSSN: 5579			
ORDER	1LT (b)(3), b(6)		
	(b)(2) High		
RECEIVED BY (b)(3), b(6) - To sign below for over-the-counter delivery of items			
TITLE CONDOLENCE PAY AGENT		DATE 25 Aug 08	
SELLER			
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$5,000.00		PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER	(b)(6)	DATE 25 Aug 08	
Signature I certify that this account is correct and proper for payment in the amount of			
		DIFFERENCES	
		NONE	
(b)(3), b(6)		ACCOUNT VERIFIED CORRECT FOR	
BY			
PAID BY CASH	DATE PAID 25 Aug 08	VOUCHER NO.	
OR ..... (Check No.)			

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006267

31965



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

17 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 17 January 2006

c. INCIDENT DESCRIPTION: The claimant alleges that CF opened fire in the area and shot her brother in his side, injuring him.

d. JUSTIFICATION: The unit has determined that (b)(6) (b)(6)'s brother did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) (b)(6) and the community its sympathy for the unfortunate injury to her brother. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(7)b brother's injury.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail at (b)(3)(b)(6) @us.army.mil.

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

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended pa

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

COL, IN  
Commanding

CENTCOM 006268

Page 8 redacted for the following reason:

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Already Reviewed and Redacted

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 7/15/2008 3:18:23 PM		ORDER NO.	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P (b)(6) A Y E Mahmudiyah E (b)(2)High			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC A Y Camp Liberty, Iraq O R APO AE 09344 DSSN: 5579		DISCOUNT TERMS	
		DATE INVOICE RECEIVED	
ORDE 1LT PURP	(b)(3), b(6)		
(b)(2) High			
RECEIVED BY	sign below for over-the-counter delivery of items		
(b)(3), b(6)			
TITLE CONDOLENCE			DATE <i>20 Aug 08</i>
SELLER			
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00	PAYMENT REQUESTED		
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER	DATE		
(b)(6)	<i>20 Aug 08</i>		
Signature			
I certify that this account is correct and proper for payment in the amount of			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (b)(3), b(6)		DIFFERENCES	
		NONE	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (b)(3), b(6)		ACCOUNT VERIFIED CORRECT FOR	
		BY	
		VOUCHER NO.	
OR ..... (Check No.)	<i>20 Aug 08</i>		

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006270



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

03 August 08

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 10 Nov 05

c. INCIDENT DESCRIPTION: The claimant alleges that his sister-in-law was caught in SAF between CF and AQIZ.

d. JUSTIFICATION: The unit has determined that neither (b)(6) nor his sister-in-law participated in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for her unfortunate loss. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500 for the death of the claimants sister-in-law.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA

I approve the above recommended pay

(b)(3), b(6)

COL, IN  
Commanding

CENTCOM 006271

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 7/15/2008 3:21:22 PM	ORDER NO.		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P (b)(6) A Y Mahmudiyah E (b)(2)High			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00
AGENCY NAME AND BILLING ADDRESS*			
P 24th FMC A Y Camp Liberty, Iraq O R APO AE 09344 DSSN: 5579			
TOTAL \$2,500.00 DISCOUNT TERMS DATE INVOICE RECEIVED			
ORDE 1LT	(b)(3), b(6)		
RECEIVED BY (b)(3)(b)(6) TITLE CONDOLENCE PAY AGENT DATE 20 Aug 08 SELLER PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00 PAYMENT REQUESTED			
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER Signature	(b)(3), b(6)	DATE 20 Aug 08	DIFFERENCES
I certify that this account is correct and proper for payment in the amount of \$2,500.00		DUE COUNT VERIFIED CORRECT FOR	
PAID BY CASH OR ..... (Check No.)	DATE PAID 20 Aug 08	VOUCHER NO.	
*PLEASE INCLUDE STANDARD FORM 44A (Rev. 10-83)			

CENTCOM 006272

31970

Page 12 redacted for the following reason:  
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Already Reviewed and Redacted

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 3/2008 9:02:21 AM	ORDER NO.		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P (b)(6) A Y E Baghdad E (b)(2)High			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC		DISCOUNT TERMS	
A Camp Liberty, Iraq		DATE INVOICE RECEIVED	
O APO AE 09344			
R DSSN: 5579			
ORDERED BY (Signature and title)			
1LT	(b)(3), b(6)	PPO	
PURPOSE AND ACCOUNTING DATA			
(b)(2)High			
PURCHASE - To sign below for over-the-counter delivery of items			
RECEIVED BY	(b)(3)(b)(6)		
TITLE	CONDOLENCE PAY AGENT		
SELLER		DATE 20 Aug 08	
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER	(b)(6)		DATE 20 Aug 08
Signature		Differences	
I certify that this account is correct and proper for payment in the amount of \$2,500.00		NONE	
(b)(3)(b)(6)		ACCOUNT VERIFIED CORRECT FOR	
BY			
Authorized certifying officer PAID BY	(b)(3)(b)(6)	MAJ E PAID	VOUCHER NO.
OR (Check No.)	20 Aug 08		

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006274

31972



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

10 January 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 24 August 2006.

c. INCIDENT DESCRIPTION: On 24 August 2006, Mrs. (b)(6) daughter, (b)(6) was killed when she was shot in her head while crossing the street near the Al Mutwakil school.

