

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

Death x 3



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

ATZQ-256BCT-SJA

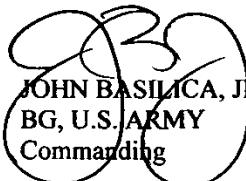
18 March 2005

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

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

I concur with the payment.

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

LIC, JA  
 Staff Judge Advocate

CENTCOM 003965

**U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER**

DATE OF ORDER 29 MAR 05	ORDER NO. (b)(2)High 256 BCT-066
----------------------------	--

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 DAT  
(b)(2)High  
-the-counter delivery of items  
(b)(3), (b)(6)

TITLE CONDOLENCE PAY AGENT	DATE 29 Mar 05
-------------------------------	-------------------

<input type="checkbox"/> PAYMENT RECEIVED	<input type="checkbox"/> PAYMENT REQUESTED \$ 2,500
---	--

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6)	DATE X
------------------	-----------

Signature I certify that this account is correct and proper for payment in the amount of \$ 2,500  (b)(3), (b)(6)	DIFFERENCES
	NONE
	ACCOUNT VERIFIED CORRECT FOR BY

PAID BY CASH	DATE PAID 29 Mar 05	VOUCHER NO.
OR (Check No.)		

\*PLEASE INCLUDE ZIP CODE  
STANDARD FORM 44A (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)

**U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER**

DATE OF ORDER 29 MAR 05	ORDER NO. (b)(2)High 256 BCT-067
----------------------------	--

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 ACCOUNTING DA  
  
(b)(2)High

Quantity of items  
(b)(6)

CONDOLENCE PAY AGENT  
SELLER

PAYMENT RECEIVED       PAYMENT REQUESTED  
\$ 2500

**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER (b)(6)	DATE
Signature I certify that this account is correct and proper for payment in the amount of  \$ 2500	DIFFERENCES
(b)(3), (b)(6)	NONE
	ACCOUNT VERIFIED CORRECT FOR
BY	

PAID BY CASH	DATE PAID 30 Mar 05	VOUCHER NO.
OR (Check No.)		

\*PLEASE INCLUDE ZIP CODE      STANDARD FORM 44A (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. (b)(2)High 256 BCT-068
----------------------------	--

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*	TOTAL \$ 2,500
P 15TH FIN BN	DISCOUNT TERMS
A NORTH VICTORY	DATE INVOICE RECEIVED
Y	
O	
R	

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

CONDUENCE PAY AGENT	DATE <i>30 Mar 05</i>
---------------------	--------------------------

SELLER	<input type="checkbox"/> PAYMENT REQUESTED
(b)(3), (b)(6)	\$ <i>2,500</i>
	VOICE NEED BE SUBMITTED

SELLER	DATE
(b)(6)	

Signature	DIFFERENCES
I certify that this account is correct and proper for payment in the amount of	
\$ <i>2,500</i>	NONE
(b)(3), (b)(6)	ACCOUNT VERIFIED
	CORRECT FOR
	BY

PAID BY	CASH	DATE PAID	VOUCHER NO.
OR	(Check No.)	<i>30 Mar 05</i>	

\*PLEASE INCLUDE ZIP CODE

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