

U-1R8-527

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 \$2,500.00. 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 108th 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 Day Year

Proof of Ownership: _____ N/A _____
 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 MIA/DA payment given to family
↳ unknown reason why.

Evidence: statement from CIA (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.)

<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)