d. JUSTIFICATION: The unit has determined that (b)(6) did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to Mrs. (b)(6) and the community its sympathy for her unfortunate loss. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for Mrs (b)(6) loss.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail a (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

I approve the above recommended payn

(b)(3), b(6)

COL, IN  
Commanding

CENTCOM 006275

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 7/15/2008 3:15:56 PM	ORDER NO.		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
<p>P (b)(6)</p> <p>Y Mahmudiyah</p> <p>E (b)(2)High</p>			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC		DISCOUNT TERMS	
A Camp Liberty, Iraq		DATE INVOICE RECEIVED	
O APO AE 09344			
R DSSN: 5579			
ORDE			
1LT J	(b)(3)(b)(6)		
PURP			
(b)(2)High			
To sign below for over-the-counter delivery of items			
RECEIVED BY	(b)(3)(b)(6)		
TITLE	CONDOLENCE PAY AGENT	SELLER	DATE <i>20 Aug 08</i>
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER		DATE	<i>20 Aug 08</i>
Signature	(b)(6)	DIFFERENCES	
I certify th			
\$2,500.00		NONE	
(b)(3), b(6)		ACCOUNT VERIFIED	
		CORRECT FOR	
		BY	
Authorized certifying officer	(b)(3)(b)(6)	MAJ	
PAID BY	CASH	DATE PAID	VOUCHER NO.
OR	(Check No.)	<i>20 Aug 08</i>	

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006276

31974



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

28 Jul 08

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 02 Apr 03

c. INCIDENT DESCRIPTION: The claimant alleges that his son was caught in SAF between CF and AQIZ.

d. JUSTIFICATION: The unit has determined that neither (b)(6) nor his son participated in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for his unfortunate accident. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500 for the loss of the claimants son.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail at (b)(3), b(6) [@us.army.mil](mailto:@us.army.mil).

(b)(3), b(6)

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended payment

(b)(3), b(6)

COL, IN  
Commanding

CENTCOM 006277

Pages 17 through 22 redacted for the following reasons:

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Already Reviewed and Redacted  
nonresponsive

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 6/6/2008 11:30:51 AM	ORDER NO.		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P (b)(6)	Y Mahmudiyah		
E (b)(2)High	E		
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC	DISCOUNT TERMS		
A Camp Liberty, Iraq	DATE INVOICE RECEIVED		
O APO AE 09344			
R DSSN: 5579			
ORDERED BY (Signature and title) 1LT (b)(3)(b)(6) PPO	(b)(3)(b)(6)		
(b)(2)High			
PURCHASER - To sign below for over-the-counter delivery of items			
RECEIVED BY (b)(3)(b)(6)	SELLER		
TITLE CONDOLENCE PAY AGENT	DATE 10 Sep 08		
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00	PAYMENT REQUESTED		
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER Signature	DATE 10 Sep 08		
I certify that this account is correct and proper for payment in the amount of \$2,500.00		DIFFERENCES	
(b)(3), b(6)		NONE	
		ACCOUNT VERIFIED CORRECT FOR	
		BY	
PAID BY CASH	DATE PAID 10 Sep 08	VOUCHER NO.	
OR ..... (Check No.)			

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006284

31977



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

6 June 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 1 May 2005

c. INCIDENT DESCRIPTION: The claimant alleges that CF shot and killed his son and injured him in his left eye during an engagement with AQIZ.

d. JUSTIFICATION: The unit has determined that (b)(6) did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for the unfortunate loss of his son and left eye. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(6) loss of his son and left eye.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended payment.

(b)(3), b(6)

COL, IN  
Commanding

CENTCOM 006285

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER				
DATE OF ORDER 6/17/2008 2:58:01 PM		ORDER NO.		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)				
P (b)(6) A (b)(6) Y Baghdad E (b)(2)High				
Furnish Supplies or Services to (Name and address)				
SUPPLIES AND SERVICES		QTY	UNIT PRICE	AMOUNT
Condolence Payment		NA	NA	\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00 DISCOUNT TERMS DATE INVOICE RECEIVED		
P 24th FMC A Camp Liberty, Iraq O APO AE 09344 R DSN: 5579-				
ORDERED BY (Signature and title)		(b)(3)(b)(6)		
1LT	(b)(3)(b)(6)	PPO		
(b)(2)High				
- To sign below for over-the-counter delivery of items				
RECEIVED BY	(b)(3)(b)(6)			
TITLE	CONDOLENCE PAY AGENT		DATE	10 Sep 08
SELLER				
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		PAYMENT REQUESTED		
NO FURTHER INVOICE NEED BE SUBMITTED				
SELLER	(b)(6)		DATE	
Signature			10 Sep 08	
I certify that this document is correct and proper for payment in the amount of \$2,500.00				
(b)(3), b(6)		Differences None Account Verified Correct For By		
		VOUCHER NO.		
OR..... (Check No.)		10 Sep 08		

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006286

31979



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



AFZB-KC-JA

17 June 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 18 November 2005

c. INCIDENT DESCRIPTION: The claimant alleges that, while he was driving his car, CF opened fire in the area and accidentally killed his daughter-in-law and injured another passenger.

d. JUSTIFICATION: The unit has determined that (b)(6) sister-in-law did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for the unfortunate loss of his sister-in-law. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(6) loss of his sister-in-law.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended payment.

(b)(3), b(6)

COL, IN  
Commanding

CENTCOM 006287

Pages 27 through 37 redacted for the following reasons:  
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nonresponsive