



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 [REDACTED]
[REDACTED] (Claim Number 06-IR8-527)

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]
CPT, EN
Project Purchasing Officer

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

000606

TF Band of Brothers Claims Intake Form

To: United States Army Foreign Claims Commission.

From: Name: _____

POA/ATT: _____

Power of Attorney provided and interpreter approved: _____

Decedents: _____

Hometown: _____

Iraqi Resident: _____

My claim arose at: _____

(Town)

Samarra

(City)

(Country)

My claim arose on: _____

Month

12

Dec

05

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. MANDATE payment given to family

↳ unknown reason why.

Evidence: *stolen from* _____

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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.)

<u>Item</u>	<u>Amount</u>

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)